START OF RETAKE SECTION

THIS RETAKE SECTION CONTAINS MICRO-PHOTOGRAPHS OF RECORDS WHICH WERE OMITTED OR INADEQUATELY REPRODUCED ON THE ORIGINAL MICROFILM REEL.

FOR A DESCRIPTION OF THE FILES AFFECTED BY THESE RETAKES, SEE THE OPERATOR'S RETAKE REPORT AT THE END OF THIS RETAKE SECTION.

STATE OF MARYLAND

HR-RM 30
(4-1-84)
Hall of Records Commission

RETURN OF A BIRTH A 18713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 25 90
4. Place of Birth, (Street and Number) No 228 S. Bond St
5. Full Name of Mother, Gertrude Wehner
6. Mother's Maiden Name, Boesel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Wehner
9. Father's Occupation, Saloon
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington Av.

Remarks.

690-000428

DEPARTMENT OF HEALTH FEB 3 1890 BALTIMORE

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of nativity, or should no other person be in attendance, the mother herself, if able, or the nurse, or other person in charge, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

END OF RETAKE SECTION

STATE OF MARYLAND

HR-RM 31
(4 - 1 - 54)
Hall of Records Commission

173-1

Department of Health & Mental Hygiene, Vital Records

Birth Certificates

Baltimore City

STATE OF MARYLAND

HR-RM 26
(5-1-54)
Hall of Records Commission

FILE ARRANGEMENT

Numerical Order

Some Birth Certificates are missing at time of filming and have been Lost

1890000 4255

STATE OF MARYLAND

HR-RM 28
(2-1-54)
Hall of Records Commission

CERTIFICATION

This is to certify that the microphotographs appearing on this reel are accurate and complete reproductions of the file

Birth Certificates Baltimore City
(Name of file)

of DHMH Vital Records
(Agency).

This microfilming is being performed with the assistance of the Hall of Records Commission, Records Management Division. (Chapter 436, Acts of 1953).

Sunhild D Bolander

Date July 27, 1978

6 4 0 0 0 0 4 2 5 6

STATE OF MARYLAND

HR-RM 26
(4-1-54)
Hall of Records Commission

1890 – 1 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick August Volkmann

A. 18290

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan 10 1890
4. Place of Birth, (Street and Number) 130 A Eds
5. Full Name of Mother, Emma A Volkmann
6. Mother's Maiden Name, " " Kuntz
7. Mother's Birthplace, Balto
8. Full Name of Father, A. H. Volkmann
9. Father's Occupation, Musician
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, David Elliott M.D.

Address, 1032 E Eds ave

Remarks, CHRIS NAME ADDED. 6-2-52

C. HULANY & CO., CITY PRINTERS AND STATIONERS

890 – 000000

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A. 1891

1. Sex, (state whether male or female) Fenail colord
2. Race or Color, (if not of the white race) "
3. Date of Birth, Nov 1 alley 508
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Lanra Jones
6. Mother's Maiden Name, Lanra Orne
7. Mother's Birthplace, Elicut City
8. Full Name of Father, James Jones
9. Father's Occupation, Laboring Work
10. Father's Birthplace, Carlbird county

Name of Medical Attendant, or other person who makes this Return.

Address, 1171 Saratoga

Remarks, Mary E. Jones

890-000001

Health. This schedule shall contain a list of the births which have occurred in each house or tenement during the month next preceding the date on which the same is required to be returned, and shall state the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of each and every child of which the mother shall have been delivered, whether born alive or dead, and the name and residence of the physician or midwife, or other person who shall have been present at the birth, and shall be signed by the householder, or by the physician or midwife, or other person who shall have been present at the birth, and shall be delivered to the Commissioner of Health within the first three days of each and every month. If a physician or practitioner of midwifery, or should no other person shall occur within the limits of the city, then it shall become the duty of the person on parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed; and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DUBANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th child A 1894

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth January 10th 1890
4. Place of Birth, (Street and Number) 916 Hanford Ave.
5. Full Name of Mother, Mary Darsey
6. Mother's Maiden Name, Coughlin
7. Mother's Birthplace, England
8. Full Name of Father, Thos. Darsey
9. Father's Occupation, Painter
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.

Address, 439 N. Central Ave.

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, c... by the proper... ...ver to such of... ...birth of any child born within the said city, to be in attendance upon the mother, immediately thereafter to fill out and forward to the Commissioner of Health, in the manner and within the period above required, and any such person... ...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person... ...or person who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

630 - 000002

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) four A. 1879

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Friday-10-1890 January
4. Place of Birth, (Street and Number) 1112 Pennsylvania Lane
5. Full Name of Mother, Mary Johnson Banks
6. Mother's Maiden Name, Mary Johnson
7. Mother's Birthplace, Lancaster County Virginia
8. Full Name of Father,
9. Father's Occupation, Waiter Elick Banks Waiter
10. Father's Birthplace, Middle-Sex County Virginia

Name of Medical Attendant, or other person who makes this Return. Mary Jones

Address, 1121 Saratoga-St

Remarks,

B 90-000003

GEO. C. GUILEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	male A. 1894
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Jan 10 "90
4. Place of Birth, (Street and Number)	205 Commerce St
5. Full Name of Mother,	Olive (Ollie) Krause
6. Mother's Maiden Name,	Olive Lazeure (Ollie Church)
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Leonard Ferdinand Krause
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	D. H. Webster
Address,	1403 Hanover Street
Remarks,	Full name of child - Charles Webster Krause.

8 90 - 000004

...ferred to in sec. color ... ...ecessible shall be delivered, duly signed, by the practitioner, in the form of a ... birth of any child shall occur without the attendance of a physician, it shall then become the ... within the period of ten days next after the birth of such child, to report the particulars required ... any person or persons who shall hereafter fail to comply with the provisions of this section, shall be ... to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...T & CO., CITY PRINTERS AND STATIONERS.

COVER PAGE ADDED 1-28-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7a

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 11/90

4. Place of Birth, (Street and Number) 1330 Druid Hill Ave

5. Full Name of Mother, Mary E. Mae B. Hughes

6. Mother's Maiden Name, Mary E. Lloyd Byrd

7. Mother's Birthplace, Albemarle Co Va

8. Full Name of Father, S. Russell Hughes

9. Father's Occupation, Register of the Court

10. Father's Birthplace, Albemarle Co Md

Name of Medical Attendant, or other Person who makes this Return, Dr. Wm. Wood

Address, 1021 Druid Hill Ave

Remarks, Mrs Hughes was the Mother

890 000005

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the following facts relative to each birth occurring during the month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled out by the proper officer, to the Commissioner of Health within the first and third day of each month; and any physician or practitioner of midwifery, or should no other person certificate between the first and third day of each month; and any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fines (not less than for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE, MD. JAN 18 1890

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Child A. 1829

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, Born Jany 12th 1890

4. Place of Birth, (Street and Number) No 55 Wilkens Str

5. Full Name of Mother, Mrs Louisa Kimmel

6. Mother's Maiden Name, Miss Louisa Graff

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mr Justice Kimmel

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Hilker

Address, 2127 West Pratt Str

Remarks,

890 - 000006

Every child born alive in the City of Baltimore shall be registered. The full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, if there was one in attendance, shall be entered in a record to be kept for that purpose by the Registrar of Vital Statistics, and in all cases the birth of any child said schedule shall be delivered, duly signed by the practitioner in like manner as above provided, to the Registrar of Vital Statistics within ten days after the birth of such child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above provided, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First A. 1897

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth January 12th 1890
4. Place of Birth, (Street and Number) 2003 E. Pratt
5. Full Name of Mother, Agnes
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Jas H. Allen
9. Father's Occupation, Carpr
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

690 - 0000007

Every physician or midwife who shall attend upon any case of birth occurring within the city of Baltimore, and every householder in whose house any birth shall occur when no physician or midwife shall be in attendance, shall, within ten days after the occurrence of such birth, report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the manner and within the period above required, and any such person who shall neglect or refuse to make such report as herein required, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18948

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girls
2. Race or Color, (if not of the white race) white
3. Date of Birth, Baltimore January 12th 1880
4. Place of Birth, (Street and Number) Lemmon Street No 2010 near Rhode
5. Full Name of Mother, Mary Glen
6. Mother's Maiden Name, Mary Higgins
7. Mother's Birthplace, Ireland
8. Full Name of Father, Dennis Glen
9. Father's Occupation, Labourer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks,

890 - 000008

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18799

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 13. 1890
4. Place of Birth, (Street and Number)	#604. Truxton St
5. Full Name of Mother,	Mary. Conlon
6. Mother's Maiden Name,	Mary. Gardner
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Lawrence J. Conlon
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wooden
Address,	#936. Greenmount Ave
Remarks,	None

1890 - 000009

promptly and regularly, as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the first-mentioned case, and by the father, mother, or nurse in all other cases, to the Commissioner of Health, or some other person legally authorized to receive the same, within the first and third days of each and every month, respectively, at such time as may be appointed by the Commissioner of Health, for the collection thereof; and the attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Wietscher

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) A. 83.50

1. Sex, (~~state whether male or~~ female)
2. Race or color, (~~if not of the~~ white race)
3. Date of Birth, January 13th 1890,
4. Place of Birth, (Street and Number) No 1128 E. Lombard St.
5. Full Name of Mother, Catharine Wietscher,
6. Mother's Maiden Name, " Dietz,
7. Mother's Birthplace, Baltimore,
8. Full Name of Father, Charles Wietscher,
9. Father's Occupation, Harnessmaker,
10. Father's Birthplace, Baltimore,

Name of Medical Attendant, or other person who makes this Return. J Ridgway Andre M.D.

Address, 1123 E Balto st,

Remarks, GIVEN NAME ADDED 2-4-54

1890 - 000010

...ths which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, color, sex, date and place of birth, and the name, residence and occupation of its parents. He shall also certify the date and place of death of each child which has been delivered, duly signed by the practitioner in the form of a certificate between the living and the dead. Such certificate shall be delivered to the Registrar of Vital Statistics within ten days after the death occurs. Every midwife who shall attend at any birth shall report the same to the Registrar of Vital Statistics within ten days after the birth, and shall make a return of the attendance of each physician or midwifery on whom the latter has been in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and upon neglect or refusal of such person or parents to report such birth within the period above mentioned, such person or persons shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) seventh A. (1820)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Light
3. Date of Birth, 13th of Jan 1890
4. Place of Birth, (Street and Number) 605 gilbert st
5. Full Name of Mother, Clara Hall
6. Mother's Maiden Name, Clara adison
7. Mother's Birthplace, Frederic Md
8. Full Name of Father, James F Hall
9. Father's Occupation, Stevedore
10. Father's Birthplace, West river

Name of Medical Attendant, or other Person who makes this Return. Lydia Thomsen Hall

Address, 616 Centre ave

Remarks,

690-000011

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. The certificate shall be signed by the attendant or person having charge of such birth, if there be such attendant or person, and if there be no such attendant or person, the mother, father, or person having charge of the person or parents of such child to be in attendance upon the mother, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...ppley & Co., City Printers and Stationers.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, which shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth, and such other facts as may be required by the Commissioner of Health. And every certificate of birth and said schedule shall be delivered, each by the proper person, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, and any person failing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18 02

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 13 th 1890
4. Place of Birth, (Street and Number) # 506 Elbow Lane
5. Full Name of Mother, Nannie Stickens
6. Mother's Maiden Name, Nannie Sliger
7. Mother's Birthplace, Calvert County Md
8. Full Name of Father, William Stickens
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Miller Gross

Address, 227 Myrtle

Remarks,

890-000012

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourt A. 1803

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, January 18th 1890
4. Place of Birth, (Street and Number) 648 N. Hartford st
5. Full Name of Mother, Mary Francis Hall
6. Mother's Maiden Name, Mary Frances Hall
7. Mother's Birthplace, prince George county married
8. Full Name of Father, George Henry Eakins
9. Father's Occupation, Waiter
10. Father's Birthplace, prince George county

Name of Medical Attendant, or other person who makes this Return. Mary Kate Sawes

Address, 11 21 Sargeant st Baltimore Md

Remarks,

590 000013

Health. This schedule shall contain a list of the births which have occurred during the preceding month, and shall be delivered duly signed by the practitioner to the first or certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1830

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born June 13 1890
4. *Place of Birth, (Street and Number)*	No 2214 Frederick ave
5. *Full Name of Mother,*	Mrs Lena Ezring
6. *Mother's Maiden Name,*	Miss Lena Neudorf
7. *Mother's Birthplace,*	Saxon Germany
8. *Full Name of Father,*	Mr Gottlob Ezring
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Saxon Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hilter
Address,	2127 West Pratt Str
Remarks,	

690 - 000014

SOUTH BALTIMORE BR. APR 13 1890

WM. J. G. BALSLEY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.d
1. Sex, (state whether male or female)	Female.
2. Race or color, (if not of the white race)	White. Race
3. Date of Birth,	Jan. 13/90
4. Place of Birth, (Street and Number)	No. 2030. Hanover. St
5. Full Name of Mother,	Kate. Granger. Hanley
6. Mother's Maiden Name,	Balto. Md.
7. Mother's Birthplace,	Thomas. Granger
8. Full Name of Father,	Balto. Md.
9. Father's Occupation,	Annie. Geggus
10. Father's Birthplace,	No. 1714. Light St
Name of Medical Attendant, or other person who makes this Return.	Gauss. Respectfully
Address,	
Remarks,	

6 9 0 0 0 0 0 1 5

A. 1

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child A. 1836
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th of January 1890
4. *Place of Birth, (Street and Number)*	1766 North Gay Street
5. *Full Name of Mother,*	Annie Ulrich
6. *Mother's Maiden Name,*	Annie Galger
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Oscar Galger
9. *Father's Occupation,*	Brew master
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Crescintia Kunkel
Address,	213 North Chapel St. for Justina Kunkel
Remarks,	Healthy.

1890 - 000016

months after birth, and if not so done as the name can be ascertained, the full name of each child, if any, shall be reported to the Registrar within ten days thereafter, and the certificate shall be filed by him with the certificate recorded of the birth of said child. The Registrar shall give a certified copy of the record of any birth registered by him, without fee, to the parents, on application therefor; and for every certificate thereafter required of the same birth he shall be entitled to a fee of fifty cents. Every person who shall refuse or neglect to report, as herein required, any birth at which he was present or in attendance, or of which he has knowledge, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense. In case the birth of any child shall occur without the presence or attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and next in order to report the birth as herein required, and in like manner and with like penalty for failure to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 1361

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 13 1890
4. Place of Birth (Street and Number)	1113 W Lexington St
5. Full Name of Mother	Sarah E. Wagner
6. Mother's Maiden Name	Sarah E. Parsons
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo E. Wagner
9. Father's Occupation	Carriage Builder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Robert K Kuhn
Address	1205 W Fayette St
Remarks	

890 - 000017

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10308

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	14 January 1890
4. *Place of Birth, (Street and Number)*	Bufordgth Av 1222
5. *Full Name of Mother,*	C. Rayner
6. *Mother's Maiden Name,*	" Shaler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Rayner
9. *Father's Occupation,*	Taylor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	
Address,	Harry & Emma Hayer
Remarks,	Biddle St Jo 1933

890-000018

death, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said child was born alive or stillborn; and also the number of children, if any, born to such mother, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, or some one of the family where the birth occurs, to report the same as required by this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second D. 18309

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January the 14
4. Place of Birth, (Street and Number) Baltimore Md 2280 Stricker St
5. Full Name of Mother, Mary V Sewell
6. Mother's Maiden Name, Mary V Cordell
7. Mother's Birthplace, Kanawha Wash Co Md
8. Full Name of Father, Joseph M Sewell
9. Father's Occupation, Car Inspector
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, M E Mary Krauning

Address, 1114 S Stricker St Baltimore Md

Remarks, Mother and child are well.

890-000019

Note. This schedule shall contain a list of the births which have occurred under his or her supervision during the month, and shall set forth as far as the same can be ascertained the full name of each child born (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the Registrar of Vital Statistics. The same duty shall devolve upon every midwife and other person who shall render professional attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18310

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 15th
4. Place of Birth, (Street and Number) 909 St. Peter St
5. Full Name of Mother, Eva Schleifer
6. Mother's Maiden Name, Eva Bingold
7. Mother's Birthplace, Bavaria
8. Full Name of Father, George Schleifer
9. Father's Occupation, Bavarian Shoemaker
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other person who makes this Return, Hellgonda Gleser

Address, 64 Bavaria

Remarks,

690-000020

nionth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said return of each child shall be verified by the oath or affirmation of the person making the same; and the return of each child shall be entered in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health within the period and in the manner above required; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten 10 dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18311

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 15 1890
4. Place of Birth, (Street and Number) Belair Road 60
5. Full Name of Mother, Mary Frohn
6. Mother's Maiden Name, Pavoit
7. Mother's Birthplace, Bohmen
8. Full Name of Father, Joseph Pavoit
9. Father's Occupation, Tailor
10. Father's Birthplace, Bo Mamen

Name of Medical Attendant, or other person who makes this Return. Mary Hoffa

Address,

Remarks, 7 Washington Ave

1890-000021

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...shall ascertain the full name of each child, if any shall have been omitted, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day, and every month to the office of the Commissioner of Health, or should no other person be in attendance at the birth, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the terms of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18312

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white race
3. Date of Birth,	January the 14th
4. Place of Birth, (Street and Number)	Baltimore Battery dw 1135
5. Full Name of Mother,	Celea Miller
6. Mother's Maiden Name,	Decker
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	william Miller
9. Father's Occupation,	Cooper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Hathorn
Address,	1514 light st
Remarks,	

1890 - 000022

Section 4. Be it further enacted, That the name can be inserted in the full name of each child, in case the same was not given at the time the certificate was made, provided the same be done within twelve months after the birth of such child; and the certificate shall have been confirmed by sex, color, the full name and occupation of its parents, the date of birth of such child, and the place of birth, as near as may be, and said schedule shall be delivered, duly signed by the physician or midwife in the form of a return, between the first and third day of each and every month to the office of the Commissioner of Health. And in case the birth of any child shall occur in the absence of such physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the father, or in case of his absence, the mother of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18313

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 15th 1890
4. *Place of Birth, (Street and Number)*	1300 Garrett Av
5. *Full Name of Mother,*	Anna Petersen
6. *Mother's Maiden Name,*	Anna Benson
7. *Mother's Birthplace,*	Sweden
8. *Full Name of Father,*	J. H. Petersen
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Denmark
Name of Medical Attendant, or other person who makes this Return,	
Address,	
Remarks,	

1890 - 000023

Every child born within the limits of Baltimore City shall be registered, and the name can be ascertained the full name of each child, if any shall have been given it, and if not, then a return of the birth shall be made within the period above required, and the information required as to the occupation of its parents, the date and place of birth; and the name of the physician or midwife (if any) in attendance at the birth. In case the child is still-born, or dies before a certificate shall be delivered, duly signed by the physician in charge of the case, stating the cause of death, and the third day of each and every month to the office of the Commissioner of Health. In case the birth or death shall occur without the attendance of a physician, midwife or other person, the duty of making such return shall devolve upon the father, mother, householder or undertaker, in the order named. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 A
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Jan 12 1890
4. *Place of Birth, (Street and Number)*	No 2316 Boston st
5. *Full Name of Mother,*	Ellen Sinkey
6. *Mother's Maiden Name,*	Baily
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Robert Sinkey
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other person who makes this Return.	Sarah J Haughton
Address,	No 324 Kinsley st
Remarks,	

890-000024

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, or if there be none in attendance, by the householder, to the Commissioner of Health. In case the birth of any child third day of each and every month, a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in strict conformity with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. ENLANY & CO. PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Child A. 18315

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Jany 15th 1890
4. Place of Birth, (Street and Number) No 209 Fulton Str
5. Full Name of Mother, Mrs Minnie Witte
6. Mother's Maiden Name, Miss " Keller
7. Mother's Birthplace, Bremen Germany
8. Full Name of Father, Mar August Witte
9. Father's Occupation, Clerk
10. Father's Birthplace, Bremen Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Hadler

Address, 2127 West Pratt

Remarks,

1890 000025

month, and shall set forth as far as the same can be ascertained the full name of each child born alive during the said month, the sex, color, the full name and residence of the parents, the date and place of birth; and shall have endorsed his name as informant. No undertaker or person acting as undertaker shall bury or remove, or shall cause to be buried or removed, any dead body within the limits of Baltimore City, or shall have the same cremated, unless a certificate of death, duly signed by the physician or person in charge of the case during the last illness of the deceased, or by the coroner in case of death without medical attendance, or by the health officer in case of the absence, sickness or inability of the coroner, stating the name, age, sex, color, birthplace, residence, date and cause of death of the deceased, and the date and place of burial, shall have been delivered to the undertaker or person acting as undertaker, who shall have charge of the burial or removal of the dead body; and no undertaker or person acting as undertaker shall bury or remove, or cause to be buried or removed, any dead body without the attendance of the physician or person in charge of the case during the last illness of the deceased, or the coroner in case of death without medical attendance, or the health officer in case of the absence, sickness or inability of the coroner, unless a permit for such burial or removal shall have been issued by the Commissioner of Health, or by the health officer in case of the absence, sickness or inability of the Commissioner of Health. In the absence of the person or persons required to make the return of birth, the undertaker or person acting as undertaker who buries or removes any dead body without the certificate of death required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. SLEASY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1816

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 15 1899
4. Place of Birth, (Street and Number) Durham St 947
5. Full Name of Mother, Anna Zelenka
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Zelenka
9. Father's Occupation, tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kerwin

Address, Washington 105

Remarks,

690 - 000026

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 2-[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Fred Baer

A. 183 1/4

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	15. January 1890.
4. Place of Birth, (Street and Number)	1508. Millimon St.
5. Full Name of Mother,	Fredora (Bare) Baer
6. Mother's Maiden Name,	Frisch
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Isaac (Bare) Baer
9. Father's Occupation,	Cabern Work
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mary, Walter.
Address,	503 N Caroline St.
Remarks,	

890 - 000027

Branch, this sum set forth as far as The same can be ascertained the full name of each child born alive of her care during the been conferred, its sex, color, the full name and residence of its parents, the date and hour of birth, and the place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the person in charge of the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, the person in charge of the premises where the child is born shall report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 183/8

ild of Mother, (state whether 1st, 2d, 3d, &c.)	6 child
ex (whether Male or Female)	Male
Color (if not of the white race)	Colored
Birth	16 Of Jan
of Birth (Street and Number)	No 660 Stockholm st
ame of Mother	Catherin Wright
's Maiden Name	Catherin Hawkins
's Birthplace	Montgomary County
ame of Father	John Wright
s Occupation	Laborer
s Birthplace	Nelson County Via
of Medical Attendant, or other Person who makes this return	Charity Dr Boulden
ss	No 808 Stockholm St
ks	

890-000028

A. CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18319

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 16 1890.
4. Place of Birth, (Street and Number) 1127 Sharp st.
5. Full Name of Mother, Mary Bell.
6. Mother's Maiden Name, Schneider.
7. Mother's Birthplace, America.
8. Full Name of Father, Frank Bell.
9. Father's Occupation, Glass-blower.
10. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return, J. Lohrasser Midwife.

Address, 1032 Hanover st.

Remarks,

840-000029

Every physician or midwife in attendance upon any birth, the date and other particulars of which have been required to be registered, shall, within five days after the birth, deliver or cause to be delivered to the Registrar of Vital Statistics, at his office, a certificate, in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person having charge of such child, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18320

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	16. January. 1890
4. Place of Birth, (Street and Number)	Lottie Dressel.
5. Full Name of Mother,	Steimiller
6. Mother's Maiden Name,	1229. Preston St
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George. Dressel.
9. Father's Occupation,	Carpenter.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Harry Walter.
Address,	503 Caroline St
Remarks,	

1890 - 000030

SEC. 3. Every person who shall neglect or refuse to register the full name of each child, if one shall have been given, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or other person, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth.*	June 6th, 1892.
4. *Place of Birth, (Street and Number)*	122 N Longcake alley
5. *Full Name of Mother.*	Mary Chester
6. *Mother's Maiden Name.*	Mabry
7. *Mother's Birthplace.*	Balto
8. *Full Name of Father.*	Andrew Bradford Chester
9. *Father's Occupation.*	Deceased
10. *Father's Birthplace.*	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Francis Anderson
Address.	
Remarks.	

890-000031

8

...ORE, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15372

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth.	16 January 1891
4. Place of Birth, (Street and Number)	911 N. Bond Street
5. Full Name of Mother,	Emily Kate Bruhes
6. Mother's Maiden Name,	Bohemia
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frederick Bruhes
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Kate Bruhes
Address,	1691 Eutaw St near Fayette
Remarks,	

890-000032

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th & 7 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. The 17 of January 1890
4. Place of Birth, (Street and Number) No 427 Mulberry St
5. Full Name of Mother, Maria Dietrich
6. Mother's Maiden Name, Maria Fischer
7. Mother's Birthplace, Munich Bair Germany
8. Full Name of Father, Bernard L. Dietrich
9. Father's Occupation, Tailor
10. Father's Birthplace, Alzey Rheinhessen Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Dr. Lauer

Address, No 1037 Hanford Ave

Remarks, Bal, Md.

890 - 00080303

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, each person or parent so offending, shall, upon conviction thereof, before any court of competent jurisdiction, forfeit and pay such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child A. Born
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born January 17th 1890
4. *Place of Birth, (Street and Number)*	# 2207 Christian Str
5. *Full Name of Mother,*	Mrs Mollie Ritter
6. *Mother's Maiden Name,*	Miss " Peters
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Wm Ritter
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Heitler
Address,	2127 West Pratt St
Remarks,	

T 890 - 000034

and subscribe shall be signed, duly signed by the practitioner in the form of a certificate between the 6th and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. GALANTY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th A183
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	January 17th 1890
4. *Place of Birth, (Street and Number)*	No 1702 Elizabeth Lane
5. *Full Name of Mother,*	Sarah B. Buttner
6. *Mother's Maiden Name,*	Sarah B. Falk
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Buttner
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Catherine Hornung
Address,	1547 Byrd St
Remarks,	

1890 - 000035

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child, or in case the parents shall be dead or unable to act, then of the nearest relative present at such birth, any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1836

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th " 1890
4. Place of Birth, (Street and Number) 428 N. Lexington St. 3rd. Md
5. Full Name of Mother, Katie Bowers
6. Mother's Maiden Name, Katie Bowers
7. Mother's Birthplace, York, Pa.
8. Full Name of Father, John Bowers
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Lavinia Graf

Address, 1029 Saratoga St—

Remarks,

690-000035

...been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child and every still birth occurs without the attendance of a physician, it shall be the duty of any person in attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, January 17 1890
4. Place of Birth, (Street and Number) 567 West Biddle St
5. Full Name of Mother, Mary E. Smith
6. Mother's Maiden Name, —
7. Mother's Birthplace, Salisbury Eastern Shore Md
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Mrs Jane D. Easter

Address, #106 Hamilton St

Remarks,

890-000037

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

E. GUEST & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1828

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan 17, 1890
4. Place of Birth, (Street and Number) 21 Hopkins Street
5. Full Name of Mother, Mary Elizabeth Curtis
6. Mother's Maiden Name, Mary Elizabeth Curtis
7. Mother's Birthplace, Virginia
8. Full Name of Father, Not Known
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Elizabeth Mears

Address, [illegible] City

Remarks,

1890 - 000038

Any person who shall be delivered, duly signed by the practitioner in the form of a certificate hereon, the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health within the period above named. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

G. SULLIVAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child A. 18329
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Jany 17th 1890
4. *Place of Birth, (Street and Number)*	# 2104 Pratt Str
5. *Full Name of Mother,*	Mrs. Fredericka Valentine
6. *Mother's Maiden Name,*	Miss " Ruez
7. *Mother's Birthplace,*	Saxen Germany
8. *Full Name of Father,*	Mr. Frederick Valentine
9. *Father's Occupation,*	Horseler
10. *Father's Birthplace,*	Saxen Germany
Name of Medical Attendant, or other person who makes this Return.	Mr. Hiller
Address,	2127 West Pratt St
Remarks,	

1890 - 000039

...ician or practitioner of midwifery, or should no other person be in attendance upon such mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-17-66

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Mabel Rosalia Meyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child A. 18330

1. Sex, (State whether male or female) Girl.
2. Race or color, (if not of the white race) White.
3. Date of Birth, 17th of January 1890.
4. Place of Birth, (Street and Number) 2415 East Monument St.
5. Full Name of Mother, Lebena Hahn.
6. Mother's Maiden Name, Lebena Meyer.
7. Mother's Birthplace, Germany.
8. Full Name of Father, * Charlie F. Meyer.
9. Father's Occupation, Shipper Clerk
10. Father's Birthplace, New York pensylvania.

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St. per Justina Kunkel

Remarks, Healthy

1890 - 000040

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to a registrar of vital statistics, or to the commissioner of health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the commissioner of health, in the manner and within the time prescribed; and any such person or persons who shall neglect or refuse to report such birth as herein required, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18331

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first 1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 16 1890
4. Place of Birth, (Street and Number)	619 W. Lombard St.
5. Full Name of Mother,	Fannie Rosenthal
6. Mother's Maiden Name,	Fannie White
7. Mother's Birthplace,	U S
8. Full Name of Father,	Isaac Rosenthal
9. Father's Occupation,	Clerk
10. Father's Birthplace,	U S
Name of Medical Attendant, or other person who makes this Return.	A Friedman
Address,	
Remarks,	

1890 - 000041

said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the fifth days of each month, stating the number of births which have occurred within the district during the preceding month, and whether the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15333

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 18 1890
4. Place of Birth, (Street and Number) 619 W Mulberry St
5. Full Name of Mother, Fannie Rosenthal
6. Mother's Maiden Name, Fannie White
7. Mother's Birthplace, U S
8. Full Name of Father, Isaac Rosenthal
9. Father's Occupation, Clerk
10. Father's Birthplace, U S

Name of Medical Attendant, or other person who makes this Return. A Friedenwald

Address,

Remarks,

1890-000042

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. [illegible] name and occupation of its parents, the date and place of birth; and the

[illegible] J. C. [illegible] & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Frederica Henrietta Albrecht

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child A 1833

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, March 18th 1890
4. Place of Birth, (Street and Number) # 300 Polaski Str
5. Full Name of Mother, Mrs Catharine Albrecht
6. Mother's Maiden Name, Miss Pletsch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr Wm Albrecht
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Miller

Address, 2127 West Baltimore Str

Remarks,

590 - 000043

said schedule shall be delivered. Duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or in case no other person is required by this section to report the same, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 18333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 18 1870.
4. *Place of Birth, (Street and Number)*	5 West st.
5. *Full Name of Mother,*	Anna Dailey.
6. *Mother's Maiden Name,*	Casy.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Patric Dailey.
9. *Father's Occupation,*	Dealer in Liquors
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser Midwife.
Address,	1032 Hanover st.
Remarks,	

890 - 000044

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this Ordinance it shall be the duty of every physician or practitioner of midwifery, or other person who shall be in attendance upon any birth, to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the occurrence thereof, and in default thereof shall be liable to a penalty of ten dollars for each and every offense.

Sec. 2. And be it ordained, That it shall be the duty of the Registrar of Vital Statistics, Board of Health, Baltimore City, to furnish to each physician or practitioner of midwifery, or other person who shall be in attendance upon any birth, a blank form of certificate, setting forth the date and place of birth, and the name, sex and color of the child, the name, residence, occupation and birthplace of the parents, the date and place of birth, and the name and residence of the physician or practitioner of midwifery, or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18334

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th January 1890
4. Place of Birth, (Street and Number) 914 Ryan St
5. Full Name of Mother, Jane O'Brien
6. Mother's Maiden Name, Jane Clancy
7. Mother's Birthplace, Ireland Europe
8. Full Name of Father, Patrick O'Brien
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland Europe

Name of Medical Attendant, or other person who makes this Return. Ann Lawless

Address, 914 Ramsay St

Remarks, 8 9 0 Ann Lawless

half schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the Registrar of the District in which the birth occurred. Each child shall occur without the attendance of a physician or practitioner of midwifery, or should the birth occur with such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons violating any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child. A. 18325

1. Sex, (State whether male or female) Girl.
2. Race or color, (if not of the white race) White
3. Date of Birth, 18th of January 1890.
4. Place of Birth, (Street and Number) 610 Burke street.
5. Full Name of Mother, Louise Knoble.
6. Mother's Maiden Name, Louisa Newmeister
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Newmeister
9. Father's Occupation, Laborman.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Crescentia Kunkel

Address, 213 North Chapel St. per Justina Kunkel

Remarks, Healthy.

8 9 0 - 0 0 0 0 4 6

Every Physician or Midwife, who shall attend upon the birth of any child, shall, by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner duly licensed, or any person other than the attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GUILADY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18326

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 19 - 1890
4. Place of Birth, (Street and Number) Garrett Ave 1335
5. Full Name of Mother, Amalie Larsen
6. Mother's Maiden Name, Sulavist
7. Mother's Birthplace, Stavanger Norwegen
8. Full Name of Father, Lars Larsen
9. Father's Occupation, Stevedor
10. Father's Birthplace, Stavanger Norwegen

Name of Medical Attendant, or other person who makes this Return. Johanna Jansle

Address, Garrett Ave 1363 Locust Point

Remarks,

1890 - 000047

said schedule shall be delivered, duly signed by the practitioner in charge of the case, or by the nurse in attendance, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the first said thirty days; and the Registrar shall thereupon issue a certificate to the person who shall be in attendance upon the mother immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person shall be entitled to receive from the Registrar of Vital Statistics a certificate of such birth, subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child A.
1. *Sex.* (state whether male or female)	Female
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	January 19th 90
4. *Place of Birth.* (Street and Number)	37 E. York St
5. *Full Name of Mother,*	Maggie Brannon
6. *Mother's Maiden Name,*	Maggie Ryan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father.*	Michael Brannon
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	H. H. Webster
Address,	403 Hanover St.
Remarks,	

c 90 - 000048

... CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 18338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 19 1890.
4. *Place of Birth, (Street and Number)*	1149 Johnson st.
5. *Full Name of Mother,*	Katie Funk.
6. *Mother's Maiden Name,*	Blum.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	George Funk.
9. *Father's Occupation,*	Gardner.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return,	J. Schwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

+ 890-000049

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately hereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health within the time and with the like penalty as is provided in this section for physicians and midwives, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. KELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 3 child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	the 19 of January 1890
4. *Place of Birth, (Street and Number)*	No 1631 Monument St
5. *Full Name of Mother,*	Matilda Moran
6. *Mother's Maiden Name,*	Matilda Hamilton
7. *Mother's Birthplace,*	Eng. land
8. *Full Name of Father,*	Bernard Moran
9. *Father's Occupation,*	Lagen
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Eliz Lynch
Address,	No 1557 Eutaw Ave
Remarks,	Bal Md.

1890 - 0 8 8 5 0

third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of a city where there is a health officer, or a sanitary district where there is a medical attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN [illegible] 10-7-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mary Allen Stockwell 2d A 10340

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany 19th 1890
4. Place of Birth, (Street and Number) 614 N Mount
5. Full Name of Mother, Florence E Stockwell
6. Mother's Maiden Name, Kittrell
7. Mother's Birthplace, Mansfield Mass.
8. Full Name of Father, Charles A Stockwell
9. Father's Occupation, Pattern maker
10. Father's Birthplace, Boston, Mass.

Name of Medical Attendant, or other Person who makes this Return W W Wightman

Address, 220 N Gilmor St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 2nd A.1134

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Jany 24 '90
4. *Place of Birth,* (*Street and Number*) 123 N. Fulton Ave
5. *Full Name of Mother,* Mary Francis Glainor
6. *Mother's Maiden Name,* " " Barnes
7. *Mother's Birthplace,* Balto Co Md.
8. *Full Name of Father,* Hunter Boyd Glainor
9. *Father's Occupation,* Commercial Traveller
10. *Father's Birthplace.* Virginia

Name of Medical Attendant, or other Person who makes this Return — Mrs Gaines

Address, 220 N. Gilmor St

Remarks,

EXU-000052

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18342

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 19 1890.
4. *Place of Birth, (Street and Number)*	115 Fort av.
5. *Full Name of Mother,*	Barbara Sehmeier.
6. *Mother's Maiden Name,*	Narch.
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	George Sehmeier.
9. *Father's Occupation,*	Stone-cutter.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Schwaser Midwife.
Address,	1032 Hanover st.
Remarks,	

[illegible] duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890-000053

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12243

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child.
1. *Sex, (State whether male or female)*	Girl.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	19th of January 1880.
4. *Place of Birth, (Street and Number)*	2.008 East Orleans St.
5. *Full Name of Mother,*	Carolina Miller
6. *Mother's Maiden Name,*	Carolina Herwig
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	John Herwig
9. *Father's Occupation,*	Undertaker.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kimbel.
Address,	213 North Chapel St. per Justina Kimbel
Remarks,	Healthy.

1890 - 000054

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the nurse or other person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such nurse or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GUILANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-26-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Helen Marguerite Abercrombie

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 20 1940
4. *Place of Birth, (Street and Number)*	13 N. Eutaw St
5. *Full Name of Mother,*	Mary E. Abercrombie
6. *Mother's Maiden Name.*	" " Longnecker
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father.*	William J. Abercrombie
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Geo. H. Timus M.D.
Address.	1006 E Baltimore St
Remarks.	

0 9 0 - 0 0 0 5 5

of the parents, and the maiden name of the mother of such child or children."

...ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18345

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born January 20th 1890
4. *Place of Birth, (Street and Number)*	# 1914 Frederick ave
5. *Full Name of Mother,*	Mrs Maggie Wiese
6. *Mother's Maiden Name,*	Miss " Scheallenschlager
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr John Wiese
9. *Father's Occupation,*	Poter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt St
Remarks,	

1890 - 000056

Sec. 4. Rule 6th. Be it further ordained, That it shall be the duty of every physician or midwife, or other person who shall assist at the birth of any child, to deliver, or cause to be delivered, duly signed by the practitioner in the form of a certificate between the 6th and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge who is required to report the birth, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above named, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A. 12226

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 20th 90
4. *Place of Birth, (Street and Number)* 1513 Monroe st
5. *Full Name of Mother.* Emma Virginia Ogle
6. *Mother's Maiden Name.* " " Grove
7. *Mother's Birthplace.* Baltimore city
8. *Full Name of Father.* Samuel Denton Ogle
9. *Father's Occupation,* R. R. engineer
10. *Father's Birthplace.* Seneca Co Ohio

Name of Medical Attendant, or other Person who makes this Return — J. W. Wright M.D

Address, 220 N. Gilmor st

Remarks,

590-0-0-0-57

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18349

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 20 - 1890
4. Place of Birth, (Street and Number) Erastus H 452
5. Full Name of Mother, Elisabeth Müller
6. Mother's Maiden Name, Binger
7. Mother's Birthplace, Allendorf - Hessen
8. Full Name of Father, Paulus Müller
9. Father's Occupation, Hausler
10. Father's Birthplace, Cassel - Kur - Hessen

Name of Medical Attendant, or other person who makes this Return. Johanna Jonske

Address, Garrett Co Md

Remarks, Locust Point

B 90 - 000058

Every physician or midwife shall report to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the parents of such child to report the same to the Commissioner of Health, in the manner and within the period above named, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18348

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 11 1890
4. Place of Birth, (Street and Number) Mayze Hopkins
5. Full Name of Mother, Gramm
6. Mother's Maiden Name,
7. Mother's Birthplace, Joseph Frank
8. Full Name of Father,
9. Father's Occupation, Fabric
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address,

Remarks, Washington ave

1890 - 000059

Every death to be reported to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. Any person who shall violate any of the provisions of this section, and any midwife or physician who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), Colred
3. Date of Birth, half past 12 o Clock
4. Place of Birth (Street and Number), No 235 dallar street between mullin and Gallart
5. Full Name of Mother, mollie Jarison
6. Mother's Maiden Name, mollie Boston
7. Mother's Birthplace, da Chester County
8. Full Name of Father, johnie Borton
9. Father's Occupation, Larbor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L mondaunsi

Address, 1102 mullagar street

Remarks,

6 4 0 - 0 0 0 0 6 0

dinson & Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16350

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth	January 1st 1900
4. Place of Birth, (Street and Number)	# 815 N. Gilmor St.
5. Full Name of Mother,	Henrietta Clarke
6. Mother's Maiden Name,	" " " Richter
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Benjamin Clarke.
9. Father's Occupation,	Mail Carrier.
10. Father's Birthplace,	Richmond Va.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	1106 S. Monroe St.
Remarks,	

third day of each and every month to the office of the Commissioner of Health. In case the first and third days of any month shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

890-000061

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18351

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jan. 6th 1890.
4. Place of Birth, (Street and Number) #741 Forest St.
5. Full Name of Mother. Kate Beckner.
6. Mother's Maiden Name. Ward.
7. Mother's Birthplace. Balto. Md.
8. Full Name of Father, Louis Beckner
9. Father's Occupation, Brassmaker.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Wm. Penn Butterworth

Address, 1008 E. Monument St.

Remarks,

890 - 000062

third day of each and every month to the office of the Commissioner of Health, at the rate of one dollar for each and every child born between the first and last days of the month preceding, and in default of such return within the time specified, the person or persons herein required to make the same, shall forfeit and pay for each and every such offence a sum not less than five nor more than ten dollars, to be recovered as other debts and forfeitures are recoverable. And it shall be the duty of the physician in attendance upon the mother, immediately thereafter to report the birth of the child to the Commissioner of Health, and in case there be no physician in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child A.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Jan. 11/90
4. Place of Birth (Street and Number),	208 S. Patterson Ave.
5. Full Name of Mother,	Hattie Smith
6. Mother's Maiden Name,	Hattie Malone
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jno. W. Smith
9. Father's Occupation,	Can Maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M.D
Address,	129 So Broadway
Remarks,	

890-000063

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	6th
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*	Jan 4. 1890
4. *Place of Birth*, (*Street and Number*)	Monument & Caroline St
5. *Full Name of Mother*,	Sarah A. Waugh
6. *Mother's Maiden Name*,	L. A. Stroud
7. *Mother's Birthplace*,	Balto. Md
8. *Full Name of Father*,	Wm. Waugh
9. *Father's Occupation*,	Furniture painter
10. *Father's Birthplace*,	Boston Mass
Name of Medical Attendant, or other Person who makes this Return.	E. A. Plessner M.D.
Address,	706 Lexington St.
Remarks,	

690 000064

Murphy & Co., City Printers and Stationers.

Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, the duty of the person or parents of such child, to be in attendance upon the mother, as aforesaid, shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18326

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 5th 190

4. Place of Birth, (Street and Number) Mt. Clare House.

5. Full Name of Mother, Maggie Lehner

6. Mother's Maiden Name. " Albert.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Michael Lehner.

9. Father's Occupation, Watchman.

10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other person who makes this Return. Jennie Lindner

Address, 1105 E. Monroe St.

Remarks,

690 - 000065

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15353

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 2 d 1900
4. Place of Birth, (Street and Number) # 19 Frederick Ave.
5. Full Name of Mother, Rosa Anna Burinsky.
6. Mother's Maiden Name, " " Martin.
7. Mother's Birthplace, Ireland.
8. Full Name of Father, John Burinsky.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Russia Lithuanian.

Name of Medical Attendant, or other person who makes this Return, Annie Lindsey

Address, # 100. S. Monroe St.

Remarks,

690-000066

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall immediately thereafter become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1316

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (State whether male or female) male (Frank Morrison Boyd)
2. Race or color, (if not of the white race) White
3. Date of Birth, January 6. 1890
4. Place of Birth, (Street and Number) 1908 Bolton Street
5. Full Name of Mother, Virginia L. Boyd
6. Mother's Maiden Name, " Roysden
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, ~~Boyd~~ Clarence I Boyd
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mastbury Brewer M.D.

Address, 1106 McCulloh Street

Remarks,

1890 - 000067

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.). 3rd A.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* June 6th 1890
4. *Place of Birth, (Street and Number)* 1521 Druid St
5. *Full Name of Mother,* Lucilla Rinehart
6. *Mother's Maiden Name,* Scribner
7. *Mother's Birthplace,* N.J.
8. *Full Name of Father,* Arthur L. Rinehart
9. *Father's Occupation,* Professor J.H.U.
10. *Father's Birthplace,* N.J.

Name of Medical Attendant, or other Person who makes this Return. Geo. J. Preston M.D.

Address, 9. E. Fremont St.

Remarks,

E 90 - 000068

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the Birth of any child shall occur without the limits of Baltimore City, and the parents of such child shall reside within the limits thereof, it shall become the duty of the person be parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18208

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	January 6th 1890
4. *Place of Birth, (Street and Number)*	Mother at Extended - in of 3d
5. *Full Name of Mother,*	Caroline L. Mensel
6. *Mother's Maiden Name,*	Otter
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Cornelius Mensel
9. *Father's Occupation,*	Carpet Cleaning
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	J. Harvey Hall M.D
Address,	807 Arlington Ave
Remarks,	

890-000069

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report the birth to the Commissioner of Health, within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GUILADY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18 54

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2d
1. *Sex,* (*state whether male or female*)	female
2. *Race or Color,* (*if not of the white race*)	white race
3. *Date of Birth,*	january the 9th
4. *Place of Birth,* (*Street and Number*)	Baltimore Cookrey St 11 9
5. *Full Name of Mother,*	Minna Muelle
6. *Mother's Maiden Name,*	Muelle
7. *Mother's Birthplace,*	germaney
8. *Full Name of Father,*	John Muelle
9. *Father's Occupation,*	labour
10. *Father's Birthplace,*	germaney
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Huthorn
Address,	1514 light st
Remarks,	

1890 - 000070

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18360

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 9th 1890.
4. Place of Birth, (Street and Number) #452 Linwood St.
5. Full Name of Mother, Mary L. Staff Schmidt
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George D. Staff.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Rosa Hillegeist.

Address, #1038 Monument St

Remarks,

890-000071

To cause the birth of any child not to be recorded as required by law, or to make any false statement concerning the same, or any other person having knowledge of the occurrence of a physician or practitioner of midwifery, or nurse, or any other person or parents of such child occur within the city of Baltimore, to fail to report such birth in the manner and within the period above required, and shall occur within the city of Baltimore, to fail to report such birth in the manner and within the period above required, and child to report his birth to the Commissioner of Health, or fail to comply with the provisions of this section shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than twenty dollars, and jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1826

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	5th
1. *Sex.* (*State whether male or ~~female~~*)	male
2. *Race or color,* (*if not of the white race*)	white
3. *Date of Birth.*	June 10th 1890
4. *Place of Birth,* (*Street and Number*)	1531 Hanover St.
5. *Full Name of Mother.*	Mary Frances Johnson
6. *Mother's Maiden Name,*	" Higgins
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John F. Johnson
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. H. Bowley M.D.
Address,	1080 W. Conway St
Remarks,	

890-000072

third day of each and every month to the office of the Commissioner of Health, at the City Hall, of every child born within the limits of said city during the preceding month; and if any such birth shall occur without the attendance of a physician or midwife, or should no other person be in charge of the mother during her confinement, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

D. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

L. 1836 V

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, January the 10th
4. Place of Birth, (Street and Number) Baltimore fort av no 14
5. Full Name of Mother, Mary Hening
6. Mother's Maiden Name, Dietrich
7. Mother's Birthplace, Baltimore
8. Full Name of Father, joseph Hening
9. Father's Occupation, labour
10. Father's Birthplace, germaney

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, 1514 Light st

Remarks,

890-000073

third day of each and every month to the office of the Commissioner of Health. And in case the birth of any child shall occur within the limits of any city or county where there is no resident Registrar or Physician, or should no other person be in attendance within the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEE. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd (V. 113 f 13

1. Sex, (State whether male or ~~female~~) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan. 11th.
4. Place of Birth, (Street and Number) 1411 W. Lexington St.
5. Full Name of Mother, Anna Matilda Emma
6. Mother's Maiden Name, " " Smith
7. Mother's Birthplace, Balto
8. Full Name of Father, Harry Raydol Spicer Emmert
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr. H. Barclay 3rd

Address, 1151 McCulloh St

Remarks,

690-000071

C. SULLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18364

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jan. 11th 1890.
4. Place of Birth, (Street and Number) #1633 Greenmount St.
5. Full Name of Mother, B. Graft.
6. Mother's Maiden Name, A. Knauf.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Chas. Graft.
9. Father's Occupation, Glassfinisher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Miss Dena Hilbrich

Address, #1038 E. Monument St.

Remarks,

890-000075

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the aforesaid period of ten days, and the parent or person in charge of such child shall neglect to report its birth to the Commissioner of Health, he shall become liable to the penalty of ten dollars for each offense; and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15365

Name of Child: Harvey Hill Duvall Jr	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (State whether male or female)	male
2. Race or color, (if not of the white race)	white
3. Date of Birth,	Jany 12th 1890
4. Place of Birth, (Street and Number)	1335 Lafayette ave
5. Full Name of Mother,	Virginia Lee Duvall
6. Mother's Maiden Name,	" " Dare
7. Mother's Birthplace,	St Marys Md
8. Full Name of Father,	Henry Duvall Jr
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	J Harvey Hill MD
Address,	807 Lexington Street
Remarks,	

1890 - 000076

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the father or mother of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A.

Name - Bessie Hill

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 12th 1890
4. Place of Birth, (Street and Number) 1001 Edmondson Ave
5. Full Name of Mother. Maggie S. Hill
6. Mother's Maiden Name. " Stine
7. Mother's Birthplace. Balto City
8. Full Name of Father. Henry F. Hill
9. Father's Occupation, M.D.
10. Father's Birthplace. Ala.

Name of Medical Attendant, or other Person who makes this Return Dr. Hill

Address, 1001 Edmondson

Remarks,

1900 0977

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTING AND STATIONERY

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. A. 1536

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan. 13.
4. Place of Birth, (Street and Number) 702. Chase. St.
5. Full Name of Mother, Mary. Ward.
6. Mother's Maiden Name, " Dennis
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank. Ward
9. Father's Occupation, Police. Officer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Ward.

Address, 829. Eutaw. St.

Remarks,

8907000078

BULLARY & CO., CITY PRINTERS AND STATIONERS

shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the registrar of the district in the manner and within the period above required, and such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13368

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W+
3. Date of Birth, January 13th 90
4. Place of Birth, (Street and Number) 1818 Wilhelm St.
5. Full Name of Mother, Linda Craver.
6. Mother's Maiden Name, " Jahn
7. Mother's Birthplace, Essington Pa.
8. Full Name of Father, Zachariah J. Craver.
9. Father's Occupation, Freight Brakeman B.&O.R.R.
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 106 S. Monroe St.

Remarks,

890 000079

This [illegible] is to be sent to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, within the period above required, and any such person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] day of each and every month to the office of the Commissioner of Health [illegible] between the first and [illegible]. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18369

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 13th 1890.
4. *Place of Birth, (Street and Number)* #122 N. Frederick St.
5. *Full Name of Mother,* Clara Branckhoff.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gustav Branckhoff.
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillequist.

Address, #1038 E. Monument St.

Remarks,

1890-000080

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. June 14 1896

4. Place of Birth, (Street and Number) 542 Mulberry St.

5. Full Name of Mother. Barbara C. Hough

6. Mother's Maiden Name, Mihm

7. Mother's Birthplace, City

8. Full Name of Father, Chas. C. Hough

9. Father's Occupation, Druggist

10. Father's Birthplace. City

Name of Medical Attendant, or other Person who makes this Return J. H. Hill M.D.

Address, 1001 E. Monument

Remarks.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, 14 Jan 1890
4. Place of Birth, (Street and Number) Stiffens Lane
5. Full Name of Mother. Rose Kettle
6. Mother's Maiden Name. Rose Burkman
7. Mother's Birthplace, St Marys Co Md
8. Full Name of Father. Wm Henry Kettle
9. Father's Occupation, Laborer
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return. J. B. Mullins M.D.

Address, 1931 Hundred One Ext.

Remarks,

890-000082

Any person who shall neglect to report the birth of any child as required by law, shall be liable to the action of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by law to report the same, it shall be the duty of the parent or nurse of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GUILANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. A. 1892
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Black
3. *Date of Birth,*	Jan 15th
4. *Place of Birth, (Street and Number)*	1015 Aiken Alley
5. *Full Name of Mother,*	Anna M. Dittmar Hoffman
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob Dittman
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Dr. L. H. Bentley M. D.
Address,	128 N. Eutaw Pl.
Remarks,	

690-000083

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, as above required; and every such report shall be signed by some person who shall reside in the city, with the knowledge of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1890 13

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 15th 90
4. *Place of Birth, (Street and Number)*	Edmondson Ave.
5. *Full Name of Mother,*	Clara Lambert
6. *Mother's Maiden Name,*	" " Bricht
7. *Mother's Birthplace,*	Pennsylvania.
8. *Full Name of Father,*	Geo. Lambert
9. *Father's Occupation,*	Cabinet Wood Dealer.
10. *Father's Birthplace,*	Philadelphia.
Name of Medical Attendant, or other person who makes this Return.	Annie Andrews
Address,	410 E. Bonner St.
Remarks,	

1890 : 000084

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, immediately after the same, it shall be the duty of the mother, within the period hereinafter required, and in case she be unable to comply herewith, then any person present at the birth, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1837

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 15th 1890
4. Place of Birth, (Street and Number)	1117 Hanover St
5. Full Name of Mother,	Kate Bushman
6. Mother's Maiden Name,	Kate James
7. Mother's Birthplace,	Baltimor
8. Full Name of Father,	Henry Bushman
9. Father's Occupation,	Stone Cutter
10. Father's Birthplace,	Baltimor
Name of Medical Attendant, or other person who makes this Return,	Catharine Harmony
Address,	M D 1517 Byrd St
Remarks,	

1890-000085

Shall occur without the attendance of a physician or practitioner of midwifery, in case the birth of any child attendance upon the mother; immediately thereafter it shall become the duty of the person or persons in attendance upon such mother, and within the period above required, and child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 1878

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 16th 1880.
4. Place of Birth, (Street and Number) Baltimore City 918 W. Fayette Street
5. Full Name of Mother, Annie Alverda Harris.
6. Mother's Maiden Name, " " Loreusberger.
7. Mother's Birthplace, Baltimore city Md.
8. Full Name of Father, George Levin Harris.
9. Father's Occupation, Cigar Maker.
10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return. Susan Hinde

Address, 23 N. Appleton St

Remarks,

90-000086

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth of any child as aforesaid, the father shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in manner aforesaid; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 18376

1. Sex; (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16th
4. Place of Birth, (Street and Number) 1153 W. Cross St. Balto.
5. Full Name of Mother, Mollie E. F. Atwell
6. Mother's Maiden Name, Mollie E. F. Butler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph H. Atwell
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Regester St

Remarks,

890-000087

Wm. J. C. Dulany & Co., City Printers and Stationers

Any person without the attendance of a physician or midwife, or practitioner of midwifery, in case the birth of any child shall occur without the attendance of a physician or midwife, or practitioner of midwifery, or in case the attendant shall become the duty of the parents or parent of such child to report its birth to the Commissioner of Health, and in case neither parent shall within the period above required, and any such person or persons who hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18377

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 17th 1890
4. Place of Birth, (Street and Number) #808 N. Front St.
5. Full Name of Mother, Bridget Eagle
6. Mother's Maiden Name, Delaney
7. Mother's Birthplace, Ireland
8. Full Name of Father, Chas. Eagle
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return: Wm. Dena. M. Thurnett

Address, #103 E. Lanvale St

Remarks,

690-000088

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall have been duly authorized to act as such, the parent or parents of such child is required to report its birth to the Commissioner of Health, in the manner and within the period above named; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th A. 1837/8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 12 1896
4. Place of Birth, (Street and Number) 1133 W. Lombard, dy
5. Full Name of Mother, Mollie Pierman
6. Mother's Maiden Name, Brooks
7. Mother's Birthplace, Md
8. Full Name of Father, Warren C. Pierman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Jno D Blades M.D.

Address, 622 S Paca dy

Remarks,

590 - 000089

Each Return must be made every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to make the Return required by this section, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1897

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seven.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	January 17th 1890
4. *Place of Birth, (Street and Number)*	Baltimore Md. No 933 Boyd St.
5. *Full Name of Mother,*	Francis Virginia Keller.
6. *Mother's Maiden Name,*	Frances Virginia Dudrow.
7. *Mother's Birthplace,*	Baltimore Maryland
8. *Full Name of Father,*	Mayberry Parks Keller.
9. *Father's Occupation,*	Hack driver.
10. *Father's Birthplace,*	Baltimore Maryland.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hunter.
Address,	23 N. Poppleton St.
Remarks,	

1890 - 000090

Shall occur without the attendance of a physician, the midwife or other person in charge of the case. In case the birth of any child attendance upon the mother. Immediately thereafter it shall be the duty of the person in charge of the case to report such birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 11385

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	17"
4. *Place of Birth, (Street and Number)*	Raboy Street 1029
5. *Full Name of Mother,*	Mary Johnson
6. *Mother's Maiden Name,*	Mary Hearty
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	George Hearty
9. *Father's Occupation,*	Canvaser
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Tisb
Address,	537 Hobres Alley
Remarks,	Not Any

"Also, the given name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS.

0 7 8 - 0 0 0 0 7 1

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1138

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex, (~~State whether male or female~~)
2. Race or color, (~~If not~~ of the white race)
3. Date of Birth, Jan 17th 1890
4. Place of Birth, (Street and Number) 256 W Hoffman St
5. Full Name of Mother, Deborah Ferris Blackburn
6. Mother's Maiden Name, Ferris
7. Mother's Birthplace, Wilmington Del
8. Full Name of Father, Chas P. Blackburn
9. Father's Occupation, Grain Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elias C. Price M.D.

Address, 953 Madison Ave

Remarks,

690-000092

attendance upon the mother, immediately thereafter, shall become the duty of and devolve upon the father of such child, if living in the county; if the father shall be dead, or absent from the county at the time of the birth and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18382

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan 18th 1890
4. Place of Birth, (Street and Number) 314 N Broadway
5. Full Name of Mother, Minnie E. Lennon
6. Mother's Maiden Name, Carr
7. Mother's Birthplace, Va
8. Full Name of Father, George H. Lennon
9. Father's Occupation, Painter
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. E W Ellenwood M.D.

Address,

Remarks,

1890 - 000093

attendance upon the mother, immediately thereafter, if such there be, or, if not, or should no other person be in attendance, then the person in charge of the house in which the birth occurred, or the parent of such child, to report its birth to the Commissioner of Health, in the manner and within the time prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth* January 18 1894
4. *Place of Birth, (Street and Number)* 421 N Dallas St
5. *Full Name of Mother* Laura E Jones
6. *Mother's Maiden Name* Laura E Jones
7. *Mother's Birthplace* Va Cornice Co Md
8. *Full Name of Father* Joshua Jones
9. *Father's Occupation* Porter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address 1401 Iron Ave

Remarks Anna Campbell

Warne Dungan Well

620-000074

at the birth of my child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1634

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 te

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 th January 1890
4. Place of Birth, (Street and Number) Rigel St No 417
5. Full Name of Mother, Elizbet Brandle
6. Mother's Maiden Name, Keizer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Franz Brandle
9. Father's Occupation, Wort Mann
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Caroline Infirmary Ford St No 434

Remarks,

890 000095

Health.

...all be set forth as far as the same can be ascertained the full name of each child of any such ... give ... month, ... and the ... conferred its sex, color, the full name and occupation of the ... in the form of a certificate between the first and ... said schedule shall be delivered, duly ... Office of the Commissioner of Health. In case the birth of any child ... third day of such ... attendance of a physician or practitioner of midwifery, or of the person or parents of such ... notice upon the mother, immediately thereafter, in the manner and within the period above required, and ... child to report its birth to the Commissioner of Health, such person shall be ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ... jected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A1386

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12th Jan 1890
4. *Place of Birth, (Street and Number)*	1012 Maldin st
5. *Full Name of Mother,*	Theresia Ellen Dorsey
6. *Mother's Maiden Name,*	Theresia Ellen Magaha
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George W Dorsey
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Barnes
Address,	1012 Eutaw St
Remarks,	

B 90 - 00076

WM. J. C. KLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18386

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 1, 1890
4. *Place of Birth, (Street and Number)*	1378 Aisquith St.
5. *Full Name of Mother,*	Elizabeth Fleischman
6. *Mother's Maiden Name,*	Elizabeth Redsmann
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Martin Fleischman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

B 90 - 000097

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the street and number of the house where said child was born, and whether in the first, second, third or fourth story thereof, and the said schedule shall be delivered to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such mother to report the birth of such child to the Commissioner of Health within the period above required, and any such person or mother who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18387

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 2/1874
4. Place of Birth, (Street and Number) #1139 Cross St
5. Full Name of Mother, Elizabeth Workman
6. Mother's Maiden Name, " Shake
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles Workman
9. Father's Occupation, Police
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Basagle

Address, 711 Cross St.

Remarks,

690-000098

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth.	January 30th 1890
4. Place of Birth. (Street and Number)	129 E Pine St
5. Full Name of Mother,	Anna Hamburger
6. Mother's Maiden Name.	Haas
7. Mother's Birthplace.	Baltimore
8. Full Name of Father.	Samuel Hamburger
9. Father's Occupation,	Collector
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr Leidner M.D.
Address,	60 Caroline & Eager Sts
Remarks,	

1890 - 000099

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife in charge, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, the father or mother or parents of such child, or the owner or agent of the premises where the birth occurs, shall report the same within the period above required, and deliver such schedule to the Commissioner of Health. Any physician or practitioner of midwifery, or should no other person be in attendance, the father or mother or parents of such child, or the owner or agent of the premises where the birth occurs, who shall fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore City shall be punished by a fine of not less than five dollars nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18389

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether mate or female) [illegible]
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 4
4. Place of Birth, (Street and Number) Blair Ave No 7
5. Full Name of Mother, Laura Snider
6. Mother's Maiden Name, Laura Crickel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jesse Snider
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Snider

Address, 1600 Lombard St

Remarks,

690-000100

said schedule shall be delivered daily, signed by the practitioner in the form of a certificate between the last enumeration of each month and the fifth day of the following month, to the office of the Commissioner of Health. In case the birth of any child shall occur within the last ten days of any month, such birth shall be reported within five days after the same shall occur. In case of the absence of a physician or practitioner of midwifery, or the inability of the person or parents of such child to report its birth to the Commissioner of Health, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

N. 18390

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	January 5 1899
4. Place of Birth, (Street and Number)	908 Canton St.
5. Full Name of Mother,	Kate Crouch
6. Mother's Maiden Name,	Kate Meene
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	William Crouch
9. Father's Occupation,	Brakeman
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

690-000101

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive,) sex, color, date of birth, name and occupation of its parents, the date and place of their marriage, and the last residence of the parents before the birth of such child. A certificate of every birth shall be delivered, duly signed by the practitioner in the form set forth, or in case the birth of any child shall occur without the attendance of any practitioner of midwifery, or should no other person be in attendance who shall make such report, it shall become the duty of the person or parents of such child to report the same to the office of the Registrar of Vital Statistics, Board of Health, within the third day of each and every month to the Commissioner of Health, in the manner and with the particulars above set forth. Any practitioner of midwifery or other person who shall neglect or refuse to make the report required by this section, or who shall make a false report of any birth to the Commissioner of Health, in the manner and with the particulars above set forth, or who shall neglect or refuse to comply with the regulations of this section shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890 - 000102

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been given it, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, and whether the child was the first and only child born at one birth, the second, third, or fourth child born at one birth, and whether it was born alive or dead. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth, then it shall become the duty of the person occupying the house where such birth occurs, to report the same to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A1134

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	January 9th 1890
4. Place of Birth, (Street and Number)	1126 E Chase St
5. Full Name of Mother,	Margaret Rist
6. Mother's Maiden Name,	Kleinman
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Peter A Rist
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J H Selig M D
Address,	Cor Caroline & Eager Sts
Remarks,	

1890 - 000103

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, including the present birth, and within the period above required, and such schedule shall be delivered, duly filled out, to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18393

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 8, 1890
4. *Place of Birth, (Street and Number)*	242 Alice Anna St.
5. *Full Name of Mother,*	Lottie Fleischman
6. *Mother's Maiden Name,*	Lottie Bradford
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Fleischman
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

1890 - 000104

month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any, that have been conferred; its sex, color, and the full name and usual occupation of its parents, the date and place of birth, and the said duties of each and every month to the office of the Commissioner of Health, and in the manner and within the period of such attendance upon the births of children, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. SALADY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10394

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 8th
4. Place of Birth, (Street and Number) 705 N. Henry st
5. Full Name of Mother, Mrs Cora Watt
6. Mother's Maiden Name, Cora M. Curdy
7. Mother's Birthplace, Balt
8. Full Name of Father, Jas Watt
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, Mc Culloh St

Remarks,

B 90 - 000105

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18395

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th January 1911
4. Place of Birth, (Street and Number) Addison Court
5. Full Name of Mother, Emma Peterson
6. Mother's Maiden Name, Emma Peterson
7. Mother's Birthplace, Russia
8. Full Name of Father, Michael Peterson
9. Father's Occupation, Tailor Shop
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Schuman

Address, 1 Commerce Street 103.

Remarks,

540-000105

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur with no attendance or if the child die before the regular visit of the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child A. 1830

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 January
4. Place of Birth, (Street and Number) 612 West Grove st
5. Full Name of Mother, Carrie Elizabeth Fritz
6. Mother's Maiden Name, Carrie Elizabeth Krietz
7. Mother's Birthplace, China street Baltimore Md
8. Full Name of Father, Charles Fritz
9. Father's Occupation, Driver
10. Father's Birthplace, Bevan st Balto. Md

Name of Medical Attendant, or other person who makes this Return. Dr. [illegible]

Address, [illegible] Grove St

Remarks,

C 40 - 000107

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18397

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	January 10 1890
4. Place of Birth, (Street and Number)	706 Burke St.
5. Full Name of Mother,	Barbara Combs
6. Mother's Maiden Name,	Barbara Sauer
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Henry Combe
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary L. Swayne
Address,	720 Luzerne St.
Remarks,	

1890 - 000108

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name, age and residence of its parents, the date and place of birth, and the said schedule shall be delivered month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall be the duty of the person or parents of such child to report the birth as above required, and the person who shall hereafter fail to comply with the provisions of this subject to the fine of ten (10) dollars for each offense, to be recovered in other suits and forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 13718

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 10th 1890
4. Place of Birth, (Street and Number) 943 Hollins St.
5. Full Name of Mother, Winifred Moriarty
6. Mother's Maiden Name, Mungoby
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph B. Moriarty
9. Father's Occupation, Machinist
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. John Neff M.D

Address, 701 N. Carrollton Ave.

Remarks,

B 90 - 000109

(ven con ered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of each child born alive to the same mother before; and to report the same to the Registrar or Commissioner in the form of a certificate between the first and third day of each and every calendar month, on blanks furnished by the said Registrar or Commissioner for that purpose; and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the said certificate is not signed by the person in attendance upon the mother, it shall be the duty of the person or parents of such child to report its birth to the Registrar of Births in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18398

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Jan 10, 90
4. Place of Birth, (Street and Number)	655 W Lombard St
5. Full Name of Mother,	Mary Cavanaugh
6. Mother's Maiden Name,	Burnett
7. Mother's Birthplace,	Md
8. Full Name of Father,	Thos J Cavanaugh
9. Father's Occupation,	Lineman
10. Father's Birthplace,	Va
Name of Medical Attendant, or other person who makes this Return.	E B Ellerich M.D. Pratt Stricker M.D.
Address,	
Remarks,	Instrumental

890-000110

month, and shall set forth as far as he shall be able to ascertain the date and place of birth, and the name, age and occupation of its parents, the number of children of such parents born alive, and the number now living. The form of a certificate between the lines will be furnished by the Commissioner of Health. In case the birth of a child has been concealed, his or her body shall be delivered, duly signed by the undertaker, to the Commissioner of Health. In case the other person be in said school of each and every month to the officer or practitioner of midwifery of the person or parents of such child, or other person who shall make such return, a certificate of the fact, which certificate shall be signed by such officer or practitioner of midwifery, and countersigned by the parent or parents, if present, and shall be delivered to the Commissioner of Health. Any midwife or other person who shall neglect or refuse to comply with the provisions of this section shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable, and any such person or persons who shall hereafter practice midwifery without having complied with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

476 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Louise Steinbacher — A 18200

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th of January.
4. Place of Birth, (Street and Number) 1130 Scott street.
5. Full Name of Mother, Amalia Steinbacher
6. Mother's Maiden Name, born Januschk
7. Mother's Birthplace, West Preusen Danzig
8. Full Name of Father, Julius Steinbacher
9. Father's Occupation, Lock-Smith.
10. Father's Birthplace, West- Preusen Danzig.

Name of Medical Attendant, or other person who makes this Return. Mrs. Bauer

Address, 711 Brent St.

Remarks,

690 - 30-9-111

been conferred; its sex, color, the full name and nationality of its parents, the date and place of birth; and the said schedule shall be delivered with the certificate of the physician or midwife in charge of the case, or other person who shall cause such certificate to be delivered, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case no certificate of such attendance upon the mother, immediately after birth, in the manner and within the period above required, and child to report the birth, as herein required, shall forthwith, in the manner and within the period above required, and as a misdemeanor, and subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18401

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	January 11 1890
4. Place of Birth, (Street and Number)	831 Chesapeake St.
5. Full Name of Mother,	Margaret Bullock
6. Mother's Maiden Name,	Margaret Dunkart
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Frazie Bullock
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Lafayette St.
Remarks,	

1890 - 000112

Every midwife or other person who shall attend upon any case of birth, shall have been conferred with as to the full name and occupation of its parents, the date and place of birth, the sex and color, the full name and occupation of its parents, the date and place of birth, the sex and residence of each child born, and the number of children to which the mother has given birth, shall be delivered, duly signed by the practitioner in the form of a certificate, in case the birth of any child shall occur without the attendance of a physician or midwife, then within ten days after the third day of each and every month to the office of the registrar of midwifery, or should no other person be in attendance upon the mother, then it shall become the duty of the person or parents of such child, or the nearest relative living thereafter to report the same in the manner and within the time required by this section, and it shall be the duty of the registrar of midwifery to certify the births of which he has been duly informed by the midwife, physician or other person in attendance upon the mother, and all persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B. 18402

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 January 1890
4. Place of Birth, (Street and Number) 26 Pleasant St.
5. Full Name of Mother, Mary Ellen
6. Mother's Maiden Name, Mary Cottle
7. Mother's Birthplace, Ireland in January
8. Full Name of Father, Peter Lennon
9. Father's Occupation, Labor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. E. Sotheran M.D.

Address, Fayette St cor Eutaw

Remarks,

1890 000113

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the day, month and year of its birth, and the full name, residence and occupation of its parents, the date and place of their marriage, and the said Act, and every month to the office of the Commissioner of Health, in the manner and within the period last aforesaid, a like certificate of each and every birth which shall occur without the attendance of a physician or midwife. It shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period last aforesaid, and if such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. BULMAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18403

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 1 January 1903
4. Place of Birth, (Street and Number) 1320 E Pratt St
5. Full Name of Mother, Mary Schanzey
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, Max Schanzey
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, L Schanzey

Address, Albemarle No 103.

Remarks,

890-000114

Sec. 3. And be it further enacted, That the name given to each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter third day of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18464

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 January, 1890
4. Place of Birth, (Street and Number) Neuman's Court 1113
5. Full Name of Mother, Margarethe Groesinger
6. Mother's Maiden Name, Margarethe Bauß
7. Mother's Birthplace, Kemfer or Jannen Thüringen
8. Full Name of Father, Charles Groesinger
9. Father's Occupation, Patriot maker
10. Father's Birthplace, Reutlingen Württemberg

Name of Medical Attendant, or other person who makes this Return. Dr. Bauß

Address, 1116 Eutaw St

Remarks,

1890 - 00115

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the officer of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, with the particulars required to be reported by the person in attendance; and any person who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

890 - 000116

months, and shall state in the certificate the full name and occupation of its parents, the date and place of birth, and the name, if any, given to the child at the time of registering the birth, and if no name was given at that time, the fact shall be stated in the certificate; and if the birth occurred after the issuing of a certificate as aforesaid, a certificate shall be delivered, duly signed by the practitioner in the form of the certificate last aforesaid, in case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child shall within ten days thereafter give information of the particulars required to be registered in relation to such birth to the Commissioner of Health, or to such person as he shall appoint for the purpose, and in default thereof shall become the duty of the person or parents of such child to report the particulars of such birth to the Commissioner of Health, in the manner and within the time above specified. Any physician or midwife who shall neglect or refuse to comply with the requirements of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 2-7-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John Christopher — Schmidt — Second

1. Sex, (State whether male or female) ~~Female~~ Male

2. Race or color, (if not of the white race) White

3. Date of Birth. January 13th 1890

4. Place of Birth, (Street and Number) 20 Nicholson St Harford Road

5. Full Name of Mother, Marsha Schmidt

6. Mother's Maiden Name, Landau

7. Mother's Birthplace, Germany

8. Full Name of Father, Adam Schmidt

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. H. Snader M.D.

Address, Cor Gardner & Eager Sts

Remarks,

B 90 - 000117

A 1906

been conferred this sex, color, the full name and occupation of its parents, the date and place of birth; and the full name, color, age and residence of the physician or midwife present at the birth, if any, or of the father or mother of each child, duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance, then by the father or mother of such child. It shall become the duty of the person or parents of such child, or other person in attendance at the birth, in the manner and within the period above required, to furnish the information required by this section, and if any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. FULTON & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18407

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) First

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Jany 13th 1890
4. *Place of Birth,* (*Street and Number*) 113 N. Amity St.
5. *Full Name of Mother,* Ella Kearney
6. *Mother's Maiden Name,* Fitzgerald
7. *Mother's Birthplace,* Balto. Co.
8. *Full Name of Father,* Michael Kearney
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 701 N Carrollton Ave.

Remarks,

1890-000118

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. Sullan & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18701

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 16 1890
4. *Place of Birth, (Street and Number)*	618 Rowe St.
5. *Full Name of Mother,*	Mary Gallop
6. *Mother's Maiden Name,*	Mary Foxwell
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Thomas Gallop
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	126 Luzerne St.
Remarks,	

1890 - 000119

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by the Commissioner of Health. In case the birth of any child third day of each and every month, a like schedule or certificate of such birth, and in case there is no attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person of person who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1844

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (~~state whether male~~ or female),
2. Race or Color (if not of the white race),
3. Date of Birth, January 17th 1890
4. Place of Birth (Street and Number), 315. N Milton Ave
5. Full Name of Mother, Clara Augusta Alford
6. Mother's Maiden Name, " " Robinson
7. Mother's Birthplace, Md
8. Full Name of Father, Albert G. Alford
9. Father's Occupation, Merchant
10. Father's Birthplace, Vermont

Name of Medical Attendant, or other person who makes this Return. Geo H. Clapton

Address, Forrest & Caley's

Remarks,

1890 - 000126

The Publishing Co., City Printers and Stationers

The fifth is sex; color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in the absence of a physician or practitioner, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1910

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 17, 1890

4. Place of Birth, (Street and Number) 607 Lapsmon St

5. Full Name of Mother, Jennie Knight

6. Mother's Maiden Name, Jennie Gearich

7. Mother's Birthplace, Balto.

8. Full Name of Father, William Knight

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Eugene St.

Remarks,

690-000121

been conferred) its sex, color, the full name and occupation of its father, the maiden name of its mother, and the place and date of birth; and the said schedule shall be delivered, duly signed, by the person attending at the birth, to the parent or guardian of such child, who shall present it at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or guardian of such child to report its birth to the Commissioner of Health, and attach the particulars required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 1911

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* F.
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Jan 17 - 1890 -
4. *Place of Birth, (Street and Number)* 2409 Fait Road -
5. *Full Name of Mother,* Ella May Bangert
6. *Mother's Maiden Name,* " " Fiscel
7. *Mother's Birthplace,* Bedford - Lawrence Co. - Ind.
8. *Full Name of Father.* John Bangert
9. *Father's Occupation,* Horse trader -
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return — N. G. Howard M.D.

Address, 713 Fait Road

Remarks,

690 000122

within **six** days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18412

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 90
4. Place of Birth, (Street and Number) 9 Hanover St
5. Full Name of Mother, Sadie Cohen
6. Mother's Maiden Name, Davis
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father,
9. Father's Occupation, Carpenter
10. Father's Birthplace, Russia Poland
- Name of Medical Attendant, or other person who makes this Return. Geo. Lee, M.D.
- Address, 8 Hanover St
- Remarks,

690 - 000123

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the practitioner in the form set forth in the schedule hereto annexed, which schedule shall be delivered, duly signed by the practitioner in the form aforesaid, to the person required to report its birth to the Commissioner of Health, at the same time; in case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance, then the father or mother of such child, if able, shall immediately thereafter report the same in the manner and with the particulars aforesaid. And the person required to report its birth to the Commissioner of Health, at the same time as aforesaid, with the particulars aforesaid, who shall neglect or refuse to report the same in the manner and with the particulars aforesaid, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1874

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18th of January
4. *Place of Birth, (Street and Number)*	1319 Lemon St.
5. *Full Name of Mother,*	Annie Thorn
6. *Mother's Maiden Name,*	Annie Taylor
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Edward Thorn
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Thorn
Address,	
Remarks,	

690-000124

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, till such time, the full name, color, occupation of its parents, the date and place of birth, and the sex of the child, and whether born alive or dead. And every birth which shall occur after the first of June, 1874, and every still birth which shall occur after the first day of July, 1874, and every death which shall occur after the first day of each and every month, to the office of the Commissioner of Health, as aforesaid, by the physician, midwife, or other person in attendance upon the same, if there be such attendance, and if there be no such attendance, then it shall become the duty of the person or parents of such child, or the householder in whose house such birth or death shall occur without the attendance of a physician or midwife, or other person, to make such return as aforesaid; and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18414

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 January 1890
4. Place of Birth, (Street and Number) 320 Lexington St.
5. Full Name of Mother, Rosa Chaimson
6. Mother's Maiden Name, Jennie Feinerman
7. Mother's Birthplace, Russia
8. Full Name of Father, Chas Peterson
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Schwarzman

Address, 1 Eutaw St

Remarks,

890-000125

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Section 3. And be it further enacted, That it shall be the duty of the physician, midwife or other person in attendance upon any birth occurring after the passage of this act, to make a return of such birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and in the form of a certificate hereinafter provided, which certificate shall be delivered, duly signed, by the person required to make the return, to the Registrar of Vital Statistics, Board of Health, Baltimore City, or to such person as may be designated by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become and be the duty of the father, mother, householder or other person having knowledge of the facts, to report the birth as required by this section, and in default thereof, he or she shall be liable to the penalties hereinafter provided for violations of this section. Section 4. And be it further enacted, That the Commissioner of Health shall cause to be printed and distributed to the proper persons, as many copies of the forms of certificates and returns as may be necessary to secure a compliance with the provisions of this act, and shall cause to be printed and distributed such directions as may be necessary to secure a uniform registration of births and deaths. Section 5. And be it further enacted, That any person who shall fail to make a return of a birth, as required by this act, or who shall fail to report the birth of any child as required by this act, or who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child A. 1896

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan 19th 6:30 P. M. 1890
4. Place of Birth, (Street and Number) 408 E. Lanvale St
5. Full Name of Mother, Martha Virginia Williams
6. Mother's Maiden Name, M. V. Rozwick
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Benjamin Franklin Williams
9. Father's Occupation, Salesman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Angel E. Franklin M.D.

Address, 1701 E. Baltimore Street

Remarks,

1890-000126

Every midwife, nurse, undertaker, householder, or other person having knowledge of the facts, who shall neglect or refuse to make return of any birth, as required by this section, shall be subjected to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11246

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19th 1890
4. Place of Birth, (Street and Number) # 2135 Pine St.
5. Full Name of Mother, Fannie Hawkins
6. Mother's Maiden Name, " Marshall.
7. Mother's Birthplace, Talbot County.
8. Full Name of Father, William Hawkins
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, # 106 S. Monroe St

Remarks,

890-000127

Health Code, Art. 12, Sec. 5. Every birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health, by the attending physician, midwife, or other person in attendance, within ten days after such birth, and shall state therein its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 8th and third day of each and every month to the office of the Commissioner of Health, or, should no other person be in attendance, shall be delivered by the midwife or person in charge of such child within ten days after such birth, and shall state therein its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 8th and third day of each and every month to the office of the Commissioner of Health, or, should no other person be in attendance, shall occur without the attendance of any person, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	19th
4. *Place of Birth, (Street and Number)*	539 Moores alley
5. *Full Name of Mother,*	Laura Walker
6. *Mother's Maiden Name,*	Laura Boyer
7. *Mother's Birthplace,*	Frederick County
8. *Full Name of Father,*	Philip R Walker
9. *Father's Occupation,*	Grinder
10. *Father's Birthplace,*	Frederick County
Name of Medical Attendant, or other person who makes this return	Mrs Fitch
Address,	537 Moores alley
Remarks,	Not Any

within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

C 78 : 3 3 3 1 2 3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1874

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, June 19th 1890.
4. Place of Birth, (Street and Number) 404. 5th alley
5. Full Name of Mother, Mary Boston
6. Mother's Maiden Name, Mary J. Gilland
7. Mother's Birthplace, Balto, Md.
8. Full Name of Father, John Boston
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto, Md.

Name of Medical Attendant, or other person who makes this Return Dr. J. S. Brown

Address, Lee & Washington, Balto, Md.

Remarks,

1890 - 000129

J. C. DUJANY & CO., CITY PRINTERS AND STATIONERS.

been entered, and no certificate shall be delivered, but by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, such mother shall herself, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Eleanor Agnes Amos

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 19th 1890
4. *Place of Birth (Street and Number)* 309 Ringgold St. City
5. *Full Name of Mother* Ellen Amos
6. *Mother's Maiden Name* Mooney
7. *Mother's Birthplace* Baltimore Co. Md
8. *Full Name of Father* John Amos
9. *Father's Occupation* Driver
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Jno. J. Jay M.D.

Address 210 W. Franklin St

Remarks GIVEN NAME ADDED. 4-16-53

1890-000130

advise at the Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18220

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 20th 1890
4. Place of Birth, (Street and Number) 21 N Poppleton St
5. Full Name of Mother, Mrs Ada Perouty
6. Mother's Maiden Name, Alice Brown
7. Mother's Birthplace, Balto
8. Full Name of Father, Adolphe Leon Perouty
9. Father's Occupation, Traveling Salesman
10. Father's Birthplace, Bordeaux France

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N. Poppleton St

Remarks,

1890 ÷ 000131

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said relative shall every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16421

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Madgen.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20. Januar
4. Place of Birth, (Street and Number) Ridegely St. 1562.
5. Full Name of Mother, Dori Ries.
6. Mother's Maiden Name, Dori Wittmann.
7. Mother's Birthplace, Rufsps. Kgr. Bayern.
8. Full Name of Father, Johann Ries.
9. Father's Occupation, Bierbrauer.
10. Father's Birthplace, Rufsps. Kgr. Bayern.

Name of Medical Attendant, or other person who makes this Return. Mrs. Bangel

Address, 711 Greene St.

Remarks,

890-000132

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered with the certificate to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, duly registered as such, the mother, immediately after the birth of such child, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1847

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 20th 1890
4. Place of Birth, (Street and Number) 922 Rose street
5. Full Name of Mother, Olivia Ann Farmer
6. Mother's Maiden Name, Olivia Ann Farmer
7. Mother's Birthplace, Bryantown Charles Co Md
8. Full Name of Father, Wm H Johnson
9. Father's Occupation, Waiter
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Lucy Garnish

Address, 922 Rose st Baltimore

Remarks,

1890 - 00133

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, and the place of birth, and the said schedule shall be delivered, duly signed by the person entitled to the certificate between the first and third day of each and every month by the midwifery or should no other person be in attendance upon the mother, by the parent or parents of such child, to the Commissioner of Health, in the manner and within the period above specified, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

STATE FILE NUMBER 8-21-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18203

Name: Margaret Weisel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 20th 1890
4. Place of Birth, (Street and Number) 1909 Gough St
5. Full Name of Mother, Catherine E. Weisel
6. Mother's Maiden Name, " " Buttle
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Michael Weisel
9. Father's Occupation, Potter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. J. H. Dunstan

Address, 2261 E. Baltimore

Remarks,

1890-000134

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) the sex, color, time and place of birth, and the name and occupation of its parents, the date and place of their marriage, and the number of children born to such parents, and the number now living. A certificate of the birth of any child shall accompany each return delivered, duly signed by the practitioner in the form of a certificate of birth, and the return of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother at the birth of her child, then the midwife or nurse who shall attend upon such child shall become the duty of the person or parents of such child to report the birth thereafter. It shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed by this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18724

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 20th of January 1890
4. Place of Birth, (Street and Number) 808 S. Greene St
5. Full Name of Mother, Julia Connich
6. Mother's Maiden Name, --- Bramick
7. Mother's Birthplace, Dorchester County Md
8. Full Name of Father, Simon Connich
9. Father's Occupation, Laborer
10. Father's Birthplace, Dorchester County Md

Name of Medical Attendant, or other person who makes this Return, Amelia Goss

Address, 229 York street

Remarks,

1890 - 000135

month, and shall set forth the full name of each child, if any shall have been born alive, the full name and occupation of its parents, the date and place of birth, and the sex and color of each child. If any child shall be delivered dead, the certificate to that effect shall state the birth of any child still living of each and every mouth to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, it shall be the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the time herein specified. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

SUN. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 18255

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 20th 1890
4. Place of Birth, (Street and Number) 102 River East Balto Md
5. Full Name of Mother, Johanna Thrasi
6. Mother's Maiden Name, Johanna Wilkshuser
7. Mother's Birthplace, Bremen Germany
8. Full Name of Father, Joseph Thrasi
9. Father's Occupation, Stock Clerk
10. Father's Birthplace, Our East Maremtaro Bayern Ger

Name of Medical Attendant, or other person who makes this Return. Mrs Minnie Graf

Address, 1029 N. Saratoga St.

Remarks,

1890 - 000135

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth, and the maiden name of the mother, in the form of a certificate between the first and third day of each and every month, and within the first ten days of each and every month a like report shall be made of all births which may have occurred within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 1926

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Jan 26th 190
4. *Place of Birth (Street and Number),* 104 Heath St
5. *Full Name of Mother,* Elizabeth Wagner
6. *Mother's Maiden Name,* Elizabeth Michael
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Jacob Wagner
9. *Father's Occupation,* Furniture Factory
10. *Father's Birthplace,* Germany Braman Wildbach

Name of Medical Attendant, or other person who makes this Return. Anamaria Goedler

Address, 1705 Hanover St

Remarks, 8 9 0 Baltimore City

and shall set forth as far as it can be ascertained the full name and residence of the parents, the name of the child, if it has been named, the sex, color, the full name and occupation of its parents, the date of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in charge of the case, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or person in charge of the case, it shall be the duty of the father or mother of such child to report the birth to the Commissioner of Health, in the manner and within the time above specified, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race)
3. Date of Birth, Jan 20/90.
4. Place of Birth, (Street and Number) 112 Cleveland St.
5. Full Name of Mother, Emma Fique
6. Mother's Maiden Name, " Rossing
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Leonard Figue
9. Father's Occupation, Painter.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. I. M. Leonhardt M.D.

Address, 640 N. Bond St

Remarks,

1890 : 000138

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Said schedule shall be delivered, duly signed, by the practitioner in the first case of midwifery, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents in charge of such child, or the mother, if able, to report the birth as above required, and in default thereof, it shall become immediately thereafter the duty of the person with whom such child may be, to report its birth to the Commissioner of Health, in the manner and within the time above specified. Any person who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence. Offences may be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18428

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20
4. Place of Birth, (Street and Number) Paris 216
5. Full Name of Mother, Louisa F. Knauss
6. Mother's Maiden Name, Louisa F. Knauss
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edward Knauss
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Krauss

Address, 414 S. Fulton St Baltimore Md

Remarks, Mother and child are well.

1906 - 000139

WM. J. C. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth child. A. 18729

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 20th of January.
4. Place of Birth, (Street and Number) Baltimore Md. Dole St 1600.
5. Full Name of Mother, Mrs. Rinaldo [illegible] Hoy.
6. Mother's Maiden Name, Rinaldo Patton.
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Daniel Hoy.
9. Father's Occupation, Shoemaker.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return. Miss Mary Kearney M.D.

Address, 414 S. Sticker St Baltimore Md.

Remarks, Mother and Child are well.

370 - 00140

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, by the Undertaker in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 114130

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child.
1. Sex, (State whether male or female)	Girl.
2. Race or color, (if not of the white race)	White
3. Date of Birth,	20th of January 1890.
4. Place of Birth, (Street and Number)	223 Washington Street
5. Full Name of Mother,	Minnie Heinkamp
6. Mother's Maiden Name,	Minnie Neuslein
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Joseph Neuslein
9. Father's Occupation,	Milkman
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel St per Justina Kunkel.
Remarks,	Healthy.

1890 - 000141

be registered; its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of oath, in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In the manner and within the shall occur without the attendance of a duly licensed practitioner of medicine or midwifery, or should no other person be in attendance, then the father or mother, if able, or the householder or agent of the premises where such birth occurs, shall report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. BALSLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1193

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, January 21st 1891

4. Place of Birth, (Street and Number) Baltimore 132 S. Front St.

5. Full Name of Mother, Matilda King

6. Mother's Maiden Name, Matilda Lemmond

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Charles King

9. Father's Occupation, Sailor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address, 1111 Block St.

Remarks,

5 9 0 : 0 0 0 1 4 2

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any name has been given), its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner. In the form to be furnished by the Commissioner for the return of births, the date and place of birth of each child delivered, duly signed by the practitioner in the form to be furnished by the Commissioner, shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately after the birth of such child, or if there be no such practitioner in attendance upon the mother, by the nearest and within one period above required, and any such person or person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Wm Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	White race
3. Date of Birth,	January. 20/90
4. Place of Birth, (Street and Number)	11 E. Barney St.
5. Full Name of Mother,	Annie Granger,
6. Mother's Maiden Name,	" Wagner,
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Charles. Granger.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Baltimore. Md.
Name of Medical Attendant, or other person who makes this Return.	Annie Deems
Address,	No. 12. 14 Eight St.
Remarks,	Yours. Respectfully,

1890 - 000143

Every midwife, or person other than a physician or practitioner of midwifery, who shall assist at the birth of any child, shall, within ten days thereafter, make a return thereof to the Commissioner of Health, in the form and manner prescribed by said Commissioner, and every midwife or person who shall fail to make such return shall be subject to a penalty of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every physician or practitioner of midwifery who shall attend upon the birth of any child, shall, within ten days thereafter, make a return thereof to the Commissioner of Health, in the form and manner prescribed by said Commissioner, and every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form prescribed by said Commissioner, and every such person or parents who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 184 33

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 of Jan 1890

4. Place of Birth, (Street and Number) Baltimore Wanderbt 212

5. Full Name of Mother, Alice Hagdon

6. Mother's Maiden Name. Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hagdon

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Donaldson and Dr Cook

Address, 1724 Johnson st

Remarks, Mother and child are doing as well as can be expected.

Dr

Murphy & Co., Lithographers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	Fourth A. H. 24
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth.*	January 30th 1890
4. *Place of Birth.* (*Street and Number*)	1419 E. Northern Ave
5. *Full Name of Mother.*	Mary E. Steigard
6. *Mother's Maiden Name.*	Mary E. Kefsler
7. *Mother's Birthplace.*	Savannah Ga.
8. *Full Name of Father.*	George H. Steigard
9. *Father's Occupation.*	Painter Man
10. *Father's Birthplace.*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	A. G. Walton
Address.	1301 E. Central Ave
Remarks.	

890 - 000145

[illegible] CITY PRINTERS AND STATIONERS.

Any person or persons who shall neglect or refuse to report to the Registrar of Vital Statistics the birth of any child born within the period where required, except as herein otherwise provided, or who shall fail to comply with the requisitions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines are recoverable.

Any person or persons who shall neglect or refuse to report to the Registrar of Vital Statistics the birth of any child born within the period where required, except as herein otherwise provided, or who shall fail to comply with the requisitions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15436

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	white
3. Date of Birth.	Jan 21 1880
4. Place of Birth. (Street and Number)	do 922 Potomac st
5. Full Name of Mother,	Mary Medhurst
6. Mother's Maiden Name,	Angle
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Hedora Medhurst
9. Father's Occupation,	Tabor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah P Harrington
Address,	do 924 Binney st
Remarks,	

8.90-000.146

J. C. PULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 9-2-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Stephen Wetter Leitch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 18436

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 19 1890
4. Place of Birth, (Street and Number) 504 S. Charles St.
5. Full Name of Mother, Alice J. Leitch
6. Mother's Maiden Name, " " Ward
7. Mother's Birthplace, Anne Arundel Co Md
8. Full Name of Father, Stephen D. Leitch
9. Father's Occupation, Mariner
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs Bennett

Address, 1 Brent St.

Remarks,

690 - 000147

been conferred his sex, color, the full name and occupation of its parents, the date and place of birth; and the said duplicate shall be delivered, duly signed by the registrant, in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. It shall be the duty of the person in charge of any institution, or of the physician or midwife in attendance upon the mother, immediately after the birth of any child therein, to report its birth to the Commissioner of Health. It shall become the duty of the person in charge of any such institution, who shall hereafter fail to comply with the provisions of this section, and be convicted to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18437

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male Twin
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 January 1890
4. Place of Birth, (Street and Number) 811 Eastern Ave.
5. Full Name of Mother, Ella Johnson
6. Mother's Maiden Name, Ella Yeager
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Johnson
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. E. Schuerman

Addi ss, Albemarle St. & No 103

Rema. ks,

1890-000148

been conferred) his sex, color, his full name and occupation of its parents, the date and place of birth; and the said certificate shall be signed by the practitioner in the form of a certificate, between the first and fifteenth days of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person, as in this section provided, make such return, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18438

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy Living Father
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 1912
4. Place of Birth, (Street and Number) 736 Thames St.
5. Full Name of Mother, Rachel Goldberg
6. Mother's Maiden Name, " Goldberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Harry Goldberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sonnenreich

Address, Alternate Dr. 102

Remarks,

690-000142

been conferred) in any other of the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18439

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 [illegible]

1. Sex, (state whether male or female) ~~White~~ Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January the 27 1890

4. Place of Birth, (Street and Number) Hull St. 1455 - Baltimore MD

5. Full Name of Mother, Alice A. Eberhart

6. Mother's Maiden Name, Wells

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry Eberhart

9. Father's Occupation, Carpenter

10. Father's Birthplace, Portsmouth Va

Name of Medical Attendant, or other person who makes this Return, Mrs Estes

Address, 1619 Cuba St Baltimore

Remarks,

1890 - 000150

SEC. 4. Every physician or midwife, or other person who shall be in attendance upon the birth of any child, shall, within ten days after the birth, report the same to the Commissioner of Health, in the manner prescribed by the Board of Health, and for every neglect or refusal to make such report, shall forfeit and pay the sum of five dollars, to be recovered as other fines and forfeitures are recoverable.

SEC. 5. Be it further ordained, That it shall be the duty of the parent, or parents, or guardian, or other person having charge of any child born in the City of Baltimore, to report the birth of such child to the Commissioner of Health, in the manner prescribed by the Board of Health, within the time specified in the preceding section; and for every neglect or refusal to make such report, such person or persons shall be liable to the penalty imposed for the neglect or refusal of the physician or midwife, as set forth in the preceding section.

SEC. 6. And be it further ordained, That it shall be the duty of the Commissioner of Health, in the event of the receipt of any report of the birth of a child, to forward a copy of the same to the Board of School Commissioners, within ten days after the receipt thereof.

SEC. 7. And be it further ordained, That it shall be the duty of the Commissioner of Health, upon the receipt of any report of the birth of a child, to issue a certificate setting forth the date and place of birth, and the name, sex and color of such child, and the name and occupation of its parents; the fee for each certificate issued shall be fifty cents, and the said certificate shall be delivered only upon the application of the parent, guardian or other person having charge of such child, and every applicant for a certificate shall make oath or affirmation before the Commissioner of Health, or some person duly authorized by him, that the statements made in the application are true, and no certificate shall be issued until such oath or affirmation has been made.

GEO. A. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A. 18446
1. *Sex, (State whether male or female)*	Male,
2. *Race or color, (if not of the white race)*	White,
3. *Date of Birth,*	January 21st 90,
4. *Place of Birth, (Street and Number)*	214 W. Camden St,
5. *Full Name of Mother,*	Kate Marches
6. *Mother's Maiden Name,*	Kate Santos
7. *Mother's Birthplace,*	Lithuania
8. *Full Name of Father,*	Bartholomew Marches
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Lithuania
Name of Medical Attendant, or other person who makes this Return,	Chas. B. Fuji M.D.
Address,	920 S. Broadway
Remarks,	

1890 - 000151

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 first A. 1874/1

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Feb 21st 1890
4. Place of Birth, (Street and Number) 202 Fairfield
5. Full Name of Mother, Mary J Osbourn
6. Mother's Maiden Name, " " Seibert
7. Mother's Birthplace, City
8. Full Name of Father, Jas J Osbourn
9. Father's Occupation, Coach painter
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. C H Lobley

Address, 1004 N Luzerne Ave

Remarks,

1890-000152

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person named in this section make the return, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in writing, as above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. B. BULAVY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st, A. 18442
1. *Sex, (State whether male or female)*	Male,
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 21st 1890
4. *Place of Birth, (Street and Number)*	809
5. *Full Name of Mother,*	Mary Ellen Hornberger
6. *Mother's Maiden Name,*	Mary E. Hamilton
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	John W. Hornberger
9. *Father's Occupation,*	Iron Moulder
10. *Father's Birthplace,*	Harford Co. Md ~~Balto City~~
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Taylor M.D.
Address,	920 N. Broadway.
Remarks,	

1890 - 000153

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person as in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in like manner as if he had been in attendance, and as aforesaid, and every such midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLARY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

(GIVEN NAME ADDED 2-28-57)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bertha Perkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child A
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored Race
3. Date of Birth,	Born 21st 1896
4. Place of Birth, (Street and Number)	No 412 N Spring St
5. Full Name of Mother,	Mary Alice Perkins
6. Mother's Maiden Name,	Mary Alice Thompson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James Perkins
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Eastern Shore Worcester Co
Name of Medical Attendant, or other Person who makes this Return.	Lucinda Hartford
Address,	1134 N Regester St
Remarks,	

890 000154

Virginia & N. C. & the Peninsula and Washington.

...mother, or other person required to file the same, to report the same to the Office of the Commissioner of Health. In case the child be born dead, the first and third day of each and every month or the undertaker or midwifery, or should no other person be in attendance upon the mother, he or she in whose house or premises any child shall occur without the attendance of a person legally authorized to report its birth, to report the same within the time above limited, under the penalty of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1824

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 21 - 1796.
4. Place of Birth, (Street and Number) 267 Fox Alley
5. Full Name of Mother, Mary Colbert.
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, John Colbert.
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Daughters Dr. M.D.

Address, 501 S. Eagle St.

Remarks, M

690-000155

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the Commissioner in the form of a certificate between the first and third day of each and every month; and the Commissioner shall, in case he be absent at the time of the birth, or attendance of a physician or practitioner of the case, or any other person, be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner as herein required, shall be liable to a penalty of ten dollars for each and every such person so offending, and shall comply with the provisions of this section, which penalty may be sued for and recovered as other fines, and forfeitures are recoverable, before any justice of the peace within the city of Baltimore, by any person who will sue for the same; one-half of which penalty shall be paid to the informer, and the other half to the Commissioner of the district in which the offense shall be committed; and the failure of the person in charge of the case, or any other person in attendance upon the mother, to report the birth as herein required, shall subject to the fine of ten (10) dollars for each offense, to be recovered as other fines, and forfeitures are recoverable.

WM. J. D. GILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 21st 1890
4. *Place of Birth, (Street and Number)*	1009 Holliday St
5. *Full Name of Mother,*	Elizabeth Ball Ford
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Philadelphia Pa
8. *Full Name of Father,*	John Frederick Ball
9. *Father's Occupation,*	Dry-goods salesman
10. *Father's Birthplace,*	Howard Co Md
Name of Medical Attendant, or other Person who makes this Return	Mary Coughlin
Address,	220 N Gilmor St
Remarks,	

B 90 - 000156

CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-2-66

CERTIFICATE OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: IDA MAY WIETZEL A. 18[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 21 | 90

4. Place of Birth, (Street and Number) 11½ | 623 d Washington Ave

5. Full Name of Mother, Ida Wietzel

6. Mother's Maiden Name, Lonadier

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis C. Wietzel

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return. Mrs L. Schulte

Address, No 526 Ct. Washington Ave.

Remarks,

890 - 000157

Every person [illegible] his sex, color, full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and should no other person be in attendance upon the mother at the time of delivery, or should no other person be in attendance upon the mother at the time of delivery, or should no other person be in charge of such child, it shall be the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTING AND STATIONERY

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 24th
4. *Place of Birth, (Street and Number)*	N.W. Cor. Harlem Av & Mount St
5. *Full Name of Mother,*	Annie McGuire O'Connor
6. *Mother's Maiden Name,*	Annie McGuire
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father.*	J. O'Connor
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	R. W. Mifflin M.D.
Address,	321 N. Paca St
Remarks,	

6 7 0 - 0 0 0 1 5 3

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18448

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth. January 21 1890.
4. Place of Birth, (Street and Number) 611 West Lombard St.
5. Full Name of Mother, Elizabeth McConbray
6. Mother's Maiden Name, Elizabeth Patterson
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wm. J. McConbray
9. Father's Occupation, Merchant
10. Father's Birthplace, Brooklyn N. Y.

Name of Medical Attendant, or other person who makes this Return. Dr. Murray Vail

Address, 95 Hampden ave

Remarks,

1890-000159

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

Each case of birth must be reported within ten days after the occurrence thereof, and the full name and occupation of the parents, the sex, color, the full name and occupation of the physician or midwife, or other person who may be in attendance upon the mother, immediately thereafter. It shall become the duty of the person so required, and shall then and there furnish a certificate of the birth of each child born in his presence, and shall report within ten days to the Commissioner of Health, in the manner and with the particulars required, and subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st **A.** 182469

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race).* White
3. *Date of Birth,* Jan 21/'90
4. *Place of Birth, (Street and Number)* 1338 E. Chester
5. *Full Name of Mother,* Bernardine E. Freimuth
6. *Mother's Maiden Name,* " " Sanders
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Francis A. Freimuth
9. *Father's Occupation,* Cigar manufacturer
10. *Father's Birthplace,* Ga.

Name of Medical Attendant, or other person who makes this Return. [illegible] MD

Address, 405 N. Exeter

Remarks, 1890-000160

been conferred its sex, color, the [illegible] name and occupation of its parents. [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth A. 18450

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 21st 1890
4. Place of Birth, (Street and Number) 1533 Edmondson Ave
5. Full Name of Mother, Sallie Chapman
6. Mother's Maiden Name, Bagley
7. Mother's Birthplace, Bedford Co. Va
8. Full Name of Father, William J. Chapman
9. Father's Occupation, Coal Merchant
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. John Stell M.D.

Address, 701 N. Carrollton Ave

Remarks,

690-000161

Every child born in this city, the full name and occupation of its parents, the date and place of birth, and the sex, color, and number of such child in order of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter provided, or by the midwife or other person in attendance at the birth of any child, to the office of the Commissioner of Health, or such person as he shall designate for the purpose, within ten days after the birth of such child, and every month to the office of the Commissioner of Health, or should no other person be in attendance at the birth of any child, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

18457

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 21 1890
4. *Place of Birth, (Street and Number)*	906 Baylor St.
5. *Full Name of Mother,*	Ida Baker
6. *Mother's Maiden Name,*	Ida Wayson
7. *Mother's Birthplace,*	Carroll Co
8. *Full Name of Father,*	Nelson Baker
9. *Father's Occupation,*	Brakeman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mary L Swayne
Address,	726 Lyon St.
Remarks,	

1890 - 000162

JAN 23

...m section 7. Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Registrar of Births; or if there is no practitioner or midwife in attendance upon the mother at the birth of the child, or if the child is still born, or if it should die before the said practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 1865

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Twenty First January
4. Place of Birth, (Street and Number) 300 Bartlett st
5. Full Name of Mother, Catherine, Lusby
6. Mother's Maiden Name, Catherine, McCarron
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Chase, William Lusby
9. Father's Occupation, Machine Hands Boiler shop
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. Susan Shuler

Address, 23 N Payson st

Remarks,

890-000163

and scheduled shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of the district in which the birth occurred, within ten days after the birth of any child and every midwife or physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any person or persons failing to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 1890 3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Jan. 22. 1890

4. Place of Birth, (Street and Number) 2 West ~~Dec~~ First St.

5. Full Name of Mother, Mary Louise Needham

6. Mother's Maiden Name. Carlisle

7. Mother's Birthplace, Greenville S.C.

8. Full Name of Father, George R. Needham

9. Father's Occupation. R.R. agent

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return [redacted] Hauslaile M.D

Address, 818 N. Eutaw St

Remarks,

690-000164

JOHN D. PIET, PRINTER & STATIONER, BALT.

Births, Deaths, Stillbirths, Marriages, and Divorces, shall be recorded in the City of Baltimore, and the Physician, Midwife, or other person who shall first give information of any birth, stillbirth or death, shall report the same, and the sex, color, date of birth, stillbirth or death, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18624

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 22nd 1895
4. *Place of Birth, (Street and Number)* Balto 819 Pennsylvania Ave
5. *Full Name of Mother,* Missouria Hammett
6. *Mother's Maiden Name,* do Fitts
7. *Mother's Birthplace,* Mt Rockster Carroll County
8. *Full Name of Father,* James Hammett
9. *Father's Occupation,* Conductor on Northern Central R.R.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs G.H. Buck

Address, 1603 Presstman St Balto

Remarks, Health Ph

890-200165

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent, as the said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be, and is hereby declared to be guilty of a misdemeanor, and subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18465

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether ~~male or~~ female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 22 1890
4. Place of Birth, (Street and Number) # 11 N Ann St
5. Full Name of Mother, Mary Lewis
6. Mother's Maiden Name, Mary Ashcum
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thos Lewis
9. Father's Occupation, Pilot
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return. J. Mc. Archild M.D.

Address, 1806 E. Baltimore St

Remarks,

070-000166

Every physician or midwife in attendance upon a birth, and in case there be no such attendant, then the householder of the district in which any birth occurs, shall, within the first ten days after the occurrence of such birth, cause the same to be registered in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the householder of the district in which such birth occurs shall be the informant, and shall, in the manner and within the period above prescribed, cause the same to be registered. Every such informant who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 18216

Second.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female).*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 22nd 1890
4. *Place of Birth, (Street and Number)*	#1402 E. Monumental St
5. *Full Name of Mother,*	Clay E. Delauney
6. *Mother's Maiden Name,*	Clay E. Jones
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Delauney
9. *Father's Occupation,*	Agent
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Saml. E. Powell M.D.
Address,	#217 Aisquith Street
Remarks,	

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

890 - 000167

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18467

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Five

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* January 22th 1890
4. *Place of Birth, (Street and Number)* Baltimore 827 Vine St
5. *Full Name of Mother,* Clara C. Butler
6. *Mother's Maiden Name,* Clara Bell
7. *Mother's Birthplace,* Frederick Co Md
8. *Full Name of Father,* Charles Butler
9. *Father's Occupation,* Carriage
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary J. Holland

Address, 832 Vine St

Remarks, Child supposed to be about 6 months old Mother has entrance of the Monarch 690-000168

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance within the time specified, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 8-24-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Elias Hyde Weedon, Jr. A. 18th

No. of Child of Mother. (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex*, (~~state whether~~ male ~~or female~~)
2. *Race or Color*, (~~if not of the~~ white ~~race~~)
3. *Date of Birth*, Jan 22nd 1890 — 4 10 P.M.
4. *Place of Birth*, (Street and Number) 814 Hoden St
5. *Full Name of Mother*, Mary ~~Hoden~~ Weedon
6. *Mother's Maiden Name*, " Schmidt
7. *Mother's Birthplace*, Balto
8. *Full Name of Father*, Elias ~~William~~ ~~Hoden~~ Hyde Weedon
9. *Father's Occupation*, Clerk
10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other Person who makes this Return — Mrs. Harter Mid

Address, 1102 E Balto St

Remarks,

B90-000169

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...NEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 18[illegible]

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	3d
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	January 22nd 1890
4. *Place of Birth*, (*Street and Number*)	1601 Gilmor St
5. *Full Name of Mother*.	Julia Leslie Smith
6. *Mother's Maiden Name*,	" " Foster
7. *Mother's Birthplace*,	Washington D.C.
8. *Full Name of Father*.	Rufus Grafton Smith
9. *Father's Occupation*,	Painter
10. *Father's Birthplace*.	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return	J.W. Wright MD
Address,	220 N. Gilmor St
Remarks,	

E 10-000170

... born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

... A. CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 18240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colowred
3. *Date of Birth,*	22nd Jun 1890
4. *Place of Birth, (Street and Number)*	Lethel st 410
5. *Full Name of Mother,*	Caroline Loveday
6. *Mother's Maiden Name,*	Caroline D. Garfield's
7. *Mother's Birthplace,*	Baltimore city
8. *Full Name of Father,*	Charles Loveday
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return,	Hester Henson
Address,	422 30 dallas st
Remarks,	delivered safely

...st of The births which have occurred, made to be furnished by the Commissioner of Health. The said register of such birth ascertained the full name of each child (if any shall have been given before the month, and shall set forth as far as the same may be parents, the date and place of birth, and the ... schedule shall be delivered, the sex, color, the full name and occupation of its birth of any child shall have been ... first and third day of each and every month to the Office of the Commissioner in the form of a be in attendance upon the mother, immediately ... a Physician or practitioner of midwifery, or should no such person report the birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...s Murphy & Co., City Printers and Stationers.

1 6 9 0 2 1 0 0 1 7 1

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 182161

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	Female First
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 22 the January
4. *Place of Birth, (Street and Number)*	817 Somerset St
5. *Full Name of Mother,*	Emilia Rammel
6. *Mother's Maiden Name,*	Emilia Kregler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Konrad Rammel
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Christian Lauer
Address,	1059 Harford Ave
Remarks,	Baltimore Md. 1890

1890-000172

Every person who shall refuse or neglect to report the birth of a child, as required by this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense. It shall be the duty of the Registrar of Vital Statistics to furnish the parent or parents, or other person having charge of a child, a certificate containing the date and place of birth; and the said certificate shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the parent or parents of such child be unable to report its birth to the Commissioner of Health, it shall become and within the period above required, and it shall be the duty of the physician or midwife in attendance, or of the person or persons having charge of such child to report its birth to the Commissioner of Health in the form of a certificate between the first and third day of each and every month. If a physician or practitioner of midwifery, or should any of the persons aforesaid fail to comply with the provisions of this section, he shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany 22 - 1890
4. Place of Birth, (Street and Number) * 1147 N. Mount St
5. Full Name of Mother, Mary Virginia Clifford
6. Mother's Maiden Name, Mary Virginia Dobson
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Charles K. Clifford
9. Father's Occupation, Steamfitter Plumber & Gas Fitter
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 W Payne Ellen St

Remarks,

1890 - 000173

been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth, and the said schedule shall be delivered with the certificate of birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall occur in any house or place other than a hospital, the parents of such child or other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18463

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (~~State whether male or~~ female)
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, Jan 23d 1890
4. Place of Birth, (Street and Number) 543 Pressman St
5. Full Name of Mother, Lillias Watson Mc Cready
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, New York
8. Full Name of Father, Joseph Mc Cready
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Pocomoke City Md

Name of Medical Attendant, or other person who makes this Return. Elias C Price M. D.

Address, 953 N Madison Ave

Remarks, ...

690-000174

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be signed, duly attested by the practitioner in the form of a certificate hereinbefore set forth, and delivered by the practitioner in attendance at the birth, in case there be such attendance, or in case there be no such attendance, by the father of such child, or in case of his absence or inability, by the nearest relative present, within ten days after the birth; and a like return shall be made, signed, duly attested and delivered by the practitioner in attendance at the birth of any child born dead after the fifth month of pregnancy, or by the father or nearest relative present, as aforesaid, in case there be no such attendance, within ten days after such birth. And every practitioner in attendance upon the mother during her confinement shall, on or before the fifth day of each and every month, deliver to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, then it shall become the duty of the person or parents of such child, if living within the city, to make such return as aforesaid, within the period of ten days after the birth of such child, which return shall be delivered to the Commissioner of Health, in the manner and within the period of time aforesaid. Any physician or midwife who shall hereafter attend the birth of any child in this city, who shall fail to make the return required by this section, or who shall fail to comply with the provisions of this section in any respect, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. BULANY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18264

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 11 29
4. Place of Birth, (Street and Number) Hurley st No 12
5. Full Name of Mother, ellen Branie
6. Mother's Maiden Name, ellen durrey
7. Mother's Birthplace, taylorsvillabad
8. Full Name of Father, Loyd durrey
9. Father's Occupation, labour
10. Father's Birthplace, Anserandel County Wilson

Name of Medical Attendant, or other person who makes this Return, mary Jane

Address, No 115 Hurley st

Remarks,

+ 690 - 000175

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the day, month and year of its birth, the full name of its parents, the date and place of birth, and the said child, and every such certificate shall be signed by the practitioner in the form of a certificate between the first child and every subsequent child born at one birth. Where a birth occurs in a family, or in any house or building where no person resides, or where the child is born elsewhere than in a house, the owner or agent of such house or building shall cause the same to be reported to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second. A. 18265

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Jan. 23/90.
4. Place of Birth, (Street and Number) 643 Hoffman St.
5. Full Name of Mother, Josephine Hill
6. Mother's Maiden Name, Josephine Gilmore.
7. Mother's Birthplace, Ga.
8. Full Name of Father, Thomas B. Hill.
9. Father's Occupation, Waiter.
10. Father's Birthplace, Frederick, Md.

Name of Medical Attendant, or other person who makes this Return, H. T. Carr, Jr. M.D.

Address, 1062 Argyle Ave.

Remarks,

890-000176

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred); its sex, color, the full name and occupation of the father, the date and place of birth; and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth or any of the third day of each month, to the Commissioner of Health, a like schedule of births, or a statement that no births occurred during the month, which statement shall be signed by the attendance of a physician or practitioner of midwifery, or by the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine or ten dollars for each offense, to be recovered together fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12466

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan 23 1890
4. Place of Birth, (Street and Number) 436 Schroder St
5. Full Name of Mother, Mrs Mary Ann Broderick
6. Mother's Maiden Name, " " Christ
7. Mother's Birthplace, Balto, Md
8. Full Name of Father, Jno B Broderick
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return. C. E. Ulrich M.D.

Address, State Station F

Remarks,

890-000177

...ed by J. S. GULLEY & CO., CITY PRINTERS AND STATIONERS.

...ation of its parents, the date and place of birth; and the ...been conferred; its sex, color, the full name and occupation in the form of a certificate between the first child ...said schedule shall be delivered, duly signed, to the Registrar of Vital Statistics, Board of Health, Baltimore City, ...Commissioner of Health. In case the attendant upon the mother, immediately thereafter, is the nurse or some other person be in ...third day of each and every month, to the Registrar of Vital Statistics, Board of Health, Baltimore City, a return ...attendance with the provisions of this section, shall, for each offence, be guilty of a misdemeanor, and upon ...child to report its birth to the Commissioner of Health as herein required, or fail to comply with the provisions of this section, shall ...may such person or persons, as the case may be, be liable to a penalty of not less than ten dollars nor more than fifty dollars, ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18467

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 22 1890
4. Place of Birth, (Street and Number) 1014 Eastern Ave
5. Full Name of Mother, Mary Lindemann
6. Mother's Maiden Name, Cole
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Leroy Fredericks
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Caroline Wells

Address, 1609 Mather St

Remarks,

1890 000178

Every person having charge of a child born in this City shall report the date and place of birth; and the name, sex, color, the full names and occupation of the parents of such child, to the Registrar of Vital Statistics, in the form of a certificate between the first and third days of each month, if such child be then living, or if dead, before burial; and the said schedule shall be delivered, duly filled out, to the Registrar at his office or to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report such birth as herein required, the duty of reporting the same shall devolve upon the father or mother of such child, if living and in the city, and if the father or mother be absent from the city, then upon the person having charge of such child; and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 18268

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 23 - 1890 Hofast Ext
4. Place of Birth, (Street and Number) # 12 Union Ave
5. Full Name of Mother, Lussie Bauldwin
6. Mother's Maiden Name, Lussie A. Staley
7. Mother's Birthplace, Woodbine / Carroll Co. Md "
8. Full Name of Father, A. F. Bauldwin
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Laural / Prince Geo. Co Md "

Name of Medical Attendant, or other person who makes this Return, Martha A. Fester.

Address, # 1518 Argyle st

Remarks, Both doing Well

8902 000179

said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, a like certificate of the case of any child born during the preceding month, and in case the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the mother and within the period above required, and any such person or persons as aforesaid, neglecting or refusing to make and deliver such certificate, or to report its birth to the Commissioner of Health, or either of them, who shall after fail to comply, with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 6-25-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18769

Name: Harry John ~~Simon~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child

1. Sex, (state whether male or female) ~~Male~~ Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 January, 1890.
4. Place of Birth, (Street and Number) 10 E. Fort Ave.
5. Full Name of Mother, Maggie Simon.
6. Mother's Maiden Name, Maggie Sinz.
7. Mother's Birthplace, Germany.
8. Full Name of Father, August Simon.
9. Father's Occupation, Porter in a Iron Store
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890 - 100180

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every physician or midwife in attendance upon a birth which occurs after the first day of January, 1875, shall, within ten days after the birth, report to the Commissioner of Health the sex, color, the full name and occupation of the parents, the date and place of birth; and the number of children born to the mother, including the last birth, and the number now living, in the form of a certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or blanks to be furnished by the Commissioner of Health. In case the birth or any child shall occur within the limits of the city of Baltimore, and no physician or midwife is present, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health. This notice shall be given within the period above required, and shall be signed by the person giving it, and shall specify the day, hour and place of birth; and the sex, color and full name of the child. Any physician or midwife who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall fail to report the birth of a child as herein required shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18470

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d c.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Baltimore 24 January
4. *Place of Birth, (Street and Number)* Baltimore 305 Parkin St.
5. *Full Name of Mother,* Susan Deutsch
6. *Mother's Maiden Name,* " " Hinterberg
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Deutsch.
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Susan Deutsch

Address, 23 N Eager St

Remarks,

890-000181

been conferred) its sex, color (if not white) name and occupation of its parents, the date and place of birth; and the said octuplet shall be delivered, till so registered, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex,* (state whether male or female)	Female
2. *Race or Color,* (if not of the white race)	W.
3. *Date of Birth,*	Jan. 24. 1890.
4. *Place of Birth,* (Street and Number)	1108 Argyle ave.
5. *Full Name of Mother,*	Estella May McC Dowell
6. *Mother's Maiden Name,*	Zerbe
7. *Mother's Birthplace,*	"
8. *Full Name of Father,*	Harrisburg Pa.
9. *Father's Occupation,*	Robert Thompson Mc. Dowell
10. *Father's Birthplace,*	Clerk
Name of Medical Attendant, or other Person who makes this Return	Baltimore Md.
Address,	Alford Wanslee, M.D.
Remarks,	918 N Eutaw St.

B 90 - 0 0 0 1 8 3

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18472

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Jan. 24, 1890
4. Place of Birth, (Street and Number) 511. Pratt St.
5. Full Name of Mother. Jennie Alderdice
6. Mother's Maiden Name, " Hansen
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Wm Eugene Alderdice
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. J. M. Lumpkins M.D.

Address, 640 E. Baltimore St.

Remarks. —

1890-000183

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and address of the attendant, duly signed by the practitioner in the form of a certificate hereinafter given, and such schedule shall be delivered every month to the office of the Commissioner of Health; and should no other person be in attendance at the birth of any child, it shall be the duty of the midwife or nurse who shall be in attendance upon the mother immediately after the birth of such child to report to the Commissioner of Health in the manner and within the period above required; and should no midwife or nurse be in attendance upon the mother at the birth of such child, it shall be the duty of the father or mother of such child to report to the Commissioner of Health in the manner and within the period above required; and any person or persons, who shall hereafter fail to comply with the requirements of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1847 3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th-

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 24th 90.
4. Place of Birth, (Street and Number) 2214 Wilkens Ave
5. Full Name of Mother, Martha Sommerville
6. Mother's Maiden Name, Martha Wright
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Francis Sommerville
9. Father's Occupation, Boiler maker
10. Father's Birthplace, Philadelphia, Pa.

Name of Medical Attendant, or other person who makes this Return. H.C. Ohle, M.D.

Address, 1203 W. Fayette St

Remarks,

S 90 - 000184

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the attending physician or midwife, if any, or other person present at the birth, all of which facts and circumstances he shall enter in the form of a certificate between the first and third day of each month next following the birth, as he may obtain the information, and shall verify by the oath of the person or parents of such child to report its birth to the Commissioner of Health, in this manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ED. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 184 14

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female (Mildred Coward Raith)
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 24th. 96.
4. Place of Birth, (Street and Number) 1010 N. Carey St
5. Full Name of Mother, Octavia Raith
6. Mother's Maiden Name, Octavia Cap
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Charles Raith
9. Father's Occupation, Dairy man
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. H.C. Ohle M.D.

Address, 1203 W. Fayette St.

Remarks, Given name added by order 3/4/37. Feller clerk.

Octavia C. Raith 9 Mo 8/5

Every person who shall refuse or neglect to report, as herein required, the birth of any child, or who shall report false information respecting the same, shall be subject to a penalty of not less than five dollars nor more than fifty dollars for each offense.

WM. A. C. HILLERY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A. 1847

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 24th. 90
4. Place of Birth, (Street and Number) 1733 Hollins St.
5. Full Name of Mother, Louise Hood
6. Mother's Maiden Name, Louise Dill
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Baker Hood
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. H.C. Dale M.D.

Address, 1703 W. Fayette St.

Remarks, Monstrosity. Hemicephalus

B. 90 - 000186

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur within the house of a physician or practitioner or nurse, or of any other person, but in the absence of the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons shall incur and be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Julimer Morgan 2nd A. 1876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Jan 24th

4. Place of Birth, (Street and Number) 615 Whyte Ave

5. Full Name of Mother, Caroline M Morgan

6. Mother's Maiden Name, Caroline M Storey

7. Mother's Birthplace, Maryland

8. Full Name of Father, Robt L P Morgan

9. Father's Occupation, Letter Carrier

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mary Ida Pelzer

Address, 471 Do Gaia St

Remarks, GIVEN NAME ADDED 6/22/55

80-000187

GEO. J. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, June 24 1890
4. Place of Birth, (Street and Number) 881 N. Fulton Ave
5. Full Name of Mother, Dorothea Catherine Carroll Lindsay
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James R. Carroll
9. Father's Occupation, Superintendent
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. J. Turner Wilde M.D.

Address, 207 Arlington Ave.

Remarks,

1890 - 000188

...been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered only to the physician or midwife in attendance upon the birth of any child, or to the parent, guardian or other person having charge of such child, or to the undertaker employed to bury the body of such child; and no other person be in attendance upon the mother, immediately thereafter, unless he shall first write and subscribe his name and place of residence in said schedule, in the manner and within the period above required of physicians and midwives; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balt Jan 23, 1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Balto Jan 24 1880 Forenoon
4. Place of Birth, (Street and Number) 2310 Carlton Ave.
5. Full Name of Mother, Lizzie Miller
6. Mother's Maiden Name, Lizzie Rose
7. Mother's Birthplace, Germany
8. Full Name of Father, Adam Miller.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Arnold

Address, 410 N. Wolfe St.

Remarks, 476

month, and shall set forth as far as the same can be ascertained, the name and surname, the date and place of birth; and the full name and occupation of the parents of the child. Such return shall be made in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the other person be in attendance upon the mother immediately thereafter, it shall become and shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, to comply with the provisions of this section. And the duty of such person who shall neglect or refuse to make such return, as aforesaid, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1880 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1890 0 30199

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18479

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (State whether male or female)*	Boy.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth.*	24th of January 1890.
4. *Place of Birth, (Street and Number)*	119 North W. C Street.
5. *Full Name of Mother.*	Lizzie Murrah.
6. *Mother's Maiden Name,*	Lizzie Carnal.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	John. D Carnal.
9. *Father's Occupation,*	Shippen Clerk
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st per Justina Kunkel.
Remarks,	Healthy.

1890 - 000190

months, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the name, age, and residence of the person making the return. On a certificate between the first and second births shall be delivered. Duly signed by the practitioner in charge of Health. In case the birth of any child shall occur without the attendance of a midwife or of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18480

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th.
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 24, 1890
4. *Place of Birth, (Street and Number)*	729 Luzerne St.
5. *Full Name of Mother,*	Kate O'Connor
6. *Mother's Maiden Name,*	Kate Mc. Williams
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	William O'Connor
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Savage
Address,	726 Luzerne St.
Remarks,	

1890 - 000191

months and shall set forth the same so far as practicable, the full name of each child, if any shall have been given to it, the full name and occupation of its parents, the date and place of birth, and the order of birth of each child, as to whether it be the first and only child born to the mother, or the second, third, or other child born to her, and between the first and second, second and third, or other births, as the case may be. And no certificate of birth shall be delivered, duly signed by the practitioner in the case of births occurring under his care, or by the parent or parents, or other person having charge of the case, in the case of births occurring without the care of a practitioner or midwifery, or should no other person be present, then by the mother herself, immediately thereafter it shall become the duty of the person above required, and shall occur without the attendance of a physician or midwife, to report the birth within the first ten days of each and every month to the office of the Commissioner of Health, in the manner and form as above provided, and attendance upon births occurring without the attendance of a physician or midwife, to report the birth to the Commissioner of Health, in the manner and form as above provided, and shall be subject to the penalties of this section. Any person who shall violate the provisions of this section shall be subject to such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18481

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 23 1889
4. *Place of Birth, (Street and Number)* 2528 Hudson St.
5. *Full Name of Mother,* Rose Maxey
6. *Mother's Maiden Name,* Rose O'Neil
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Maxey.
9. *Father's Occupation,* fireman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayne

Address, 726 Luzerne St.

Remarks,

890-000192

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18482

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 25 1920
4. *Place of Birth, (Street and Number)*	2535 Loudon Ave.
5. *Full Name of Mother,*	Louisa Love
6. *Mother's Maiden Name,*	Louisa Alvattier
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Andrew Love
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Insane
Address,	26 Luzerne St.
Remarks,	

690-000193

been conferred) its sex; color; the full name and occupation of its father; the maiden name and birthplace of its mother; the time and place of birth; and the said midwife shall be delivered daily, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CITY BIRTH ADDED, 1-10-35

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas Preston Norriss A 18483

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 25th January 1890
4. Place of Birth, (Street and Number) 661 George Str Balto Co.
5. Full Name of Mother, Mary Eliza Norriss
6. Mother's Maiden Name, Mary E Downing
7. Mother's Birthplace, Northumberland Co Va
8. Full Name of Father, Joseph Preston Norriss
9. Father's Occupation, Porter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs Amelia Banks

Address, #930. N. Eutaw Str

Remarks,

L 90 - 9 9 8 1 9 4

WM. J. C. DULANY & SON, CITY PRINTERS AND STATIONERS

—on conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said attendant shall be governed in the filling of such certificate by the rules and regulations established by the Commissioner in the form of a certificate between the first and third day of each month following the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person in attendance upon the mother, immediately thereafter shall neglect or refuse to report the birth to the Commissioner as herein required, and any such person or persons shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18484

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 25 1890
4. Place of Birth, (Street and Number) Garrett da 1360
5. Full Name of Mother, Louise Woelm
6. Mother's Maiden Name, Jorp
7. Mother's Birthplace, Elbing - West Preussen
8. Full Name of Father, Adolf Woelm
9. Father's Occupation, Steuder
10. Father's Birthplace, Elbing - West Preussen

Name of Medical Attendant, or other person who makes this Return. Johanna Jorde

Address, Garrett da 1363 Locust Point

Remarks,

690-000195

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of the mother in the form of a certificate between the first and third day of each and every month, on blanks to be furnished by the Commissioner of Health. In case the birth of said child shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of said child shall occur upon the mother's premises, the certificate may be signed by any person present at the birth, and if there be no person present, then the mother shall be required to report the same within the period above required and shall herself make out the certificate, if able to do so, and in the manner and with the particulars of this section. Any such person or person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. GALAWAY & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10785

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 25th 1890
4. Place of Birth, (Street and Number) Sassafras St. No 1154
5. Full Name of Mother, Mrs Eliza Jane Sank
6. Mother's Maiden Name, Eliza Jane Scott
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Corbin Amos Sank
9. Father's Occupation, Stationary Engineer
10. Father's Birthplace, Worcester County

Name of Medical Attendant, or other person who makes this Return. Miss Bangs

Address, 711 Cross St

Remarks,

1890 - 000196

been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth, and the said schedule shall be delivered, duly filled in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one of the parents of such child reside where such birth occurs, it shall be the duty of the person having charge of the premises where such birth occurs, within the period above required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13408

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child
1. *Sex, (state whether male or female)*	Girle
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born January 25th 1891
4. *Place of Birth, (Street and Number)*	No 915 Frederick ave
5. *Full Name of Mother,*	Mrs Sophia Schlosser
6. *Mother's Maiden Name,*	Miss " " Gelb
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Charles Schlosser
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Miller
Address,	2127 West Pratt Str
Remarks,	

890 - 000197

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18487

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 26 1890
4. Place of Birth, (Street and Number) Garrett Ave 1442
5. Full Name of Mother, Lizzie Schmincke
6. Mother's Maiden Name, Frank
7. Mother's Birthplace, Hull - England
8. Full Name of Father, Louis Schmincke
9. Father's Occupation, Stevedor
10. Father's Birthplace, Baltimore-Md

Name of Medical Attendant, or other person who makes this Return. Johanna Jonske

Address, Garrett Ave 1268

Remarks, Locust Point

1890 No 000198

sons, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, sex, color, the full name and occupation of its parents, the date and place of birth; and also such particulars of the parents and child as may be required by the Commissioner of Health. And in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the father, mother or other relative of such child, residing in the house where such birth shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the father, mother or other relative of such child, residing in the house where such birth shall occur, or in case the father, mother or relative of such child shall not reside in the house where such birth shall occur, then the occupant of the house where such birth shall occur shall immediately thereafter, to wit: on the first day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance, then the father, mother or other relative of such child, residing in the house where such birth shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the father, mother or other relative of such child, residing in the house where such birth shall occur, or in case the father, mother or relative of such child shall not reside in the house where such birth shall occur, then the occupant of the house where such birth shall occur shall immediately thereafter, to wit: on the first day of each and every month to the Commissioner of Health, in the manner and with the particulars as above provided, report such birth; and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18248

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child.

1. *Sex, (State whether male or female)* Boy.
2. *Race or color, (if not of the white race)* White.
3. *Date of Birth,* 26th of Jannary 1890.
4. *Place of Birth, (Street and Number)* 109 Ann Street
5. *Full Name of Mother,* Maggie Wiesbeck
6. *Mother's Maiden Name,* Maggie Schäplein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Antone Schäplein
9. *Father's Occupation,* Caper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return: Crescintia Kunkel.

Address, 213 North Chapel St. per Justina Kunkel

Remarks, Healthy

890-000199

been conferred) its sex, color, the full name and occupation of its parents, the [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Gulany & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 1218

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 day Jan 1899

4. Place of Birth, (Street and Number) 1009 St Paul

5. Full Name of Mother, Alice E Goldsmith Manning

6. Mother's Maiden Name, Alice E Lloyd Goldsmith

7. Mother's Birthplace, Md

8. Full Name of Father, Joseph Manning

9. Father's Occupation, Merchant

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return, C B Gamble M D

Address, 92 E Cathedral city Md

Remarks,

1899 - 000200

Murphy & Co., City Printers and Stationers.

parents, the date and place of birth, and his said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each month to the Office of the Commissioner of Health. In case the birth of any child shall occur upon the premises where the mother resides, the duty of reporting such birth as aforesaid shall devolve upon the father, immediately thereafter it shall become the duty of the nearest relative present, or of the person in charge of such premises, to report the birth to the Commissioner of Health. In the premises of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 112490

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (10th) Tenth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 26th 1890

4. Place of Birth, (Street and Number) 826 Lexington St

5. Full Name of Mother, Fannie A Norman

6. Mother's Maiden Name, Evans

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William H. Norman

9. Father's Occupation, Clerk.

10. Father's Birthplace. Baltimore City

Name of Medical Attendant, or other Person who makes this Return W. Wrightson

Address, 220 N Gilmor St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. K. BOYLE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sunday Dec 26th 9 D. 7.30 A.M.
4. Place of Birth, (Street and Number) 1030. N. Calhoun St
5. Full Name of Mother, Amanda McCrory
6. Mother's Maiden Name, Amanda Siedamgotzki
7. Mother's Birthplace, Berlin, Prussia
8. Full Name of Father, Albert L. McCrory
9. Father's Occupation, Clerk
10. Father's Birthplace, Harford Co. Md

Name of Medical Attendant, or other Person who makes this Return. Ed Welch M.D.

Address, East Cor Hamilton & St

Remarks,

A 1911

640-000202

Every person who shall refuse or neglect to report any birth as required by the Ordinances of the City of Baltimore, or who shall report any false statement touching any birth, or who shall refuse or neglect to report any birth to the Commissioner of Health, in the manner and within the time prescribed by the Ordinances of the City of Baltimore, shall be subjected to the fine of ten (10) Dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Isaac Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1897

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born Jany 26th 1890
4. Place of Birth, (Street and Number)	No 202 Bruce Str
5. Full Name of Mother,	Mrs Anna Gebhardt
6. Mother's Maiden Name,	Miss Anna Spangel
7. Mother's Birthplace,	Bayern Germany
8. Full Name of Father,	Mr Thomas Gebhardt
9. Father's Occupation,	Brewer
10. Father's Birthplace,	Bayern Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt
Remarks,	

890 - 00203

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said physician shall, every month, deliver to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, or in case the person in attendance upon the mother, immediately after the birth, is other than a physician or practitioner, it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 26 1890

4. Place of Birth, (Street and Number) 308 W. Saratoga St

5. Full Name of Mother, Julia Murdock Grant

6. Mother's Maiden Name, Julia Murdock

7. Mother's Birthplace, Annapolis Md

8. Full Name of Father, Ulee Grant

9. Father's Occupation, Machinist

10. Father's Birthplace, Annapolis Md

Name of Medical Attendant, or other Person who makes this Return R. W. Mifflin M.D

Address, 321 N. Paca St.

Remarks,

890 000201

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1849

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan 26, 90
4. Place of Birth, (Street and Number) 328 S Mount St.
5. Full Name of Mother, Ella Spears
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Va
8. Full Name of Father, Virgin Spears
9. Father's Occupation, Engineer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. E. Ellenick M.D.

Address, Pratt & Stricker Sts.

Remarks,

890 - 000205

been registered in the office of the Commissioner of Health, in the manner and within the time prescribed by the ordinances of Baltimore City, and that any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. BELANY & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18795

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 27th 1890
4. Place of Birth, (Street and Number) Balto. Balto. Alley 1702
5. Full Name of Mother, Johanna Koenig
6. Mother's Maiden Name, Johanna Gunsten
7. Mother's Birthplace, Amerindal Canada
8. Full Name of Father, Joseph Antone Koenig
9. Father's Occupation, Steam Fitter Helper
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Chas F. C. Kuck

Address, 1603 Presbury St. Balto

Remarks, Health

690-000205

been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth of such child, and the name and residence of the attendant or person who shall have charge of the case; and the said attendant or person shall deliver such return in the form of a certificate between the first and fifteenth days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the father, mother or other person having charge of such child is hereby required to make such return, and within the period above required, and the attendant or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14496

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Jan 27 1900
4. Place of Birth, (Street and Number)	Balto Woodyard St 1322
5. Full Name of Mother,	Minnie Buhr
6. Mother's Maiden Name,	Minnie Smyzie
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Wm Philip
9. Father's Occupation,	Baker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Dr Gaynes
Address,	1035 Watson St
Remarks,	None

1890-000207

J. C. PULLANY & CO., CITY PRINTERS AND STATIONERS

Birth, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 114[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Wh
3. *Date of Birth,* Jan. 2, 1890
4. *Place of Birth (Street and Number),* 1424 Nicholson St. Lo. Point
5. *Full Name of Mother,* Lena C. Bishop.
6. *Mother's Maiden Name,* Lena C Scherer.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. W Bishop
9. *Father's Occupation,* Machinist by trade at present in Liquor Business
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Thornton

Address, Haubert St.

Remarks, good and Healthy

890-000208

Baltim e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12114

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Col
3. *Date of Birth,* Jan 27 1891
4. *Place of Birth (Street and Number),* Balto City 1315 Monroe St
5. *Full Name of Mother,* Margaret Janey
6. *Mother's Maiden Name,* Margaret Jonathan
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Charles Janey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return. Lyne Warren

Address, 1312 Monroe St

Remarks,

640 : 003209

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance as above, the mother, householder, or parent, or the person in charge of the house or premises where such birth shall occur, shall report such birth in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

9-29-60

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Elizabeth Weisel A 164119

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Jan 27 1960
4. *Place of Birth (Street and Number),* 173 N Chapel St
5. *Full Name of Mother,* Anne L. Weisel
6. *Mother's Maiden Name,* Heiss
7. *Mother's Birthplace,* Baltimore Co. Md
8. *Full Name of Father,* Harry Weisel
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Baltimore Co. Md

Name of Medical Attendant, or other person who makes this Return. Dr. F. Carey St

Address, 173 N Chapel St

Remarks, Mother is a Lexington Park Hospital patient

C-90-000210

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16100

No. of Child of Mother, (~~State whether 1st, 2d~~, 3d, &c.)

1. Sex, (~~State whether male or~~ female)
2. Race or color, (~~If not of the~~ white ~~race~~)
3. Date of Birth, Jan 28th 1890 12 M.
4. Place of Birth, (Street and Number) 1321 Valley St
5. Full Name of Mother, Carrie F. Kuehn
6. Mother's Maiden Name, " " Gleichman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles H. Kuehn
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of ~~Medical Attendant~~, or other person who makes this Return. Mrs. Gertrude Wenkert M.D.

Address, 1102 E Baltimore St.

Remarks,

890-000211

been conferred; its sex, color, the full name and occupation of its parents, the correct place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of such person to report the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 2-17-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Susanna Sunderland A 18101

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 29th 1890
4. Place of Birth, (Street and Number) 307 E. Fourth St
5. Full Name of Mother, Lilian J Sunderland
6. Mother's Maiden Name, " " Ford
7. Mother's Birthplace, St Marys Co. Md.
8. Full Name of Father, Louis F. Sunderland
9. Father's Occupation, Cash driver
10. Father's Birthplace, Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return, C. E. Stewart, M.D.

Address, 120 E. Fourth St City

Remarks,

1890 000212

...his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18502

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Jany 29th 1890
4. Place of Birth, (Street and Number) No 2216 Frederick ave
5. Full Name of Mother, Mrs Louisa Henning
6. Mother's Maiden Name, Miss " " Dänk
7. Mother's Birthplace, Saxen Germany
8. Full Name of Father, Mr Charles Henning
9. Father's Occupation, Brewer
10. Father's Birthplace, Bayern Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Miller

Address, 2127 West Pratt St

Remarks,

E 90 : 00213

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said above-mentioned duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person in attendance upon the mother, himself be unable to make the return above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18503

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 29 189
4. Place of Birth, (Street and Number) 658 Pine St
5. Full Name of Mother, Josephine Winslow
6. Mother's Maiden Name, Catherine Sutton
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Louis Winslow
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore. Md

Name of Medical Attendant, or other person who makes this Return. Mary Thompson

Address, 655 Josephine

Remarks,

690-000214

...a birth of some one to ascertain the full name of such child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person in charge of such child, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance who is required by this section to report the birth, the mother shall cause notice upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 18502

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 29 = 1890
4. Place of Birth, (Street and Number) 102 S. Appleton St
5. Full Name of Mother, Ella Bradburn
6. Mother's Maiden Name, Cooke
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jas. G. Bradburn
9. Father's Occupation, Brass Moulder
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, John Stifler M.D.

Address, 701 N. Carrollton Ave

Remarks,

1890 - 000215

been conferred; the sex, color, the full name and occupation of the parents, the true date of birth, and the full name of the physician or midwife in attendance, if any were present at the birth, and the address of each, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, the mother shall within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. BULLARD & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether ~~male or~~ female)* Female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Jany. 1. 1890

4. *Place of Birth, (Street and Number)* 1012 W. Franklin St

5. *Full Name of Mother,* Rachel A. Hooper

6. *Mother's Maiden Name,* M. A. Gardner

7. *Mother's Birthplace,* Prince Geo. Co., Md.

8. *Full Name of Father,* Wm J. Hooper

9. *Father's Occupation,* Printer

10. *Father's Birthplace,* A. A. Co. Md

Name of Medical Attendant, or other Person who makes this Return. Chas. W. Filler

Address,

Remarks,

1890 000216

ascertained the full name of each child (if any shall have been born alive) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said and every month to the Office of the Commissioner of Health, in the form of a certificate between the first and fifth days of each month, a return of all births which may have occurred within the preceding month, and in default of such return, or any part thereof, the person or persons who shall have had the attendance of a Physician or practitioner of midwifery or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., Lith Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	11
1. *Sex,* (*state whether male or female*)	White Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	1 of January 1898.
4. *Place of Birth,* (*Street and Number*)	513 East Montgomery St. Balto md
5. *Full Name of Mother,*	Adelia Meyers
6. *Mother's Maiden Name,*	Adelia Connolly
7. *Mother's Birthplace,*	Baltimore. md.
8. *Full Name of Father,*	John C. Meyers
9. *Father's Occupation,*	Glass Cutter
10. *Father's Birthplace,*	Baltimore. md.
Name of Medical Attendant, or other person who makes this Return.	Catherena Grundy
Address,	900 Leadenhall St.
Remarks,	

690 - 000217

Every midwife and every physician or other person who shall be in attendance upon the birth of any child shall cause the birth of such child to be registered as required by the rules and regulations of the Board of Health, and shall deliver to the parent or parents of such child, or to the person having charge of such child, a certificate containing the substance of the rules and regulations of the Board of Health relating to the registration of births, and shall report the birth of such child to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. Any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A/8307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan the 1st
4. *Place of Birth, (Street and Number)* 1638 N Joseph St
5. *Full Name of Mother,* Hale E Brunell
6. *Mother's Maiden Name,* Cook
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Samuel Brunell
9. *Father's Occupotion,* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs M Allard

Address, N. 912. Mc Donough St

Remarks,

1890-000218

...considered to sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the days and at the times hereinbefore specified. In case a birth shall occur in any house in this city of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother at the birth, then the owner or occupier of such house shall cause the same to be reported as aforesaid. If any midwife or other person shall become the duty of the person or parents of such child to report the birth as aforesaid, every such midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

...E. J. C. KULAMY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-11-51

RETURN OF A BIRTH

A 170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emma Sophie Steinbach

BALTIMORE CITY REGISTRAR'S OFFICE
FEB 1 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) W
3. Date of Birth, January 1st 1890
4. Place of Birth, (Street and Number) 729 Hanover St
5. Full Name of Mother, Mary S. Steinbach.
6. Mother's Maiden Name, Mary S. Reinhardt
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Chas. C. Steinbach.
9. Father's Occupation, Harness Maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Catherine Magruder

Address, 800 Leadenhall St.

Remarks,

890-000219

been completed its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or if such be not practicable, to such other person as the Commissioner may designate for the purpose; and if such practitioner or other person, be it shall occur within the city limits, shall immediately thereafter it shall become the duty of the person or parents of such child, where such practitioner or other person is not present at the birth, to report the birth of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third A. 18809

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 16 1901
4. Place of Birth, (Street and Number) 1000 North Washington St
5. Full Name of Mother, Theresa Goff
6. Mother's Maiden Name, Pemer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Goff
9. Father's Occupation, car Molder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs N Allwell

Address, 712 Mc Donough st

Remarks,

1 5 7 6 - 0 0 0 2 2 6

Each person (1) of sex, color, age, full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in like form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan the 1st

4. Place of Birth, (Street and Number) 1305 Hanland Avenue

5. Full Name of Mother, Mollie Ellis

6. Mother's Maiden Name, Sherwood

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John F Ellis

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs M Howell

Address, 912 Mc Donough st

Remarks,

1890 : 000221

A 1870

Sec. 2. And be it further enacted, That the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and should no other person be in attendance upon the mother at the time of the confinement or delivery, or should no other person be in attendance upon the mother at the time of the confinement or delivery, it shall become the duty of the person or parents of such child to cause such birth to be registered as by this section provided, and in the manner and within the period above specified and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh A. 1811

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan the 1st
4. Place of Birth, (Street and Number) 1027 Durham st
5. Full Name of Mother, Mary Nengel
6. Mother's Maiden Name, Huth
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Joseph Nengel
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Atwell

Address, 712. McDonough st

Remarks,

E 40 - 00022

said schedule shall be delivered. Any person who shall refuse or neglect to fill up the blanks in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, or such attendance upon the mother, immediately thereafter, shall become aware of the occurrence of such child to report its birth to the Commissioner of Health, he shall within the period above required, and pay, and be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10512

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* January 1st
4. *Place of Birth (Street and Number),* 1330 S. Gilmor St.
5. *Full Name of Mother,* Eugenia Richardson,
6. *Mother's Maiden Name,* Fonville,
7. *Mother's Birthplace,* France
8. *Full Name of Father,* Frank Richardson
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return. Frank Richardson

Address, 1130 Cor. Columbia & Fremont Aves

Remarks,

690 - 000223

Baltimore Publishing Co., City Printers and Stationers.

Every physician or midwife in attendance upon a birth shall, within three days after the birth, report to the Commissioner of Health the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife in attendance, then the parent or parents shall report the same within the time limited by this section, and in default thereof shall be subject to the penalty hereinafter provided. If the mother or child shall die before the expiration of the time limited by this section for the report of the birth, the person who shall have charge of the funeral shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

1878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. FEB 1 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 1st 1890
4. Place of Birth, (Street and Number) 219 Jefferson st
5. Full Name of Mother, Mary Hagen
6. Mother's Maiden Name, " " Hahit.
7. Mother's Birthplace, Md
8. Full Name of Father, John Hagen
9. Father's Occupation, Carpenter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Miss C Bates

Address, 1747 Bank st.

Remarks,

1890 000224

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or in case no other person is required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

month ... [illegible] ... name can be ... child, if any (and
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

CERTIFICATE CORRECTED 6-2-[illegible]

1874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. FEB [illegible] 1910

Name: William Alvin ~~Stutt~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 2nd 1880.
4. *Place of Birth, (Street and Number)* 2212. Gough st.
5. *Full Name of Mother,* Mary (~~Stout~~) Stutt
6. *Mother's Maiden Name,* " " Butcher
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Henry (~~Stout~~) Stutt
9. *Father's Occupation,* Machinest.
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Miss E Betz

Address, 1744 Bank st.

Remarks,

890-000225

RETURN OF A BIRTH

1851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH REGISTRY
FEB 1 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Whit
3. *Date of Birth,*	Jan 3rd 1890
4. *Place of Birth, (Street and Number)*	2226 Penna Ave
5. *Full Name of Mother,*	Louisa Cromell Johnson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Massachusetts
8. *Full Name of Father,*	Frank Cromell
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Massachusetts
Name of Medical Attendant, or other person who makes this Return.	Chas E Gaither M.D.
Address,	2100 E Madison St Balto
Remarks,	

1890-000226

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health, or shall be left at the residence of such practitioner within the said period above specified, and shall be subject to the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Any person who shall wilfully refuse or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN TIME FILED 5-25-90

RETURN OF A BIRTH

A 1816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Herman Miller

HEALTH DEPT. FEB 1 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 4th 1890
4. Place of Birth, (Street and Number) 2318 Boston st
5. Full Name of Mother, Mary Miller
6. Mother's Maiden Name, A. L. Myers
7. Mother's Birthplace, City
8. Full Name of Father, Emil Miller
9. Father's Occupation, Harness-maker
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Miss Eliza Baltz

Address,

Remarks,

890-000227

890-000227

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the parent, or parents, of every child born in this State, to cause the birth of such child to be registered, as hereinafter provided, and in default thereof, every such parent shall be liable to a penalty of ten dollars for each and every month that such child shall be unregistered after the expiration of one month from the date of its birth; and the date and place of birth; and the full name, sex, color, and place of birth of the child, shall be registered in the office of the Commissioner of Health, in case the birth shall occur without the attendance of a physician or practitioner of the healing art, within one month after the date of such birth, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 16½

FEB

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 4th 1890
4. Place of Birth, (Street and Number) 1722 Lancaster st
5. Full Name of Mother, Maggie Briel
6. Mother's Maiden Name, " " Shalles
7. Mother's Birthplace, City
8. Full Name of Father, Albert Briel
9. Father's Occupation, Letter-carrier
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bly

Address, 1744 Bank st

Remarks,

890-000228

1890-000228

Every physician or midwife in attendance upon a birth is required to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, stating the date and place of birth, and the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and whether living or dead, and the name and residence of the person reporting the birth. If no physician or midwife has been in attendance, the father or mother, householder or owner of the premises where the birth occurred, or the nearest relative present, shall report the birth within ten days after the occurrence thereof. A certificate before the Registrar of Vital Statistics, Board of Health, Baltimore City, and the said schedule shall be delivered at the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, the third day of each month to the office of the Commissioner of Health, in the manner and within the period above required, the father or mother, householder or owner of the premises where the birth occurred, or the nearest relative present, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 1877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 1 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 5th 1890
4. Place of Birth, (Street and Number) 326 Wolf st.
5. Full Name of Mother, Francis Beck.
6. Mother's Maiden Name, " " Bates
7. Mother's Birthplace, City
8. Full Name of Father, William Beck
9. Father's Occupation, Flour Dealer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Wm E Bell

Address, 1742 Bank st.

Remarks,

890-000229

890-000229

Every birth occurring in the City of Baltimore shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after such birth, and the certificate shall state the full name and occupation of its parents, the date and place of birth, and the sex, color, (if not white,) and number of children born to the mother, and shall be duly signed by the practitioner in the form of a certificate hereinafter provided; and said schedule shall be every month to the office of the Commissioner of Health. In the manner and within the time prescribed by the Board of Health. In case of any birth occurring without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed by the Board of Health. In the manner and within the time prescribed by the Board of Health. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the payment of a fine of not less than five dollars nor more than ten dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 1878

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan the 5
4. Place of Birth, (Street and Number) 1011 East Madison St
5. Full Name of Mother, Kate A Pinning
6. Mother's Maiden Name, Kelly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo A Pinning
9. Father's Occupation, Contractor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M Atwell

Address, 912 Mc Donough

Remarks,

1870 - 000230

GEO. W. O. GUNDRY & CO., CITY PRINTERS AND STATIONERS

Every case of birth, sex, color, &c., the name and occupation of the parents, the name and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and tenth day of each month, to the Commissioner of Health, at his office in the City of Baltimore. If any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	January the 6th
4. *Place of Birth, (Street and Number)*	Baltimore William st 1028
5. *Full Name of Mother,*	Annie C Callaham
6. *Mother's Maiden Name,*	Taylor
7. *Mother's Birthplace,*	virginia
8. *Full Name of Father,*	John T Callaham
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	1611 Light st
Remarks,	

1890 - 000231

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SLAGHT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 1820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Laura Gertrude Dorweis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 Jan.
4. *Place of Birth, (Street and Number)* 116 Hammerbacher ort.
5. *Full Name of Mother,* Caroline Dorweis.
6. *Mother's Maiden Name,* Kratz
7. *Mother's Birthplace,* (Balto) York, Penna
8. *Full Name of Father,* John Herman Dorweis
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Catherine Mizzi

Address, 800 Leadenhall St

Remarks,

690-000232

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, and the certificate shall state the name and residence of the mother, the number of births which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

REGISTERED
FEB 1 1890
A. 18921

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 6th 1890
4. Place of Birth, (Street and Number) 642 Busk st
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Hess
7. Mother's Birthplace, City
8. Full Name of Father, Edward Smith
9. Father's Occupation, Grocery Store
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Wm E. Daly

Address, 1124 Bank st

Remarks,

890-000233

...been conferred) its sex, color, the full name by which it is to be known, the date and place of birth; and the name, age and residence of its parents, and the occupation of its parents, the date and place of birth; and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health, or such other person as shall be appointed for the purpose by the Board of Health, and in case no physician or midwife, or other person be in attendance upon the mother, immediately after the birth of such child, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with or without the attendance of a physician or practitioner or midwife, or other person as aforesaid, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth A. 1872

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 6
4. Place of Birth, (Street and Number) 2020 Eutaw st
5. Full Name of Mother, Mary A. Brigman
6. Mother's Maiden Name, Gheary
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George W. Brigman
9. Father's Occupation, Bricklayer,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs O. Fellvell

Address, 912 Mc Donough st

Remarks,

The sex, color, date and place of birth, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; or should no other person be in attendance upon such birth, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense; to be recovered, as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

590-00023

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	January 7 - 90
4. Place of Birth (Street and Number),	401 Light St.
5. Full Name of Mother,	Susie Mowsey
6. Mother's Maiden Name,	Susie McLain
7. Mother's Birthplace,	Somerset Co Md
8. Full Name of Father,	John Mowsey
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Somerset Co Md
Name of Medical Attendant, or other person who makes this Return.	Chas W. Jefferson M.D.
Address,	#48 E. Montgomery St.
Remarks,	

1 6 9 6 - 0 0 0 2 3 5

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

A 165244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), male,
2. Race or Color (if not of the white race), White
3. Date of Birth, January 8th.
4. Place of Birth (Street and Number), # 1130 North St.
5. Full Name of Mother, Catharine Fisher,
6. Mother's Maiden Name, Smakeimer,
7. Mother's Birthplace, Germany
8. Full Name of Father, John W. Fisher
9. Father's Occupation, Tuner Knabe factory
10. Father's Birthplace, Balto. City.

Name of Medical Attendant. or other person who makes this Return. Dr. D. Alexander

Address, 1. E. Cor. Columbia & Fremont Aves

Remarks,

A

b 4 0 : 9 3 3 2 3 6

and be collected, duly sued for the use of the State, as debts and dues of like amount are by law collected. And the said defendants are hereby required to make the return aforesaid within ten days after the end of each and every month; and every person required by this section to make a return who shall neglect or refuse to make the same within the time aforesaid, or who shall make a false return, shall be liable to a penalty of fifty dollars for each and every such offence, to be recovered as aforesaid, and only with the permission of the person or parents of such child to report its birth to the Health Department, shall be punished by a penalty of not less than five nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the practitioner in the form of a certificate between the first and tenth days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of attendance upon the mother, immediately after birth, in the manner and within the period above required, and child to report its birth to the Board, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH A. 18220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 1 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 10th 1890
4. Place of Birth, (Street and Number) 517 Bethel st.
5. Full Name of Mother, Elizabetta Schurer
6. Mother's Maiden Name, " " Whale.
7. Mother's Birthplace, Germany
8. Full Name of Father, George Schurer
9. Father's Occupation, Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Mrs E. Belz

Address, 1144 Belz

Remarks,

890 - 000237

890 - 000237

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 10th 1898
4. Place of Birth, (Street and Number) 246 S. Collington Ave
5. Full Name of Mother, Agnes De Lacy
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, James Desha
9. Father's Occupation, Laborer
10. Father's Birthplace, ~~~

Name of Medical Attendant, or other Person who makes this Return. E. B. Henby, M.D.

Address, 1201 N. Eden st.

Remarks,

1898 - 00238

Such fees shall be paid by the Health Officer of Baltimore City to the person making such return, as the Board of Health may direct. Any person who shall neglect or refuse to make such return, as required by this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Sherwood & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 16 1890
4. *Place of Birth, (Street and Number)*	506 Myrtle St.
5. *Full Name of Mother,*	Mary Lenard
6. *Mother's Maiden Name,*	Mary Baker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Lenard.
9. *Father's Occupation,*	Cabinet maker
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	M. L. Easley
Address,	213 E. Heath St.
Remarks,	Living Well.

1890 - 000239

The third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 1892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. JAN 1 1 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Then

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 12/ 1890
4. Place of Birth, (Street and Number) 1 E. Montgomery St. City
5. Full Name of Mother, Katharine Dederer
6. Mother's Maiden Name, Köhler
7. Mother's Birthplace, Germany
8. Full Name of Father, Christoph Friedrich Dederer.
9. Father's Occupation, Carpet Weaver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Hirsch

Address, 800 Leadenhall St.

Remarks,

1890 - 000240

said mother's maiden name, color, the full name and occupation of its parents, the date and place of birth, and the third day of each month every return so delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of medicine or midwife, or within the period above required, and attendance upon the mother, immediately thereafter. It shall become the duty of the person or midwife in attendance to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB
TIMO

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 12th 1890
4. Place of Birth, (Street and Number) 400 Fort Ave
5. Full Name of Mother, Mrs Martha Adrion
6. Mother's Maiden Name, Martha Mülze
7. Mother's Birthplace, Germany
8. Full Name of Father, John Adrion
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherina Munch

Address, 800 Leadenhall St.

Remarks,

1890 - 000241

...ent con... ...is sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the 3rd and 5th day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of four (4) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB
REC'D

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 13, 1890
4. Place of Birth, (Street and Number) 1117 S. Charles St.
5. Full Name of Mother, Mrs. Louisa Revis
6. Mother's Maiden Name, Louisa Bothe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. C. Revis
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Kathrena Munch

Address, 800 Leadenhall St.

Remarks,

640-000242

Section 14. Be it further enacted, That it shall be the duty of the person in charge of any lying-in asylum, or of the midwife, or other person who shall deliver any woman of a child elsewhere than at a lying-in asylum, to report the birth of such child, and the name and occupation of its parents, the date and place of birth; and the said asylum shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics; and the said officer upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 1 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 14th 1890.
4. Place of Birth, (Street and Number) 2517 Eastern ave.
5. Full Name of Mother, Caroline Elizabeth
6. Mother's Maiden Name, Sichlite
7. Mother's Birthplace, Germany
8. Full Name of Father, John Bolz
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bolz

Address, 1744 Bank st

Remarks,

890 - 000243

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife in charge, or by the father or mother of any child born elsewhere than at a hospital or other institution, to the Commissioner of Health, in case the latter person be in attendance upon such birth, within ten days after the occurrence thereof; and in case there is no physician or midwife in attendance, then a like report in the form of a certificate between the first and third day of each and every month, of all births occurring within the preceding calendar month, shall be delivered, duly signed by the father or mother of such child, to the Commissioner of Health, at the office of the Commissioner, in the City Hall, within the period above required. And it shall be the duty of a physician or practitioner of midwifery, or the person or parents of such child occur without medical attendance, immediately thereafter, to report to the Commissioner of Health, at the office of the Commissioner, in the City Hall, within the period above required, and attendance, to report its birth to the Commissioner of Health, at the office of the Commissioner, in the City Hall, within the period above required. And it shall be the duty of a physician or midwife in attendance upon any such birth to report to the Commissioner of Health, at the office of the Commissioner, in the City Hall, within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 31 1890
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Child
2. *Race or Color, (if not of the white race)*	Col'd
3. *Date of Birth,*	Jan 15/90
4. *Place of Birth, (Street and Number)*	401 Vincent Dr
5. *Full Name of Mother,*	Anna Anderson
6. *Mother's Maiden Name,*	Anna Green
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Robt Anderson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Jno Maitland
Address,	
Remarks,	

B 90 - 0 0 0 2 4 4

WM. J. C. CLEARY & CO., CITY PRINTERS AND STATIONERS

...said schedule shall be delivered, duly signed and certificates, in the form of a certificate between the first and the 10th days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, a like return or record shall be made by the parent or householder. If any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 18533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 1 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 16th 1890
4. Place of Birth, (Street and Number) 1631 Alice Anna st.
5. Full Name of Mother, Louisa Raunes.
6. Mother's Maiden Name, " " Hollond
7. Mother's Birthplace, City
8. Full Name of Father, Herman Rauner
9. Father's Occupation, Barber
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Miss E. Betz

Address, 1714 Bank st.

Remarks,

Sec. 2. And be it further ordained, That the name and occupation of its parents, the date and place of birth, and the sex, color, and number of each child born alive, shall be returned to the office of the Commissioner of Health, on a certificate to be in said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1890 000245

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. FEB 1 1890 A 1231

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 16th 1890.
4. Place of Birth, (Street and Number) 608 Duncan alley
5. Full Name of Mother, Mary Mc Cowie
6. Mother's Maiden Name, " " Fleck
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Mc Cowie.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs C. Beck

Address, 174½ Bond st

Remarks,

890 - 000246

been conferred its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Parent, or Attendant, to the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person in attendance upon the mother, within the period above required, and any such person or person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BULLADY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18535

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th January
4. Place of Birth, (Street and Number) Baltimore, Covington 20, 1435
5. Full Name of Mother, Mary Agnes McWilliams
6. Mother's Maiden Name, Mary Agnes Gerking
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Daniel McWilliams
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Lulu McWilliams

Address,

Remarks,

690 - 006247

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...said certificate shall be filled out in the best color, be fill name and ordination of its parents, the date and place of birth, and the sex of the child, and be signed by the physician or midwife in attendance, if any, and by the father or mother of the child, if living, and if not, by the householder in whose house the birth occurred, or by the nurse or other person present at the birth; and such certificate shall be delivered by the physician or midwife in attendance, or by the person required by this section to sign the same, to the Registrar of Vital Statistics at the office of the Board of Health, in the manner and within the period above required, and the Registrar shall not grant a burial permit for the body of any child for which a certificate of birth is required by this section, unless such certificate has been delivered to his office as herein provided. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, than the parent himself, then it shall be the duty of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, than the parent himself, then it shall be the duty of each and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. To be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 1634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 1 [illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16 — 1890
4. Place of Birth, (Street and Number) 600 N. Fulton ave.
5. Full Name of Mother, Anna Oliver Marchant
6. Mother's Maiden Name, Anna Oliver
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Adams Marchant
9. Father's Occupation, Manufacturer
10. Father's Birthplace, Charlottsville, Va.

Name of Medical Attendant, or other person who makes this Return, G. W. Slater M.D.

Address, 1637 N. Fayette St.

Remarks,

1890 000248

Every midwife in the city of Baltimore, and every person who shall hereafter become the parent of a child born in the city of Baltimore, and every person who shall hereafter be present at the birth of any child in the city of Baltimore, shall, within the period above required, and in the manner and with the penalties provided in the foregoing section, report to the Commissioner of Health the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, a correct list of all births, or if none have occurred during such month, a report to that effect; and every physician or midwife, or householder in whose house any child shall die without the attendance of a physician or midwife, or in the absence of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine or penalties in said section mentioned, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Janry 16" 90
4. *Place of Birth, (Street and Number)*	32 E. Montgomery st
5. *Full Name of Mother,*	Jennie L. ~~Naylor~~ Riggins
6. *Mother's Maiden Name,*	Taylor
7. *Mother's Birthplace,*	Essex Co Va
8. *Full Name of Father,*	C. R. Riggins
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Somerset Co Md
Name of Medical Attendant, or other Person who makes this Return	H. U. Webster M.D.
Address,	1103 Hanover St.
Remarks,	

+ 2 7 0 - 0 0 0 2 - 1 9

A (1)

... CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-27-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Elizabeth Harris

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 & 1/2 Child.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th of Jan 1890
4. Place of Birth, (Street and Number) 176 Hamilton St.
5. Full Name of Mother, M. E. S. Harris.
6. Mother's Maiden Name, M. E. S. Walker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, M. F. Harris
9. Father's Occupation, Captain
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. M. R. Eastey

Address, 213 E. Heath St

Remarks, Dairy Well.

1890-000250

third day of each and every month to the office of the Commissioner of Health, or shall within the same time deliver to such person a certificate containing the same information, and signed by the attendant upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH **A.** 1587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Jan 16 1890
4. Place of Birth, (Street and Number)	537 Prestman St
5. Full Name of Mother,	Mary V. Wheeler
6. Mother's Maiden Name,	Mary V. Giles
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Capt John H. Wheeler
9. Father's Occupation,	Mariner
10. Father's Birthplace,	Calvert Co Md
Name of Medical Attendant, or other person who makes this Return,	H B Nottle MD
Address,	301 Warren av
Remarks,	

1890-000251

...construed: its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. Delany & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18820

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan, 16
4. Place of Birth, (Street and Number) 929. Mc Donough st -
5. Full Name of Mother, South A Brewington
6. Mother's Maiden Name, Shaw
7. Mother's Birthplace, Maryland
8. Full Name of Father, Geo R Brewington
9. Father's Occupation, Maryland
10. Father's Birthplace, Depulary in Peritenary

Name of Medical Attendant, or other person who makes this Return. Mrs M Aldell

Address, 912 Mc Donough st

Remarks,

890-000252

said schedule shall be delivered, duly signed by the attendant, to the person or persons required to register the birth; and the said attendant shall, on or before the third day of each and every month, deliver to the office of the Commissioner of Health a certificate of every birth at which he or she shall have been in attendance during the next preceding month; and every physician or midwife who shall neglect to deliver such schedule or certificate as aforesaid, or shall refuse or neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS

890-000252

RETURN OF A BIRTH

A. over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN

Name— Anna Margaret

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female)
2. *Race or Color*, (if not of the white race)
3. *Date of Birth*, 17th January 1890
4. *Place of Birth*, (Street and Number) 1626 Hanover st Balto
5. *Full Name of Mother*, Augusta C. Weber
6. *Mother's Maiden Name*, C. Otto
7. *Mother's Birthplace*, Baltimore City
8. *Full Name of Father*, Frank Weber
9. *Father's Occupation*, Engineer
10. *Father's Birthplace*, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Dr. Ahrens & Hynson

Address, 800 Leadenhall St.

Remarks,

1890-000253

said schedule shall be delivered. duly filled by the midwife in the form of a certificate before mentioned, and the midwife shall, within ten days after the birth, transmit the said certificate to the office of the Commissioner of Health, or should no other person be h... third day of each and every month, a certificate of the birth of any child ... shall occur within the month immediately preceding, in the manner and within the period above mentioned, and ... child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, ... any such person or persons shall neglect or refuse to comply with the provisions of this section, or shall be sub... jected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 1842

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1st
1. *Sex,* (*state whether male or female*)	female
2. *Race or Color,* (*if not of the white race*)	white race
3. *Date of Birth,*	january the 19th
4. *Place of Birth,* (*Street and Number*)	Baltimore Charles St 1524
5. *Full Name of Mother,*	Mary A Volx
6. *Mother's Maiden Name,*	Hongsing
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry J Volx
9. *Father's Occupation,*	farmer
10. *Father's Birthplace,*	Baltimore Co Md
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Heathorn
Address,	1514 Light St
Remarks,	

8 9 0 - 0 0 0 2 5 4

said schedule shall be delivered, duly signed by the attendant, to the person in charge of the house in which the birth occurred, or to the parent or guardian of the child, if he or she resides in the same city, within three days after the birth; and the said person in charge of the house, parent or guardian shall cause the said schedule to be delivered to the Registrar of Births, in the manner and within the time above specified. And in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified. And any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18743

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 17 1890
4. *Place of Birth, (Street and Number)*	23 Forbes Ave.
5. *Full Name of Mother,*	Lula Howard
6. *Mother's Maiden Name,*	Lula Maier
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert Howard
9. *Father's Occupation,*	Clerk.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. R. Easley
Address,	2136 Hanover St.
Remarks,	Living Well

1890-000255

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, such mother herself shall cause a return of such birth to be made as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 1854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 31 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Jan 17. 1890
4. Place of Birth, (Street and Number) 222 Vincent st
5. Full Name of Mother, Katie Lee
6. Mother's Maiden Name, Katie Green
7. Mother's Birthplace, Cuba
8. Full Name of Father, Charles Lee
9. Father's Occupation, Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Jane Moreland

Address,

Remarks,

1890 - 033256

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report the particulars of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 31 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col'd
3. *Date of Birth,*	Jan 19. '90
4. *Place of Birth, (Street and Number)*	307 Parish
5. *Full Name of Mother,*	Mary Chase
6. *Mother's Maiden Name,*	Mary Smith
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jas Chase
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Jane Worthland
Address,	
Remarks,	

B 90 - 00257

been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in charge of the house in which such birth occurs, within ten days thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 1116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Jan'y 17th 1890
4. Place of Birth, (Street and Number) 628 Chestnut Alley
5. Full Name of Mother, Isabella Lewis
6. Mother's Maiden Name, Isabella Ruggles
7. Mother's Birthplace, Balto City
8. Full Name of Father, Joseph Lewis
9. Father's Occupation, Drayman
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return. J. H. Miller M.D.

Address, 609 Franklin St

Remarks,

C 90 - 000253

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health, to the other person in attendance upon the mother, and in default of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan 17 90
4. *Place of Birth, (Street and Number)*	1527 Lafayette Ave
5. *Full Name of Mother,*	Ruby Hamilton
6. *Mother's Maiden Name,*	Burnett
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Martin Hamilton
9. *Father's Occupation,*	Bar tender
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	H G Webster M.D.
Address,	1403 Hanover St.
Remarks,	

There of the birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should the other person in attendance neglect the duty hereby imposed, then it shall become the duty of the parent or nurse present at the birth to give notice of the same, and to furnish the particulars within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

5705003259

RETURN OF A BIRTH

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 19 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	19th January
4. *Place of Birth, (Street and Number)*	2149 West Pine St
5. *Full Name of Mother,*	Rosa Mc Nabe
6. *Mother's Maiden Name,*	Rosa Mc Nabe
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Mc Nabe
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Friederick Kenter Midwife
Address,	2116 West Pratt St
Remarks,	

1890 - 000260

Every child born in the City of Baltimore, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case no physician or midwife shall occur without the attendance of a physician or midwife, or in case no other person be in attendance upon such birth, the father or mother of such child shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and city such person or persons who shall hereafter fail to comply with the provisions of this section shall forfeit to the State of Maryland the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18749

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan the 19th
4. Place of Birth, (Street and Number) 1204 Peabody
5. Full Name of Mother, Georgania Deadly
6. Mother's Maiden Name, Abbott
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Agust. Deadly
9. Father's Occupation, Diver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M. Allwell

Address, 912 Mc Donough St

Remarks,

1 6 9 0 2 6 1

and schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, such as the nurse, be in attendance upon the mother, immediately thereafter, it shall become and shall within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 20th 1890

4. Place of Birth, (Street and Number) 733 Dolphin St.

5. Full Name of Mother, Emma Thomas

6. Mother's Maiden Name, Emma McFarland

7. Mother's Birthplace, Balto City

8. Full Name of Father, William C. Thomas

9. Father's Occupation, Labourer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. H Keller MD

Address, 639 Franklin St

Remarks,

parents. The date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto annexed, to the Commissioner of Health, or such other person as he may appoint for the purpose, at his office in the city of each and every month in the Office of the Commissioner of Health. In case no physician or midwife shall be in attendance upon the mother, immediately thereafter it shall be the duty of the parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

C 70 - 000262

RETURN OF A BIRTH

1857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th of January
4. *Place of Birth, (Street and Number)*	116 West Baltimore
5. *Full Name of Mother,*	Louise Hoelle
6. *Mother's Maiden Name,*	Louise Philipp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Hoelle
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friederike Hauber Midwife
Address,	2116 West Pratt St.
Remarks,	

890 - 000263

and execute and be delivered, duly signed by the practitioner in the form of a certificate set forth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, to report the same to the Commissioner of Health, and the reason why the certificate required of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th Jany 1900
4. *Place of Birth, (Street and Number)* 5 N. Gen. Orleans & Eleventh
5. *Full Name of Mother,* Martha Dinkins
6. *Mother's Maiden Name,* Martha Dickey
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Peyton Dinkins
9. *Father's Occupation,* Hackman & Fireman
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. John E. Cunningham M.D.

Address, 5 N. Calvert & Read 24,

Remarks,

certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the form of a birth of any child shall occur without the city limits, the physician or person in attendance upon the mother, immediately thereafter, shall be in attendance upon the mother, immediately thereafter, shall report the birth to the Commissioner of Health, in the manner and within the time prescribed by this section. Any such person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Kelly & Co., City Printers and Stationers.

B 90 - 900264

RETURN OF A BIRTH

A 12533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. FEB 1 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2o 8

1. Sex, (state whether male or [redacted])
2. Race or Color, (if not of the white race)
3. Date of Birth, 21, Jan
4. Place of Birth, (Street and Number) No 602 Littel Green St
5. Full Name of Mother, Lizziebeth Hauhn,
6. Mother's Maiden Name, Lizziebeth Gisb
7. Mother's Birthplace, Baltimore
8. Fult Name of Father, John J Hauhn,
9. Father's Occupation, Stable boss,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Catherine Mauch

Address, 800 Leadenhall St.

Remarks,

+ 8 9 0 - 0 0 0 2 6 5

And the said Return shall also contain the full name and occupation of its parents, the date and place of birth; and the said Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each month, to the Registrar of Vital Statistics, at the office of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person than a physician or practitioner of midwifery be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents shall furnish a certificate of the particulars of such birth. Any violation of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 1 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 21st 1890.
4. Place of Birth, (Street and Number) 611 Chapel st
5. Full Name of Mother, Maggie Jacobs
6. Mother's Maiden Name, " " Coxe
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Jacobs
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs C Betz

Address, 1744 Bank st

Remarks,

890 ~ 000266

And whoever shall, corrupt the full name and occupation of its parents, the date and place of birth; and the time when such child was delivered, duly signed by the Practitioner in the form of a certificate between the first and third days of each month, to the Registrar of Vital Statistics, in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or any person who shall attend upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CHILD'S NAME ADDED 3-7-55

RETURN OF A BIRTH

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Catherine Elizabeth Hoffman 5th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 21st 1890
4. Place of Birth, (Street and Number) 516 Tolnach Ave Waverly
5. Full Name of Mother, Laura Ellen Hoffman
6. Mother's Maiden Name, Laura Ellen Bintz
7. Mother's Birthplace, Carol County
8. Full Name of Father, Henry H. F. Hoffman
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo H. Hoffman

Address, 114 Old York Road Waverly

Remarks,

1890 - 000267

Said schedule shall be delivered, duly signed by the parents, the date and place of birth, and the full name of child, if any shall have been given, to the person making the return, and the same shall occur within the first week after the birth, and every month to the office of the Commissioner of Health a certificate between the first and attendance upon the mother, name of physician or practitioner or midwifery, or should no other person be in child to report its birth to the Commissioner of Health, it shall become the duty of the person or persons on such same as herein required, and every person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jany 21st 1890
4. Place of Birth, (Street and Number) 916 Penna Ave
5. Full Name of Mother, Margaret Mussgiller
6. Mother's Maiden Name, Margaret Amendinger
7. Mother's Birthplace, Germany
8. Full Name of Father, Fredk J. Mussgiller
9. Father's Occupation, Baber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. G. Keller M.D.

Address, 669 Franklin St.

Remarks,

Murphy & Co., City Printers and Stationers.

1890 - 003263

Persons, the date and place of birth, and the whole child be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the child dies before such certificate is made, the undertaker shall report the death, and shall be liable to the same penalty for failure to report the birth, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. FEB TIME

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21
4. *Place of Birth, (Street and Number)* Jones
5. *Full Name of Mother,* Lisa Lichtenstein
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Lichtenstein
8. *Full Name of Father,* Isaac Lichtenstein
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Lichtenstein

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890-000269

said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwife, the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and also such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan 21 st — 1890
4. Place of Birth, (Street and Number)	1139 Hanover st.
5. Full Name of Mother,	Emma Strok
6. Mother's Maiden Name,	Korde
7. Mother's Birthplace,	America
8. Full Name of Father,	Charles Strok
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Lohmaster midwife
Address,	1032 Hanover st.
Remarks,	

Health. This schedule shall contain a list of the births which shall occur, or be reported by the Commissioner of Health, and shall set forth the full name (if any) of the child, the sex, color, the full name and occupation of the parents, the date of each child, if any shall have been born previously to the same mother, and the date of each birth; the street and number where the birth shall occur without the city limits to the office of the Commissioner in the form of a certificate of birth; and the third day of each month be delivered, duly signed by the person in charge of the case, or by the physician or midwife in attendance upon the mother immediately after the birth. In case the birth occurs where there is no physician or midwife in attendance, the first duty of the father, or in his absence, the mother, or the householder in whose house the birth occurs, or the owner of such house, if unoccupied, shall be to report the birth to the Commissioner of Health, and it shall become the duty of whoever shall be in charge of the case to furnish to the Commissioner of Health the information required by this section. Any person who shall wilfully refuse to furnish such information, or who shall wilfully furnish false information, or who shall neglect or refuse to comply with any such person in any of the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

690-000270

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Children
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January the 2nd 1880
4. *Place of Birth, (Street and Number)*	Baltimore Oxford L. #514
5. *Full Name of Mother,*	Ella P Ghisley.
6. *Mother's Maiden Name,*	Ella P Gilpin
7. *Mother's Birthplace,*	Richmond Virginia
8. *Full Name of Father,*	Joseph T Ghisley.
9. *Father's Occupation,*	Janitor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E Fossett
Address,	#021 Druid Hill Ave
Remarks,	None

Murphy & Co., City Printers and Stationers.

070-000271

GIVEN NAME ADDED 3-11-55

RETURN OF A BIRTH.

A 1560

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Annie Elizabeth Lutz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	January 22nd 1890
4. *Place of Birth (Street and Number)*	No. 22 Bel Air Ave
5. *Full Name of Mother*	Mary Lutz
6. *Mother's Maiden Name*	Mary Mahler
7. *Mother's Birthplace*	Lonaville Md.
8. *Full Name of Father*	Alli Lutz
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Dr. George F. Fed W.D. Corse
Address	Govdanville Maryland
Remarks	

890-000272

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 tes
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22 of January
4. *Place of Birth, (Street and Number)*	2118 Prince St
5. *Full Name of Mother,*	Mina Falcowski
6. *Mother's Maiden Name,*	Mina Bissche
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	August Falcowski
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederich Heuler Midwife
Address,	216 West Batt St
Remarks,	

B 90 - 000273

sec. ... shall be delivered, duly signed by the practitioner in the form of a ... Place of birth; and the third day of each and every month to the office of the Commissioner of Health. ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person ... child to report its birth to the Commissioner of Health. It shall become the duty of the person or parents of such ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jany 22nd 1890
4. *Place of Birth, (Street and Number)* 614 Clinton Ave
5. *Full Name of Mother,* Anna E. Leas.
6. *Mother's Maiden Name,* Anna E. Cook
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* Harry M Leas.
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. H Miller M D

Address, 669 Franklin St.

Remarks,

Murphy & Co., City Printers and Stationers.

0 5 0 - 0 0 0 2 7 1

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 22 1890
4. *Place of Birth, (Street and Number)* 120 N Carey
5. *Full Name of Mother,* Rebecca Cook
6. *Mother's Maiden Name,* Rebecca Cooke
7. *Mother's Birthplace,* Balt MD
8. *Full Name of Father,* John L Cook
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balto MD

Name of Medical Attendant, or other Person who makes this Return. Dr A Dougherty

Address, 2002 Jones Court

Remarks,

B 90 000275

Every Physician, Midwife or other person who shall hereafter attend upon any birth, shall, within ten days after such birth, make a return thereof to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of a certificate to be furnished by the Registrar, and every such certificate shall be delivered, duly signed by the practitioner by the form of a Return, or shall be transmitted by mail, addressed to the Office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a Physician or Midwife, the duty of making such Return shall devolve upon the mother, immediately thereafter it shall become the duty of the person or persons of each family to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Mail
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23. of January
4. Place of Birth, (Street and Number) Dyrstally
5. Full Name of Mother, Sophia Smith
6. Mother's Maiden Name, Sophia Bolkenstein
7. Mother's Birthplace, Bavaria Germany.
8. Full Name of Father, Charles Smith
9. Father's Occupation, Laborman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Catherina Mundo

Address, 800 Leadenhall St.

Remarks,

FEB 1 1890

I 8 9 0 - 0 0 0 2 7 6

and schedule shall be delivered, duly signed by the practitioner in the case, or other person who shall make the return, to the Registrar of Vital Statistics, at the office of the Commissioner of Health, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health within ten days thereafter, and the Commissioner is required to cause any such person or persons who shall hereafter fail to comply with the provisions of this section to be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1876

HEALTH DEPARTMENT
FEB
CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 23d 1876
4. Place of Birth, (Street and Number) 1725 Eastern ave
5. Full Name of Mother, Katie Fensler
6. Mother's Maiden Name, " " Fensler
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Fensler
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. C. Betz.

Address, 1744 Bank st.

Remarks,

890-000277

The Registrar of Vital Statistics, to whom the said schedule shall be delivered, duly signed by the mother or in her absence, the nurse or attendant, as the case may be, shall, on the first day of each and every month, transmit to the office of the Commissioner of Health a certificate, between the first and tenth day of each month, of every birth which may have occurred within the city during the preceding month, and which has been reported to him, and shall also certify whether the said birth has become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required by this section. Any physician, midwife or other person in attendance upon the mother, since the passage of this ordinance, of any child born alive, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	January 31st 1890
4. Place of Birth, (Street and Number)	577 East Madison St
5. Full Name of Mother,	Florence Bittner
6. Mother's Maiden Name,	Florence Dykehouse
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frank Bittner
9. Father's Occupation,	Mechanic
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	H. B. Stobb, M.D.
Address,	301 Warren Ave
Remarks,	

1890 - 000278

said schedule shall be delivered, duly signed by the practitioner in charge of each case, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth as above required, and in default thereof such person or parents shall severally forfeit and pay for each offence a sum not less than five nor more than fifty dollars; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. BLANK & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th Child
1. Sex, (state whether male or female)	Male. Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	23th. D January 1890
4. Place of Birth, (Street and Number)	Gurett ave. No. 1713
5. Full Name of Mother,	Charlotte Richter
6. Mother's Maiden Name,	Oppermann
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Georg Richter.
9. Father's Occupation,	Brd Romanon
10. Father's Birthplace,	Baltimore M.d.
Name of Medical Attendant, or other Person who makes this Return,	Lizzie Schaffler
Address,	Fort ave No 1713 Fourth Floor
Remarks,	

Murphy & Co., City Printers and Stationers.

C 9 0 - C 0 0 2 7 9

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1873

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan the 24

4. Place of Birth, (Street and Number) 405, north Chester st

5. Full Name of Mother, Sarah E Ladomus

6. Mother's Maiden Name, E. Webster

7. Mother's Birthplace, Maryland

8. Full Name of Father, Geo H Ladomus

9. Father's Occupation, Ship. Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs May allwell

Address, 912. no Broadway st

Remarks,

1-6-7-8-0-0-3-2-5-8

Penalty for neglecting to register births.—The physician, midwife or other person in attendance upon the birth, and the parent or parents of the child, shall severally make a return of such birth, and of the particulars required to be registered, to the Registrar of Vital Statistics, within ten days after the birth, in the manner and form prescribed by the Board of Health, and every such person who shall neglect or refuse to make such return, within the time aforesaid, shall forfeit and pay the sum of ten dollars; and the parent or parents of any child born in the City of Baltimore, who shall neglect for the space of ten days after the birth of such child to cause the birth thereof to be registered as aforesaid, shall forfeit and pay the sum of ten dollars; and every midwife or other person in attendance upon the birth of any child who shall neglect to make a return of such birth to the Registrar of Vital Statistics, in the manner and within the time prescribed by the Board of Health, shall forfeit and pay the sum of ten dollars; and every physician who shall neglect to make a return of such birth, and of the particulars required to be registered, to the Registrar of Vital Statistics, within ten days after the birth, in the manner and form prescribed by the Board of Health, shall forfeit and pay the sum of ten dollars; and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 1 1913
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 24 January
4. Place of Birth, (Street and Number) 700 Lorna Street
5. Full Name of Mother, Augusta Baier
6. Mother's Maiden Name, Augusta Babenbach
7. Mother's Birthplace, Germany
8. Full Name of Father, George Baier
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine A Grundy

Address, 800 Leadenhall St

Remarks,

1890 - 000281

shall occur without the attendance of the Coroner or Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the midwife shall report in writing to the Commissioner of Health the birth of any child which she may attend, and the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 1890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Jan. 24. 1890
4. Place of Birth, (Street and Number)	817 Williams St
5. Full Name of Mother,	Mollie Mark
6. Mother's Maiden Name,	Mollie Wollers
7. Mother's Birthplace,	Centreville Md
8. Full Name of Father,	Jeff Mark
9. Father's Occupation,	Rail Road Engineer
10. Father's Birthplace,	Frederick City Md
Name of Medical Attendant, or other person who makes this Return.	H. B. Noble, M.D.
Address,	201 Warren av
Remarks,	

1890 - 000282

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of such mother to report such birth to the Commissioner of Health within the period above required, and any such mother or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

S. GALANT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

185701/1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .... 2th Child.

1. *Sex, (state whether male or female)* .... Male
2. *Race or Color, (if not of the white race)* .... White
3. *Date of Birth,* .... 24th Janmar 1890.
4. *Place of Birth, (Street and Number)* .... Anchbre St. No. 1461.
5. *Full Name of Mother,* .... Maria Weski
6. *Mother's Maiden Name,* .... " Braun.
7. *Mother's Birthplace,* .... Baltimore Md.
8. *Full Name of Father,* .... Deani Weski
9. *Father's Occupation,* .... Keuzorck.
10. *Father's Birthplace,* .... Saltier

Name of Medical Attendant, or other Person who makes this Return. .... Lizzie Schauffler

Address, ... Fortune St. No. 1708 Locust Point

Remarks, ...

...ay & Co., City Printers and Stationers.

1890-10000283

RETURN OF A BIRTH

A 1897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23 Jan. 1890
4. *Place of Birth, (Street and Number)*	No 8 E. Stirling St.
5. *Full Name of Mother,*	Martha Taylor
6. *Mother's Maiden Name,*	Martha McClain
7. *Mother's Birthplace,*	Switzerland
8. *Full Name of Father,*	John L. Taylor
9. *Father's Occupation,*	Glovemaker
10. *Father's Birthplace,*	France
Name of Medical Attendant, or other person who makes this Return.	Dr M. A. Cashey
Address,	212 E. Heath St
Remarks,	Living Well

B 90 - 00284

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, himself or herself shall report the birth of such child, and the name and residence of such physician, practitioner, or person, and within like period of time, to report its birth, to the Commissioner of Health, in the manner and within the time required of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 1857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25 Jan. 1890
4. *Place of Birth, (Street and Number)*	2136 Barney St.
5. *Full Name of Mother,*	Agnes Louise
6. *Mother's Maiden Name,*	Agnes Kroos
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael Louise
9. *Father's Occupation,*	Helper
10. *Father's Birthplace,*	Prussia
Name of Medical Attendant, or other person who makes this Return.	M. L. Laskey
Address,	213 E. Lee St.
Remarks,	Twin Well

1890 - 000285

And it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 1 FEB

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th January 1890.
4. Place of Birth, (Street and Number) 1019 S. Sharp st
5. Full Name of Mother, Katie Ostendorf
6. Mother's Maiden Name, " " Harburger
7. Mother's Birthplace, Balto-city
8. Full Name of Father, Franz J. Ostendorf
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Balto-city

Name of Medical Attendant, or other person who makes this Return. Catherine Mundt

Address, 800 Leadenhall st

Remarks,

1890 - 000286

...ers. In sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when there is no such practitioner in attendance, the parent or parents of such child shall give notice thereof within the period above required, and shall announce upon the mother, immediately thereafter. It shall become the duty of the person or persons of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 1892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 25th " 1890
4. Place of Birth, (Street and Number) 313 Friendship Lane Balto
5. Full Name of Mother, Annie B. Watkins
6. Mother's Maiden Name, " " Cashey
7. Mother's Birthplace, Maryland
8. Full Name of Father, Samuel R. Watkins
9. Father's Occupation, Sail Maker
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. H. G. Prentiss. M. D.

Address,

Remarks,

1890 : 000287

been conferred) its sex, color, the full name and residence of the parents of each child, if any shall have been born to them, and the time and place of birth of each child, and the name of the physician or midwife present at the birth, or certify the fact if no such person be present; and every such certificate shall be delivered, duly signed by the practitioner in the birth, or certificate herein required, to the Commissioner of Health, on the Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall report the same, it shall be the duty of the person [illegible] to report and certify such child to report its birth to the Commissioner of Health, in the manner and within the time herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverible.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 1835

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, January 1st 1890 9:55 Am
4. Place of Birth, (Street and Number) Watermite
5. Full Name of Mother,
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Maryland
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, 1st Ry Watermite

Remarks, Weight 4 lbs

1890 - 50288

A 1876

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 1st 1890
4. Place of Birth, (Street and Number) 125 Gough st.
5. Full Name of Mother, Jennie Denny
6. Mother's Maiden Name, Davis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Denny
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

+ 8 9 0 - 0 0 0 2 8 9

Third Class, each and every month, a list of the births occurring in the form of a certificate between the first and fifth days of the month next following, and shall also report the birth of any child born without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and for every neglect or refusal to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 6th 1890. 8:19 PM
4. Place of Birth (Street and Number) Maternite
5. Full Name of Mother,
6. Mother's Maiden Name, Lizzie Washington
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Todd Md
Address, Lecturer Maternite

Remarks, Weight 6 lbs

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the Registrar of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of the house in which the birth occurred, or in which the mother may be within the period above required, and child to report its birth to the Commissioner of Health. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED FEB 6 1890 BALTIMORE

DEC 0 0 2 7 8

RETURN OF A BIRTH A. 1878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1st 1878. 1021 am
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother, Annie Smith
6. Mother's Maiden Name, —
7. Mother's Birthplace, Md
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D. Res Phy. Maternite

Address,

Remarks, Weight 7 3/16

690-000291

and certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the mother of such child to report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH D 1879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	2 of January.
4. *Place of Birth, (Street and Number)*	270. Gam. Str.
5. *Full Name of Mother,*	Auguste Johns.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	August Boie
Address,	5. Hanover Str.
Remarks,	

C-T-8-00272

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Each birth of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Feb 3rd 1903
4. Place of Birth, (Street and Number) 1300 Boulevard
5. Full Name of Mother, Annie Laura Mae Smith
6. Mother's Maiden Name, Laura Mae Richardson
7. Mother's Birthplace, Penn Baltimore Co Parkton
8. Full Name of Father, John L Smith
9. Father's Occupation, Fireman B.C.R.R.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Chas. L. Tabler

Address, 1300 E. Baltimore St

Remarks,

FEB 3 1903 BALTIMORE

1890 - 000293

A. S. ABELL & CO., CITY PRINTERS AND STATIONERS.

said schedule shall be delivered daily, signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person who shall have such attendance upon the mother, immediately after the birth of such child, within the period above required, and child to report to the Commissioner of Health, in writing, such birth, with the particulars required, and such other information as he may require; and shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

A 13871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 2d Jan 1890
4. Place of Birth, (Street and Number) 1523 Nicholson St
5. Full Name of Mother, Anna Grace Schuman
6. Mother's Maiden Name, Yewell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Julius Schuman
9. Father's Occupation, Coal Miner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell

Address, 516 Fort Ave

Remarks,

said schedule shall be delivered, duly signed by the physician in charge of case, to the person who shall be required by the Commissioner of Health to issue the burial permit for said child, the third day after the birth of any child in Baltimore City, or in case there shall be no physician in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above prescribed, and any such person who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. BOSLEY & CO., CITY PRINTERS AND STATIONERS

1870 - 000291

RETURN OF A BIRTH

A 1887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 2d Jan 1890
4. Place of Birth, (Street and Number) 125 S. Riverside Ave
5. Full Name of Mother, Catherine Johnson
6. Mother's Maiden Name, Leckman
7. Mother's Birthplace, Germany
8. Full Name of Father, Samuel Johnson
9. Father's Occupation, Ship Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell

Address, 516 Fort Ave

Remarks,

E 90 - 00825

Any physician or midwife neglecting to report, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother herself, if able, shall have the duty devolved upon her to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 2nd 1870
4. *Place of Birth, (Street and Number)*	Pulaski st no 211
5. *Full Name of Mother,*	Margret Wolf
6. *Mother's Maiden Name,*	Margret Miller
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Fredrick Wolf
9. *Father's Occupation,*	Shoe Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	E. A. Tuley
Address,	1828 Light St
Remarks,	doing well

1890-000296

That the Registrar of Vital Statistics shall cause to be delivered, free of charge, to each practitioner in the form of a certificate between the first and second days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother [illegible] shall become the duty of the person or persons of each family to report its birth to the Commissioner of Health. In case any person shall neglect to report the birth of any child within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A/8

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. C

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 3. of January.
4. Place of Birth, (Street and Number) 994 Columbia, Ave.
5. Full Name of Mother, Elisabeth Forest.
6. Mother's Maiden Name, Elizabeth Stillhorn
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Wilhelm Forest.
9. Father's Occupation, Upholsterer.
10. Father's Birthplace, Switzerland.

Name of Medical Attendant, or other person who makes this Return. Auguste Bossier.

Address, 3. Hamiltan Ave

Remarks,

640 : 000297

Any physician or midwife, or any other person required by the provisions of this section to report a birth, who shall neglect or refuse, for the space of ten days after the first and third day of each and every month, to the office of the Commissioner of Health, in case the birth of any child shall occur within the limits of Baltimore City, or to such other person as said Commissioner may designate, such information as he shall become the duty of the said person or persons to report, as aforesaid, or shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & BRO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, January 4th 1890. 4:50 PM
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother,
6. Mother's Maiden Name, Mary Howard
7. Mother's Birthplace, Md
8. Full Name of Father, +
9. Father's Occupation, +
10. Father's Birthplace, +

Name of Medical Attendant, or other person who makes this Return. William J. Fields MD

Address, Resby, Maternite

Remarks, Night 6781

1890 - 000298

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of such birth, it shall become the duty of the person or persons required to report the birth to the Commissioner of Health, in the manner and within the period hereinbefore required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 3 [illegible] BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) ~~Black~~ Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, January 11th 1896. 6.55 AM
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother, Mary Carter
6. Mother's Maiden Name, Mary Carter
7. Mother's Birthplace, Md
8. Full Name of Father, X
9. Father's Occupation, X
10. Father's Birthplace, X

Name of Medical Attendant, or other person who makes this Return. William J. Eddy M.D. Re Chy Maternite

Address,

Remarks, Weight 7 6/16 L

b 9 0 : 0 0 0 2 9 9

All scholars shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person so required, and each case where no such certificate is filed as aforesaid, to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 4th 1890
4. Place of Birth, (Street and Number) 914 E. Baltimore st.
5. Full Name of Mother, Jennie Silberman
6. Mother's Maiden Name, Bronson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Tauchan Silberman
9. Father's Occupation, Merchant
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1890 - 000300

Every Physician or Midwife in attendance upon any birth, shall, within ten days after such birth, report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, in writing, on blanks furnished by the Registrar, and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or midwife, or should no such report be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of Ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 54

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 5th January
4. Place of Birth, (Street and Number) 649 Pan. St.
5. Full Name of Mother, Mary Runge.
6. Mother's Maiden Name, Mary Rippel.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Runge.
9. Father's Occupation, Barber.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Dr. Lyte Perkins

Address, 3 Veronica St.

Remarks,

CVS-000381

been completed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of a child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. E. DELANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, January 7th 1890. 9.37 PM
4. Place of Birth, (Street and Number) Maternity
5. Full Name of Mother, [redacted]
6. Mother's Maiden Name, Lucy Williams
7. Mother's Birthplace, Va
8. Full Name of Father, +
9. Father's Occupation, +
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. William J. Fiddick M.D.

Address, [illegible] Maternity

Remarks, 7 lbs Weight

C 90-000302

been conferred, its sex, color, the full name, occupation of its parents, the date and place of birth; and the said date of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, be in attendance upon the mother, immediately after the birth, it shall become the duty of such mother, and within the period above required, and child to report to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, January 7th '90 — 807 PM
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother, Nellie Miller
6. Mother's Maiden Name, Nellie Miller
7. Mother's Birthplace, Va
8. Full Name of Father, +
9. Father's Occupation, +
10. Father's Birthplace, +

Name of Medical Attendant, or other person who makes this Return, William J. Todd M.D.

Address, Resby. Maternite

Remarks, Weight 5#

B 9 0 - 0 0 3 0 7

were conferred) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be filled out as directed by the Practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, the person or other person in charge or having knowledge of the birth shall report the birth to the Commissioner of Health, in the manner and within the period above required for the report of births by physicians, and shall furnish with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 9th 1890
4. Place of Birth, (Street and Number) 1103 E. Pratt st.
5. Full Name of Mother, Golda Yeschilowitz
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Morris Yeschilowitz
9. Father's Occupation, Baker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1890 - 000304

The name entered as sex, color, the full name and occupation of the parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother herself, if able, and in any event the parent or guardian of such child, is required, within the period above required, and in the manner and within the time above specified, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

B 18

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, January 10th '90. 12:45 AM
4. Place of Birth, (Street and Number) Baltimore
5. Full Name of Mother, Mary Turner
6. Mother's Maiden Name, Mary Turner
7. Mother's Birthplace, Va
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Reisterstown, Md

Remarks, Weight 6¼#

-6-9-0-00305

...any child born within the city of Baltimore, or in the limits of the Baltimore City Jail, or in any other institution in which persons are detained by legal authority, or in any vessel in the waters of Baltimore City, shall have such child duly registered, and for that purpose the occupier of the house in which such child was born, or the person in charge of such institution, vessel or jail, shall within ten days after the birth of such child, report to the Commissioner of Health the name and residence of the parents of such child, the sex of such child, the time and place of birth, and such other information as may be required by the Commissioner of Health, and it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, when the occupier of the house or person in charge of such institution, vessel or jail shall become ill, dying or dead, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of such child, immediately thereafter. It shall be the duty of the person in charge of such child to report the birth to the Commissioner of Health, when the occupier of the house or person in charge of such institution, vessel or jail shall become ill, dying or dead, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of such child, immediately thereafter. It shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. CLARKE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4"
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan 11 1890
4. *Place of Birth, (Street and Number)*	849 Columbia ave
5. *Full Name of Mother,*	Minnie Wendler
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	J Wendler
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Leo R Eschner MD
Address,	725 Columbia ave
Remarks,	

1890 - 000306

and conferred his sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children, if any, of the mother, to the person or certificate-giver who shall first attend such child after its birth, and every such person or certificate-giver shall, within the third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth as required by this section, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. BALLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 12th Jan 1890
4. Place of Birth, (Street and Number) 123½ Eight St
5. Full Name of Mother, Elizabeth Carlen
6. Mother's Maiden Name, Fitzpatrick
7. Mother's Birthplace, Meath Co Ireland
8. Full Name of Father, John Carlen
9. Father's Occupation,
10. Father's Birthplace, Longansburg N York

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell

Address, 516 Front Ave

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in attendance, or the person who shall have child to report its birth to the Commissioner of Health, within the period above required under attendance without the attendance of a physician or midwife, or in case the birth of any child shall occur in the absence of the mother, the father, if living and residing with the mother, shall cause the birth of such child to be reported as above required; and in case there shall be no father so residing with the mother, then the person having charge of the mother shall cause the birth to be reported as above required. And in case any practitioner of midwifery, or other person in attendance upon the mother, shall neglect or refuse to report the birth as above required, such person shall forfeit to the use of the Commissioner of Health, in the name of the State of Maryland, for each offense, the sum of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1890 - 000307

RETURN OF A BIRTH

1895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 8 1895 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 12th '95 8:30 PM

4. Place of Birth, (Street and Number) Maternite

5. Full Name of Mother, Rebecca Ann

6. Mother's Maiden Name,

7. Mother's Birthplace, Md

8. Full Name of Father, "

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, William J. Tyson M.D. Resby. Maternite

Address,

Remarks, Weight 5 1/2 #

1 6 9 0 - 0 0 0 3 0 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Commissioner of Health, at the office of the Registrar of Vital Statistics; and the attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail, neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NAME ADDED 12-14-37

RETURN OF A BIRTH

1896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Leon Wesley — Jr. Carroll

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 12 1896 8:40 PM
4. Place of Birth, (Street and Number) Waterville
5. Full Name of Mother, Laura Carroll
6. Mother's Maiden Name,
7. Mother's Birthplace, Omaha Neb
8. Full Name of Father, William Carroll
9. Father's Occupation, Actor
10. Father's Birthplace, City State

Name of Medical Attendant, or other person who makes this Return. William J. Higgs M.D.

Address, Res City Baltimore

Remarks, Weight 7 lbs

...ges, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, within ten days after the birth of any child; and every midwife or other person (not a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter) it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, within the first ten days of the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when the mother is attended by a midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons in such case to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 13th Jan 1890
4. Place of Birth, (Street and Number) Pratt St. No 1751
5. Full Name of Mother, Lina Weber
6. Mother's Maiden Name. Lina Lieber
7. Mother's Birthplace, Germany
8. Full Name of Father, John Weber
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Joseph H. Krueger

Address, No 2321 E Pratt St.

Remarks,

WM. O. DULANY & CO., CITY PRINTERS AND STATIONERS

1890 - 000310

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	13 Jan
4. Place of Birth (Street and Number),	1011 Clifton Place
5. Full Name of Mother,	Rose McCabe
6. Mother's Maiden Name,	Rose Doyel
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	James McCabe
9. Father's Occupation,	Iron molder
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs D. Zink Midwife
Address,	907 Hollins St.
Remarks,	

690 : 00073 11

Penalty.—A sum, not less than ten dollars nor more than fifty dollars, for each offence, to be recovered as other Fines and Forfeitures are recoverable.

Sun Job Printing Office, Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Female
1. *Sex, (state whether male or female)*	7th
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 14 1890
4. *Place of Birth, (Street and Number)*	129 S Schroeder St
5. *Full Name of Mother,*	Mary Holland
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jamie Holland
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Latane MD
Address,	725 Columbia ave
Remarks,	

1890 - 000312

...ion conferred) by sex color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, and in all other cases where such attendance upon birth is required by this section, it shall be the duty of the person or parents of such child to report in writing to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 18600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 14th 1900 7:58 PM
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother, Fizzi Glickner
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, "
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return Wm. J. Tobin M.D. Res. City Maternite

Address,

Remarks, Weight 6 lbs

been conferred) its sex, color, the civil status and occupation of its parents, the date and place of birth; and the said schedule shall be duly signed by the practitioner in the case of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child without the attendance of a physician or midwife, or should no other person required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or midwife who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

E 80 - 000313

ED. J. G. SELBY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 14th 1890
4. Place of Birth, (Street and Number) 676 Columbia Ave
5. Full Name of Mother, Elizabeth Kleeman
6. Mother's Maiden Name, Elizabeth Lydle
7. Mother's Birthplace, Baltimore City - Md.
8. Full Name of Father, Frank Davis Kleeman
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore County Md.

Name of Medical Attendant, or other person who makes this Return. Joseph Blum

Address, 676 Columbia Ave

Remarks,

1890 000314

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if there was one, within five days after the birth; and the said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required by this section to report such birth, then it shall be the duty of the parent or parents, guardian or other person having charge of such child, to report its birth to the Commissioner of Health within the period above required, and shall cause to be delivered to him a like schedule, duly signed by the parent or parents, guardian or other person having charge of such child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be sub-

GEO. A. S. KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1800

GIVEN NAME ADDED 5-2-52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Henry Speicher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 14th Jan 1890
4. Place of Birth, (Street and Number) 557 Fort Ave & Jackson Pl
5. Full Name of Mother, Christiana Speicher
6. Mother's Maiden Name, Epping
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Speicher
9. Father's Occupation, Saloonist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Wescott

Address, 516 Fort Ave

Remarks,

FEB

1 9 0 - 0 0 0 3 1 5

...ions contained in sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the city of Baltimore; and if any child shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. B. GELSANY & CO., CITY PRINTERS AND STATIONERS

A.116

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 14th 1890
4. Place of Birth, (Street and Number) 311 S. Eden st.
5. Full Name of Mother, Lena Patz
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Harry Patz
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bornstein

Address, 122 S. Exeter st.

Remarks,

[illegible] thereof, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890-000316

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 15th 1890
4. *Place of Birth, (Street and Number)*	Marshall St. No. 1405
5. *Full Name of Mother,*	Cathrine Linard
6. *Mother's Maiden Name,*	Cathrine Smith
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James Linard
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	E. T. Tully
Address,	no 1828 Light st
Remarks,	doing well

890-000317

Said schedule shall be delivered. Duly signed by the practitioner in the form of a certificate between the first and third day of each month to the Registrar of Vital Statistics, at his office or to such person as he may designate in his stead, at the office of the Commissioner of Health. In case the birth of any child for which a return is required by this section shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 15th 1890
4. *Place of Birth, (Street and Number)*	226 Druid Hill Ave
5. *Full Name of Mother,*	Sophie Katz
6. *Mother's Maiden Name,*	Sophie Van Leer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Meyer Katz
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Joseph Blum
Address,	921 Columbus Ave
Remarks,	

690 - 00031 8

been conferred by law, enter the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child or next of kin in the house in which such birth occurs, and in case there be no person as aforesaid, then the person having charge of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race). White
3. Date of Birth, January 6th
4. Place of Birth, (Street and Number) #223 West Lombard St
5. Full Name of Mother, Mrs Louisa Matilda Small
6. Mother's Maiden Name, Louisa M. Bell
7. Mother's Birthplace, Hanover Virginia Baltimore
8. Full Name of Father, John Allen Small
9. Father's Occupation, Night Examiner Water Dept
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. Jeanette E. Staples

Address, 1127 W. Lanvale St

Remarks,

1890 - 000319

said selectric shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or when no other person is required by this section to make such return, the mother or father of such child, or, in case both parents are dead, the person having charge of such child, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH **A.**

18650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB [illegible] BALTIMORE

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 3d child

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* January 16th 1890
4. *Place of Birth,* (*Street and Number*) Heath St. No. 24
5. *Full Name of Mother,* Fanny Shadrick
6. *Mother's Maiden Name,* Fanny Lane
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Francis Shadrick
9. *Father's Occupation,* Mashinest
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E A Kelly

Address, No. 1828 Light st

Remarks, doing well

1890-000320

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 17 January
4. *Place of Birth, (Street and Number)* M 26 Jones Court
5. *Full Name of Mother,* Florence Brown
6. *Mother's Maiden Name,* Florna Berry
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Berry
9. *Father's Occupation,* Oyster Schucker
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. George and Pat

Address, N 24 Iron Alley

Remarks,

1907 - 00324

Murphy & Co., City Printers and Stationers.

parents, the date and place of birth, and the sex of the child, which shall be certified by the attendant at the birth, if there was one present, or by the mother, if no attendant was present, or by the father or householder, if both parents were absent at the birth of the child. Every certificate required by this section shall be delivered to the Registrar of Vital Statistics within ten days after the birth, and every neglect to deliver such certificate within the time aforesaid shall be punishable by a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every physician, midwife or other person who shall be in attendance upon the mother during the birth of any child shall cause a certificate of such birth to be made and delivered to the Registrar of Vital Statistics within ten days after the birth of such child, to the best of his knowledge and belief, containing the name, age, residence and occupation of the parents of such child, the date and place of birth, and the sex of the child, which certificate shall be signed by the person making the same. Every physician, midwife or other person who shall neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars

RETURN OF A BIRTH A. 1804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Irish

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, January 18 90 140 Pratt
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother, Nora Harris.
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Nelson J. Todd M.D.
Re Phy Maternite

Address,

Remarks Weight 5 lbs 16 oz

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in this manner and within the time required, and shall accompany the dead body when buried or removed for burial. In case the birth of any child shall occur without the attendance of a physician or practitioner, the parent or parents or person in charge of such child shall become the duty of the person or persons required, and shall occur upon the mother, immediately after the birth, in this manner and within the time required, and shall deliver or cause to be delivered to the Commissioner of Health, in the manner and within the time required, a certificate of such birth to the Commissioner of Health, in the manner and within the time required, and shall report its birth to the Commissioner of Health, in the manner and within the time required, and shall comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

JAN 30 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT FEB 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 18th 1890
4. Place of Birth, (Street and Number) 1166 Low st.
5. Full Name of Mother, Anna Harris
6. Mother's Maiden Name.
7. Mother's Birthplace, Europe
8. Full Name of Father, David Harris
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st

Remarks,

1890 - 000323

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every physician, midwife or other person in attendance upon any birth shall, within ten days after the birth, make a return thereof to the Commissioner of Health, in such form as he may prescribe, and shall sign the same. Such return shall be delivered, duly signed by the physician or person in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person authorized to sign such return, the same shall be returned by the parent or parents of such child, or the occupier of the house in which such birth occurred, within the period above required, and shall be signed by such parent or occupier. If any such birth shall occur without the attendance of a physician or person authorized to sign such return, and shall not be returned as herein required, the parent or parents of such child, or the occupier of the house in which such birth occurred, shall be liable to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Every physician, midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 1611

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan. 18th 1890

4. Place of Birth, (Street and Number) 126 S. Exeter st.

5. Full Name of Mother, Ella Mahon

6. Mother's Maiden Name, Ward

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Mahon

9. Father's Occupation, Baltimore

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1890-000324

SEC. 1. It shall be the duty of every physician or midwife in attendance upon any case of birth occurring after the passage of this ordinance, or any householder or other person having charge, care or control of such case, where there is no physician or midwife in attendance upon such case, to report such birth to the Commissioner of Health within the period above required, and in case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons in charge, care or control of the premises or of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified. SEC. 2. Be it further ordained, That any person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

SEC. 3. And be it further ordained, That it shall be the duty of the Commissioner of Health to prepare and furnish to the physicians, midwives and householders of the City, blank forms for the returns of births required by this ordinance, and to receive and preserve the returns so made, and to make such use of the information thereby obtained as he may deem proper for the public interest.

SEC. 4. And be it further ordained, That it shall be the duty of the Commissioner of Health to make an annual report to the Mayor and City Council of the number of births returned to his office during the year, and to make such other reports as may be required by the Mayor and City Council.

SEC. 5. And be it further ordained, That it shall be the duty of the Commissioner of Health to make such rules and regulations as may be necessary for the proper execution of the powers and duties conferred and imposed upon him by this ordinance, and to report the same to the Mayor and City Council for their approval.

SEC. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 18th 1890 7 H + A M
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother, Emma
6. Mother's Maiden Name, Fleming
7. Mother's Birthplace, Ohio
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return: William J. Todd M.D.

Address, Rue Puy, Maternite

Remarks, 7 lbs weight

B 4 8 - 5 0 8 3 2 5

been conferred) its sex, color, the day, month and year of its birth, the name, residence, occupation and place of birth of each of its parents, the date and place of birth, and the said duty of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child, where such birth occurs, to report the same to the Commissioner of Health, in the manner and within the period above required, and in like manner, with the name, residence and occupation of the father and mother of such child, where such attendance upon the mother, child or parents has been had. It shall be the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 13613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 19th 1890
4. Place of Birth, (Street and Number)	Baltay Avenue No 1502
5. Full Name of Mother,	Lizia Murphy
6. Mother's Maiden Name,	Lizia O Tipperary
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Stephan Murphy
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	

1890 - 000326

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form in said certificate, and the said practitioner shall make like return to the Commissioner of Health on the first Monday of each and every month as to every birth at which he or she shall have been present, or in case he or she shall have been present at the birth of any child and shall neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the time above provided, he or she shall forfeit and pay for each offense a sum not exceeding fifty dollars; and it shall become the duty of the person in whose house or premises any such birth shall occur, and in case there be no such person, then the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the time above provided, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 11614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 19th 1890
4. Place of Birth, (Street and Number) 119 Gough st.
5. Full Name of Mother, Mary Fogarty
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Fogarty
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1890 : 00327

Sec. 2. And be it further enacted, That the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person, he is hereby required to make such return, and for every neglect or refusal to make such return, as aforesaid, for every child born within the city of Baltimore, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 18615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, January 19th 1890 6 or 7 A.M.
4. Place of Birth, (Street and Number) Maternity
5. Full Name of Mother,
6. Mother's Maiden Name, Mary Green
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, William J. Todd M.D.

Address, Res. Maternity

Remarks, Mother 14 years old. weight of infant 7 lbs.

Every physician or midwife, or other person in attendance upon the mother, shall be required to report the birth of each child he or she may attend, within ten days after such birth, and every such report shall be made in writing, and shall contain the name, occupation or residence of parents, the date and place of birth, and the sex, color, and name of child, if named; and every such report shall be delivered duly signed by the practitioner in the presence of a witness, who shall also sign the certificate; and the said schedule shall be delivered to the Commissioner of Health, in the manner and within the period above required, and a certificate shall be given by the Commissioner of Health to the person making such report, which certificate shall be received in evidence in all courts of this State. If such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall refuse or neglect to make such report, as herein required, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19th 1890
4. Place of Birth, (Street and Number) Randle St no 29
5. Full Name of Mother, Frances Minster
6. Mother's Maiden Name, Frances Matilda Groveling
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Engineer ~~& Minster~~ Minster
9. Father's Occupation, Engineer Baltimore & O
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. E. J. Tully

Address, No 1828 Light St

Remarks, doing well

1890 - 000329

said school shall be delivered. And it shall be the duty of the parent, the undertaker or person having charge of the interment of any child dying without medical attendance, to report the facts in relation thereto, as required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as herein required, within the time specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	20th Jan 1890
4. *Place of Birth, (Street and Number)*	1900 Boyle St
5. *Full Name of Mother,*	Elinor Mc Nancy
6. *Mother's Maiden Name,*	Yeswell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Mc Nancy
9. *Father's Occupation,*	Coal Trimmer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Yeswell
Address,	516 York Ave
Remarks,	

Next Column.—Insert sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Board of Health, or such other person as the Board may designate, at the office of the Board, or at such other place as may be agreed upon by the parties. Any practitioner of midwifery, or other person who shall neglect or refuse to make the return required by this section, or to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered in the manner and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1890 - 080330

RETURN OF A BIRTH

1810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 20th 1890
4. Place of Birth, (Street and Number) 918 Watson st.
5. Full Name of Mother, Anna Schwartz
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Raymond Schwartz
9. Father's Occupation, Shoe-maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Eden st.

Remarks,

1890-000331

Act concerning Births, Color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and with the certificate required by the Commissioner of Health, and within the period above required, and attended upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Number, in regular succession, of children born to the mother, including the present birth; sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth. (4th)
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 21st 1890.
4. *Place of Birth, (Street and Number)*	619 S. Paca St.
5. *Full Name of Mother,*	Minnie Schindhelm. Wagner.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Gustave Schindhelm.
9. *Father's Occupation,*	Cabinet maker.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address,	414 N. Greene St.
Remarks,	

870-000352

JOHN B. PIET, PRINTER & STAT. 5TH ST.

A 10120

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Jan 21st 1890
4. *Place of Birth, (Street and Number)* 205 Hemmers Alley
5. *Full Name of Mother,* Julia Bulger
6. *Mother's Maiden Name,* Fulder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Bulger
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Eden Ave

Remarks,

1890 000333

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and the Commissioner of Health shall cause a search to be made in the records of his office, and should no other person be in default for not reporting the birth as required by this section, such practitioner shall forfeit and pay such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 21st 1890
4. Place of Birth, (Street and Number) 228 S. Exeter st.
5. Full Name of Mother, Mary Goldstein
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Selig Goldstein
9. Father's Occupation, Peddler
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1890 - 000334

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or midwife, or nurse, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jan 21
4. Place of Birth (Street and Number),	1125 Low St
5. Full Name of Mother,	Mamie [redacted]
6. Mother's Maiden Name,	Mamie Cromely
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Robert Lotz
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. E. Linkmeister
Address,	907 Hollins St.
Remarks,	

[redacted]

Baltimore Publishing Co., City Printers and Stationers.

A. 1675

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 29. 1890. 2:30 AM
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother, Maggie Strauss
6. Mother's Maiden Name, Gattimore
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D. Res. Maternite

Address,

Remarks, Weight 7 lbs

5 5 0 - 5 0 3 5 5 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every birth must be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case no practitioner shall be in attendance upon the mother, the certificate of the midwife or other person who shall have charge of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 1624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male – Robert E. Machin
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sep 22nd 19
4. Place of Birth (Street and Number),	425 Forrest Av
5. Full Name of Mother,	Cornelia Ellsworth Machin
6. Mother's Maiden Name,	Brown
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Leon Ogden Machin
9. Father's Occupation,	Book-keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr Monmonier MD
Address,	634 Forrest Av.
Remarks,	Full name of child added by mother upon applying for a Transcript. Cornelia Ellsworth Machin E. Wehn Birth Index Clerk

Baltimore Publishing Co., City Printers and Stationers

Number 90-000033 June 4-1931

Duty of Informant. The full Name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the informant, in the form of a certificate between the first and third day of each month, to the Registrar of the district in which the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or within ten days after the birth if such attendance be had. In the event of the death of the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required. And any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence. To be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 1825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 22nd, 1890
4. *Place of Birth, (Street and Number)*	William st, No. 1137
5. *Full Name of Mother,*	Margret Stricker
6. *Mother's Maiden Name,*	Margret Kreomer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Antony Stricker
9. *Father's Occupation,*	Tayler
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr. A Tuelz
Address,	No. 1628 Light st
Remarks,	doing well

said schedule shall be delivered. Only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, father, householder, or nurse in charge of the house or premises where such child was born, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1 8 9 0 : 0 0 0 3 3 8

GEO. J. C. DALNEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH B 18644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, June 22nd 1890
4. Place of Birth, (Street and Number) 1172 E. Lombard st
5. Full Name of Mother, Mary Renowsky
6. Mother's Maiden Name, " Manesbevitz
7. Mother's Birthplace, Europe
8. Full Name of Father, Rubin Renowsky
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st

Remarks,

1890 - 000339

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when the attendance of a physician or midwife is not employed, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 r

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 22
4. Place of Birth, (Street and Number) 622 S Chalfs 1st
5. Full Name of Mother, Florence M Raymond
6. Mother's Maiden Name, Florence M Crabtree
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sidney D Raymond
9. Father's Occupation, Dealer in Butter and Eggs
10. Father's Birthplace, Chenango Co NY

Name of Medical Attendant, or other person who makes this Return. Dr Justo Bosio

Address, 2[illegible] S. Bennett Pl

Remarks,

1 8 9 0 - 0 0 0 3 1 8

said schedule shall be delivered, duly signed by the person giving the information, to the Commissioner of Health, or to such person as he may designate, within ten days after the birth of any child. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or to such person as he may designate, and to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DELANY & SON, CITY PRINTERS AND STATIONERS

A. 1128

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan 23d 1890.
4. Place of Birth, (Street and Number) 611 Fifth St.
5. Full Name of Mother, Lizzie Kinzer Sweeney
6. Mother's Maiden Name, Lizzie Kinzer.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Samuel Sweeney
9. Father's Occupation, Molder.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Henry Boyd Jones

Address, 677 Hanover Ave

Remarks,

1890 - 000341

Every birth is to be reported, the full name and occupation of its parents, the date and place of birth, and the sex, color, &c., as required by the foregoing schedule, by the physician in attendance upon the mother, or by the midwife, or other person who may be in attendance, within ten days after the birth, and in case there is no physician, midwife or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, which shall say such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 23rd 1890
4. *Place of Birth, (Street and Number)*	William st No 1407
5. *Full Name of Mother,*	Margret Parks
6. *Mother's Maiden Name,*	Margret Faucht
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Warfield Parks
9. *Father's Occupation,*	Brick Layer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	D. A Tully
Address,	No. 1828 Light st
Remarks,	doing well

1890 - 003442

FEB

WM. J. C. KULMAN & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the occupant or its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health a certificate between the first and fifteenth days of each month, stating the number of births which shall have occurred during the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered by law.

RETURN OF A BIRTH

1830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, January 24th 1891. 7:12 AM
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother,
6. Mother's Maiden Name, Lizzie Murry
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Keeley Maternite

Remarks: Weight 6 3/4 lbs

Mother admitted to Institution 24th. 6 AM 92

2 7 8 - 0 0 0 3 - 1 3

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in like manner as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),*
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Jan 7 11
4. *Place of Birth (Street and Number),* 702 Stirling St
5. *Full Name of Mother,* Rama Haines
6. *Mother's Maiden Name,* " Chase.
7. *Mother's Birthplace,* Cambridge Md
8. *Full Name of Father,* Geo H. Haines
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Talbot County.

Name of Medical Attendant, or other person who makes this Return. Samuel F. Darlington

Address, 2301 Gay St

Remarks,

Publishing Co., City Printers and Stationers

1890-000344

RETURN OF A BIRTH

A 18837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, January 27th 1890. 11:43 PM
4. Place of Birth, (Street and Number) Waterside
5. Full Name of Mother,
6. Mother's Maiden Name, Alice Gunny. Va
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, William J. Todd M.D. Res. Phy. Waterside

Address,

Remarks, Weight 8 7/16

1890 - 000345

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person who shall have failed to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 24th 1890
4. Place of Birth, (Street and Number) Baltimore 541 Conway St
5. Full Name of Mother, Mary E. Goemer
6. Mother's Maiden Name, M. E. Gebhart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. A Goemer
9. Father's Occupation, House & Fresco Painter
10. Father's Birthplace, Biedenkopf prenssen Germany

Name of Medical Attendant, or other person who makes this Return. Dr Augustus Dyer

Address, 9. Henrietta St.

Remarks,

E 90 - 003446

Every person who shall make a false statement of the sex, color, or full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no such person shall be in attendance at the time of the birth, or if such attendant shall neglect or refuse to make such report, it shall become the duty of the person or parents of such child to report the same within ten days after the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. BAILEY & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1863

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st Child

1. Sex, (state whether male or female) Male Thomas Henry Brandon
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 25 1890
4. Place of Birth, (Street and Number) Carroll County Maryland
5. Full Name of Mother, Ada J. Brandon
6. Mother's Maiden Name, Ada J. Forcluto
7. Mother's Birthplace, Maryland
8. Full Name of Father, Thos H. Brandon
9. Father's Occupation, Machinist
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Thos Cooke

Address, 914 N. Charles St.

Remarks,

890-000347

...of is parents, the date and place of birth; and the ...tioner in the form of a certificate to be ... and the ...ommissioner of Health a certificate setting forth the ...name of any child ...born alive in the city of Baltimore, and of which he was the attending physician or practitioner of midwifery, or should no other person, be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period of time above ...provided, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ED. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22th Jan
4. Place of Birth, (Street and Number) Baltimore 40 N Ch...
5. Full Name of Mother, Minnie Batchelor
6. Mother's Maiden Name, Minnie Runge
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Batchelor
9. Father's Occupation, Painter
10. Father's Birthplace, Bal... Md

Name of Medical Attendant, or other person who makes this Return. Cathrew a Wenzel

Address, 800 Leadenhall St.

Remarks,

890 000348

...ion contained. His sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance, the midwife immediately after the birth of any child which may occur without the attendance of a physician or midwife, and shall forward the same by mail to the Commissioner. It shall become the duty of the person or parents of such child hereafter born to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...J. D. DULANY & CO., CITY ... AND ENGRAVERS

RETURN OF A BIRTH

A 18136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th January 1890.
4. *Place of Birth, (Street and Number)*	Keller St. 1439.
5. *Full Name of Mother,*	Klara Sophia Bird
6. *Mother's Maiden Name,*	" Rafiel
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Joseph Bird.
9. *Father's Occupation,*	Ship Carpenter.
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other Person who makes this Return.	Lizzie Schaffer
Address,	Fort Lane N. 1708 Lond St.
Remarks,	

6 9 0 ▪ 0 0 3 4 9

N. B. Any entry can be made on a blank schedule to be furnished by the Commissioner of Vital Statistics. This schedule shall contain a list of the births which have occurred under the observation of the person required to report the same during the (3) days next preceding the day on which the said list is required to be rendered, and shall state the (1) sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereon, the first said child day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of Ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 1867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. D. FP
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	25. of January.
4. *Place of Birth, (Street and Number)*	999 Little Gay St.
5. *Full Name of Mother,*	Wilhelmina Herf.
6. *Mother's Maiden Name,*	Wilhelmina Bern.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Benjamin Herf.
9. *Father's Occupation,*	Tobbacher.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mr Gusto Obrien.
Address,	3. Commercial St.
Remarks,	

8 9 0 - 0 0 3 5 0

Sec. 4. Be it enacted, That it shall be the duty of the parents, the father and mother, of every child born in the city of Baltimore, and in case of the death of the father, or his absence from the city, then of the mother, and in case of the death of both father and mother, then of the guardian of such child, and in case of the death of both father and mother, and there be no guardian, then of the person having the control of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 18128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan 25th 1890
4. *Place of Birth, (Street and Number)*	518 N High St
5. *Full Name of Mother,*	Ida Lowe
6. *Mother's Maiden Name,*	" Harvey
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Geo E Lowe
9. *Father's Occupation,*	Conductor
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Geo R Lahman M D
Address,	725 Columbia ave
Remarks,	

890 000351

BALTIMORE

FEB

1890

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur while the mother is attended by a practitioner during labor, or shall no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH

A 18639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 25th 1890
4. Place of Birth, (Street and Number) 210 S. Eden st.
5. Full Name of Mother, Rose (Becker) Baker
6. Mother's Maiden Name, Rose Cohen
7. Mother's Birthplace, Europe
8. Full Name of Father, Simon (Becker) Baker
9. Father's Occupation, Peddler
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1890 000352

Sec. 3. That it shall be the duty of the parent, or parents, or guardian, or other person having charge of any child born in the City of Baltimore, to report to the Commissioner of Health, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month. If the office of the Commissioner of Health, is cause the birth of any child to be registered without information as required by this section, or shall refuse or neglect to report such birth, or shall refuse or neglect to procure a certificate of birth from the person legally in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of four dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 1864

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 25th 1890
4. Place of Birth, (Street and Number) Clemant St No. 419
5. Full Name of Mother, Josephine estella Hook
6. Mother's Maiden Name, Josephine Estaille Lancella
7. Mother's Birthplace, Richmond Virginia
8. Full Name of Father, John Nicholas Hook
9. Father's Occupation, Ship carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. E. A. Tully No 1598 Light St

Address, No 1878 Light St

Remarks, doing well

840-000353

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Lenox Birckhead.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First B. 1864

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany. 26-1890
4. Place of Birth, (Street and Number) 1203 N. Charles St.
5. Full Name of Mother, Adelaide Birckhead
6. Mother's Maiden Name, Goff.
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Lenox Birckhead
9. Father's Occupation, Real Estate
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. William E. Moseley M.D.

Address, 614 N. Howard St.

Remarks,

1890 - 000354

The blank order to be same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall state the full name and occupation of its parents, the name and sex of the child, if living, whether born alive or dead, the full name and occupation of its ascertained the full name of each child, if living, which shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Police of the Commissioner of Health. In case the parents, the name and sex of the child, if living, whether born alive or dead, and the full name and occupation of the person or persons present at the birth of any child shall occur without the attendance of a Physician or practitioner, it shall be the duty of the person or parents of such child, to report the same to the Commissioner of Health, within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB
FILED

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race)
3. *Date of Birth*, Jan 26/90
4. *Place of Birth*, (Street and Number) 912 William St
5. *Full Name of Mother*, Margrat Connelly
6. *Mother's Maiden Name*, Margrat Grant
7. *Mother's Birthplace*, Richmond Va
8. *Full Name of Father*, John Connelly
9. *Father's Occupation*, Coppersmith
10. *Father's Birthplace*, Portsmouth Va

Name of Medical Attendant, or other person who makes this Return. Cathrena A Mynich

Address, 100 Seadenhall St.

Remarks,

1890 000355

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every midwife, or person other than a physician or surgeon, who shall attend upon the birth of a child, shall, within ten days after the birth, make a return thereof to the Commissioner of Health, stating the name, sex, color, and occupation of its parents, the date and place of birth, and the name of the physician or midwife, if any, by whom the birth was delivered. Duty signed by the practitioner In the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother herself shall, within ten days after the birth, make such return. Every midwife or other person who shall neglect or refuse to make the return required by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

D. 1843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 26 th. 1890

4. Place of Birth, (Street and Number) 1322 S. Charles st.

5. Full Name of Mother, Dora Mubley

6. Mother's Maiden Name, Deible

7. Mother's Birthplace, America

8. Full Name of Father, John Mubley

9. Father's Occupation, Baker

10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. A. Lehnoasser midwife

Address, 1032 Hanover st.

Remarks,

890 000356

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance of a physician or midwife, it shall become the duty of the person or persons present at such birth or in attendance upon the mother, immediately thereafter, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SUN. J. C. DALSAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Herman Traub

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 26. 1890
4. Place of Birth, (Street and Number) 1242 Orleans St
5. Full Name of Mother, Sara (Traube) Traub
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Hannis (Traube) Traub
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Eutaw St

Remarks,

8 9 0 - 0 0 0 3 5 7

Every child born alive in the City of Baltimore, whether white or colored, and whether born in wedlock or not, shall be registered as soon as practicable after birth, and the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month, or if there be no practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect, fail or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 18[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2d January
4. Place of Birth, (Street and Number) N. Chapel Str. # 17
5. Full Name of Mother, Margarethe Saber Weeklin
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Weeklin
9. Father's Occupation, workman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. mrs. Buehler midwife

Address,

Remarks,

1890 000358

A true name and accumulation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. It is also the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 1890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 2 - 1890
4. Place of Birth, (Street and Number) 1436 E. Baltimore
5. Full Name of Mother, Lizzie Christian
6. Mother's Maiden Name, Lessing
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Christian
9. Father's Occupation, Tinisher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 142 E Katt St.

Remarks,

1890 - 000359

and relatives shall be delivered daily, stating the occupation of its parents, the date and place of birth, and the full name of each child born alive, to the officer of the Board of Health charged with the duty of receiving the same; and the fifth day of each and every month is the day appointed by the Commissioners of Health for the delivery of such returns; and it shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the officer of the Board of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

... sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1844

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth 6th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 2nd 1890

4. *Place of Birth, (Street and Number)* 600 Chestnut Alley

5. *Full Name of Mother,* Mary Lanning

6. *Mother's Maiden Name,* Mary Hilds

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Lanning

9. *Father's Occupation,* Butcher

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Menzefa

Address, 543 N. Hecher Street

Remarks,

HEALTH DEPARTMENT FEB 1890

890-000360

J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 3 - 1890
4. Place of Birth, (Street and Number) 1920 Welch Alley
5. Full Name of Mother, Eva Bear
6. Mother's Maiden Name, Dansle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Bear
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 1427 E. Fleet St.

Remarks,

890 - 000361

and certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner, the father, or mother, or person in charge, shall become the duty of the person or parents of such attendance upon the mother, immediately to notify the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1849.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Fema C

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 4 January

4. Place of Birth, (Street and Number) 203 Lewis St

5. Full Name of Mother, Rebecca Dyson

6. Mother's Maiden Name, McClain

7. Mother's Birthplace, Balto.

8. Full Name of Father, Lon Dyson

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Wm. Gilbig

Address, 302 Hollins St

Remarks,

890 - 000362

FEB 4 1890

BALTIMORE MD. REGISTRAR'S OFF.

Public notice is hereby given that the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the age of the mother at the birth of each child, as required by section of the ordinances of 1878, approved the third day of each and every month to the office of the Commissioner of Health. And the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of such physician, practitioner or other person to report the birth of such child to the Commissioner of Health, and any such person or persons who shall thereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Boy
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan 4th 1890
4. Place of Birth, (Street and Number) 1159 York Road Waverly
5. Full Name of Mother, Sarah Clark
6. Mother's Maiden Name, Sarah Hale
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas. Clark
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. J. Will. Ld's

Address, Waverly Baltimore Md

Remarks,

890 - 00363

John M. Clark 12/6/19 A.S.S.

FEB 3 1920 BALTIMORE

said schedule shall be delivered duly signed by the physician or midwife in attendance, or by the parent, the date and place of birth, and the full name of each child, to the office of the Commissioner of Health. It shall be the duty of the parent to report to the office of the Commissioner of Health, within ten days after the birth of a child, any such birth which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report to the Commissioner of Health the name and date of birth of such child. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. O. GUILBERT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 4 1899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth — A. 1857

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 4. 1899

4. Place of Birth, (Street and Number) 622 N. Lombard St.

5. Full Name of Mother, Elizabeth Loomer.

6. Mother's Maiden Name, Not known

7. Mother's Birthplace, Md.

8. Full Name of Father, Not known

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Louis Eberhardt M.D.

Address, 622 N. Lombard St.

Remarks,

B 90 - 00364

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

men concerned, to sex, color, the full names and occupation of its parents, the date and place of birth, and the said child shall be delivered, duly signed, by the midwife in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons residing in the house where such child was born, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 18637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 6 90
4. Place of Birth, (Street and Number) N° 1002 Eastern Ave
5. Full Name of Mother, Annie Max
6. Mother's Maiden Name, Cohn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Abraham Max
9. Father's Occupation, Laborer
10. Father's Birthplace, Polen

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, N° 405 S. Washington St

Remarks,

890 000365

And it shall be the duty of the father, mother, householder, or other person having charge of any child born, to report all names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of such practitioner, or should such practitioner neglect or refuse to do so, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 1865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 6th 1890
4. *Place of Birth, (Street and Number)* Fairmount Ave # 1921
5. *Full Name of Mother,* Anie Wagner
6. *Mother's Maiden Name,* Ravy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Ravy
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. mrs. Buehler

Address, midwife

Remarks, 890 - 0 0 0 3 6 6 Lombard 1st

[illegible] of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and a neglect to report as aforesaid shall be deemed a misdemeanor, and the person so neglecting shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 5th 90
4. Place of Birth, (Street and Number) No 715 S. Wolf St
5. Full Name of Mother, Rosa Kabat
6. Mother's Maiden Name, Vincent
7. Mother's Birthplace, Poland
8. Full Name of Father, Thomas Kabat
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington Ave.

Remarks,

890 000367

The Father, Mother, Nurse, Householder, or Undertaker, shall report to the Registrar of Vital Statistics, the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall be left at such place as may be designated by the Commissioner of Health, or a blank for the same shall be left at such place upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1865

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 6th 1890

4. Place of Birth, (Street and Number) Baltimore City 846 Reinhard St

5. Full Name of Mother, Ella Donald

6. Mother's Maiden Name, Ella Cleary

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Charles E Donald

9. Father's Occupation, Drygood Porter

10. Father's Birthplace, Frederick Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs M Shaffer

Address, No 716 West St

Remarks,

1890-000368

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, if any; and the said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur when there is no attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother to report the birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 11866

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 1 90
4. Place of Birth, (Street and Number) No 2047 Carlton Ave
5. Full Name of Mother, Mary Heywood
6. Mother's Maiden Name, Taylor
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Heywood
9. Father's Occupation, Maschinist
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 403 S. Washington St.

Remarks,

890-000369

and rehabilitation, etc. Sec. 2. Be it further enacted, That the name and occupation of its parents, the date and place of birth; and the third days of each and every month, and a duplicate thereof, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or shall be one of twins or triplets, or where such attendance upon the mother immediately thereafter. It shall become the duty of the person or parents of such city, such report to be made to the Commissioner of Health, in the manner and within the period above required, and subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1857

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth & 11
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 7th 1890
4. Place of Birth, (Street and Number)	1530 Hilton Avenue
5. Full Name of Mother,	Katie Ginging
6. Mother's Maiden Name,	Katie Sours
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Ginging
9. Father's Occupation,	Brick Layer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Messenger
Address,	643 N. Hanover St
Remarks,	

FEB 4 1890

890 000370

and coroner shall be delivered, duly signed by the practitioner in the form of a certificate herein provided, to the registrar of the district in which the birth shall occur within the attendance upon the mother, immediately thereafter it shall become the duty of the person [illegible] to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable

THE J. D. ENLANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained [illegible] following [illegible] each child, (if any shall have been conferred) its sex, color, the full name and occupation of [illegible] and place of birth; and the said schedule shall be delivered, duly signed by such practitioner in the form [illegible]cute between the first and third day of each and every month to the office of the Commissioner of Health [illegible]use the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each [illegible] to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18658

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 8 Jan
4. *Place of Birth, (Street and Number)* 506 Short St
5. *Full Name of Mother,* Kate Gale
6. *Mother's Maiden Name,* " Dauch
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Louis Gale
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. R. Ellig

Address, 1362 Ho Hand St

Remarks,

1890-000371

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 1859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 8 1890
4. Place of Birth, (Street and Number) 735 N. Chester St.
5. Full Name of Mother, Anna Mary Busch
6. Mother's Maiden Name, Kuhn
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm H. A. E. Busch
9. Father's Occupation, Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Stein

Address, 1127 E. Fratt St.

Remarks,

8 9 0 - 0 0 0 3 7 2

Every Physician, Midwife, or other person who shall attend upon any birth, shall, within ten days after the birth, cause the full name and occupation of its parents, the date and place of birth; and the sex and color of the child, to be certified, duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or persons in attendance upon the mother, immediately after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and in case any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) Negro.

3. Date of Birth, Jan 8th 90

4. Place of Birth, (Street and Number) No 3 Quaker Lane Baltimore Md.

5. Full Name of Mother, Ellen Hosey

6. Mother's Maiden Name, Ellen Hosey

7. Mother's Birthplace,

8. Full Name of Father, John [illegible]

9. Father's Occupation, Teamster & Told Carrier

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, C. J. Wise M.D.

Address, Waverly Balto. Md.

Remarks, Child breathed for a brief time and died

Eight Months Child. 40 - 000373

Every birth must be reported daily signed by the practitioner in charge, or by the parent or householder in the case of a certificate between the first and second visit of the attendant of a physician. It shall become the duty of the parent or householder in which any birth occurs, and in the absence of such parent or householder, the duty devolves upon the physician or midwife in attendance, to report such birth to the office of the Commissioner of Statistics, or should no other person be in attendance upon the mother, to the Commissioner of Health. In the manner and within the time prescribed by the Board of Health. In case the duty to report any birth shall devolve upon the parent or householder, it shall become the duty of the person required to report such birth to the Commissioner of Health, within the period above required, and in case any such person or persons shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. OLLARY & CO., CITY PRINTERS AND STATIONERS.

GIVEN LATE ADDED 2-15-56.

RETURN OF A BIRTH

A 1866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick William Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 8th January 1890.
4. Place of Birth, (Street and Number) Chester Str. # 201
5. Full Name of Mother, Louise Kurz
6. Mother's Maiden Name, " Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Schmidt
9. Father's Occupation, Tailor
10. Father's Birthplace, Machtlos. (Bayern)

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address, midwife

Remarks,

1890 - 000374

Every person who shall neglect or refuse to register the birth of any child, as required by this section, shall forfeit and pay for each offense the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

Every person who shall be present at the birth of any child, or who shall be in charge of any child after its birth, shall, within ten days after the birth of such child, report its birth to the Commissioner of Health, in the manner and within the period prescribed in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Over

Name of Child: Charles John Everhardt

A 18662

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, 3 day
4. Place of Birth, (Street and Number) [illegible] St Paul's st
5. Full Name of Mother, Mesres [illegible]
6. Mother's Maiden Name, Kate Karl
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mr Charles Everhardt
9. Father's Occupation, Cabinetmaker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs P. Leersmann.

Address, 1225 Hare street

Remarks,

FEB 4 1896

[illegible] fees conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the first and attendance upon the confinement of a physician or practitioner of midwifery, or should no other person be child to report its birth to the Commissioner of Health, it shall become the duty of the person, or parents of such any such person or persons who shall neglect or fail to comply with the provisions of this section will be subject to the fine of ten (10) dollars for each [illegible] offence covered.

690 - 000375

RETURN OF A BIRTH

A 1613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 9th
4. Place of Birth, (Street and Number) N° 742 E Lombard St.
5. Full Name of Mother, Kate Seidinger
6. Mother's Maiden Name, Linenbourn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Tony Seidinger
9. Father's Occupation, Tayler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louisa Kratt

Address, N° 405 S. Washington St.

Remarks,

1890 000376

and cthcate shall be delivered. The name and occupation of the parents, the date and place of birth; and the third day of each and every month to the office of the Registrar in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, within the time above specified, to report the same to the Registrar, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 1 - 10 - 90
4. Place of Birth, (Street and Number) 1011 Boundary Ave.
5. Full Name of Mother, Anna M. Bizer
6. Mother's Maiden Name, Anna M. Bleck
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John F. Bizer
9. Father's Occupation, Brass Finisher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. L. H. Fry M.D.

Address, 108 Druid Hill Ave Corner

Remarks, R. C. A. Pro.

1890 - 000377

...month and shall set forth as far as the same can be ascertained, the information required by this section to be given in relation to the birth of such child, and the name and residence of the person by whom the information is given. Every midwife who shall attend upon any woman in labor, shall, immediately thereafter, make a return of the birth of such child to the Commissioner of Health, in the manner and within the period above required, and shall set forth in such return all the information required by this section to be given by the midwife, and any such person or persons who shall neglect fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

898 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18615

HEALTH DEPARTMENT FEB 3 1895 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan 10th 1895
4. Place of Birth, (Street and Number) Drakes Lane near Cottage Ave
5. Full Name of Mother, Mary Lee
6. Mother's Maiden Name, Mary Mulcahy
7. Mother's Birthplace, Winchester, Virginia
8. Full Name of Father, James Lee
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. C. Irvin M.D.

Address, Baltimore Md

Remarks,

8 90 - 000378

Each registrant of his sex, color, the full name and occupation of its parents, the date and place of birth, and the such collector shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required; and shall occur without the attendance of a practitioner, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. C. BALDWIN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 10 1890
4. Place of Birth, (Street and Number) 226 S. Spring St.
5. Full Name of Mother, Norah Maloney
6. Mother's Maiden Name, Quirk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Maloney
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Kath St

Remarks,

1890 000379

And said schedule shall be delivered, duly signed by the parent or other person in the form of a certificate hereinafter given, at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, and thirty days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report said birth to the Commissioner of Health, and such person or parents shall have power to appoint any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

D 78666½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

Sex, (state whether male or female) Männlich

Race or Color, (if not of the white race)

Date of Birth, 13. Januar

Place of Birth, (Street and Number) Krieger Str. H 929

Full Name of Mother, Maria Zrau

Mother's Maiden Name, Kozinn

Mother's Birthplace, Böhmen

Full Name of Father, Josef Zrau

Father's Occupation, Schiffarbeiter

Father's Birthplace, Böhmen

Name of Medical Attendant, or other person who makes this Return. Dr. Lowenstein

Address, 1225 Lem St.

Remarks,

RECEIVED FEB 4 1899 BALTIMORE, MD.

1890 - 000380

...to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the presence of the parent, to the latter, who shall certify to the correctness of the same by signing his name thereto in the presence of the practitioner. Immediately thereafter the parent shall cause the birth of any child to be reported to the Commissioner of Health, and in case no other person be living in the house at the time of the birth of any child the parent shall be required to report the same. Any person or parent of such child who shall refuse or neglect to report the birth of any child as required by this section shall be subjected to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 4/90
4. Place of Birth, (Street and Number) N° 2000 Fountain St
5. Full Name of Mother, Emma Leiman
6. Mother's Maiden Name, Wentz
7. Mother's Birthplace, Germany
8. Full Name of Father, Richard Leiman
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, N° 405 N. Washington Ave.

Remarks,

1890 - 000381

...cil concerned. In sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...shall occur without the attendance of a physician or practitioner of the first, a like report shall be made to the ...attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health. In the manner and within the period above required, and ...such report shall be signed by the parent making it. Any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 11 — 1890
4. Place of Birth, (Street and Number) 526 N. Castle St.
5. Full Name of Mother, Mary Elisa Parlett
6. Mother's Maiden Name, Geyer
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Antrezo Jackson Parlett
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Jay Stein

Address, 1427 E. Oath St.

Remarks.

1890 - 000382

Every midwife, physician, or other person who shall be present at the birth of any child, and the parent or parents, guardian or other person having charge of such child, shall be severally required to report the birth of such child to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. In case the birth of any child shall occur without the presence of a physician or midwife, the parent or parents, guardian or other person having charge of such child shall be required to report the birth as aforesaid. In case the parent or parents, guardian or other person having charge of such child shall neglect or refuse to report the birth as aforesaid, he shall forfeit and pay for each offence a penalty not exceeding fifty dollars, to be recovered as other fines and forfeitures are recoverable.

Every undertaker or other person who shall bury the body of any child, or cause the same to be buried, removed or otherwise disposed of, without a certificate from the physician, midwife or other person in attendance at the birth, stating the facts required to be reported by him, shall forfeit and pay for each offence a penalty not exceeding fifty dollars, to be recovered as other fines and forfeitures are recoverable.

Every midwife, physician, or other person who shall be present at the birth of any child, and the parent or parents, guardian or other person having charge of such child, shall be severally required to report the birth of such child to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. In case the birth of any child shall occur without the presence of a physician or midwife, the parent or parents, guardian or other person having charge of such child shall be required to report the birth as aforesaid. In case the parent or parents, guardian or other person having charge of such child shall neglect or refuse to report the birth as aforesaid, he shall forfeit and pay for each offence a penalty not exceeding fifty dollars, to be recovered as other fines and forfeitures are recoverable.

Every undertaker or other person who shall bury the body of any child, or cause the same to be buried, removed or otherwise disposed of, without a certificate from the physician, midwife or other person in attendance at the birth, stating the facts required to be reported by him, shall forfeit and pay for each offence a penalty not exceeding fifty dollars, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 12 90
4. Place of Birth, (Street and Number) N° 517 S. Madeira Ally
5. Full Name of Mother, Minnie Freund
6. Mother's Maiden Name, Braun
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Conrad Freund
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Krapf

Address, N° 405 S. Washington St.

Remarks,

1890 000383

Every midwife, or person other than a physician, who shall attend upon any birth, shall, within the first and third day of each and every month, report to the office of the Commissioner of Health, in the manner and within the period above required, and on blanks furnished by said office, the particulars of every birth which shall occur without the attendance of a physician, which shall become the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BRS. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 12 1890
4. Place of Birth, (Street and Number) No 1422 Bank St
5. Full Name of Mother, Veronika Herr
6. Mother's Maiden Name, Oberreuter
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Herr
9. Father's Occupation, Restaurant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Klopf

Address, No 405 S. Washington Ave

Remarks,

1890 - 000384

Every Physician, Midwife, or other person who shall assist at the birth of any child, shall, within ten days after such birth, report to the Commissioner of Health the sex, color, the full name and occupation of its parents, the date and place of birth; and the said Commissioner shall furnish blank forms for the purpose of such report, and shall prepare and keep a record of the births reported, in which shall be entered the particulars of each birth reported, and the date of the report thereof. And every householder in whose house any child shall be born, and in case there shall be no householder where a child is born, then the person having charge of such child, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall enter such report in a book to be kept for that purpose. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 1891

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 12th 1890
4. Place of Birth, (Street and Number) #14. Albermale Str.
5. Full Name of Mother, Franziska Schwarz
6. Mother's Maiden Name, " " Gräbel
7. Mother's Birthplace, Freiung (Niederbayern)
8. Full Name of Father, Philipp Gräbel
9. Father's Occupation,
10. Father's Birthplace, Brückenau b/ Würzburg

Name of Medical Attendant, or other person who makes this Return. Mrs Buehler

Address, midwife

Remarks,

1890 - 000385

been conferred its sex, color, the full name and occupation of its father, if such name is given as aforesaid, and the maiden name of its mother, if married, and the number of the child of the mother, if born alive, and the number of children, if any, born dead to the mother before the birth of such child, and the day of the month and hour of the day when born, and the place of birth, including the street and number, if in a house, and shall state whether the child was born alive or dead, and shall give such information and return such certificates as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person residing nearest to such birth, who shall have been present at the birth, or within the period above required, and any undertaker or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18,2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Jan. 12 1870

4. Place of Birth, (Street and Number) 622 N. Lombard

5. Full Name of Mother, Charlotte Herbert

6. Mother's Maiden Name, "

7. Mother's Birthplace, Maryland

8. Full Name of Father, Not known

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. Irvin Eberhardt M.D.

Address, 622 N. Lombard St.

Remarks,

890-000386

been conferred) its sex; color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled, at the office of the Commissioner of Health, in case the child shall die within one year without the attendance of a physician or practitioner of midwifery, or in case the child shall live one year without the attendance of a physician or practitioner of midwifery, or in case the child shall live one year without such attendance upon the mother, immediately thereafter, in the manner and with the particulars required. And any such person who shall neglect or refuse to report the birth of any child as aforesaid, or to report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recovered.

FEB 4 1890 BALTIMORE MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1867 ½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. A.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race)
3. Date of Birth, 12. January. 1867
4. Place of Birth, (Street and Number) 9042 Boston Street.
5. Full Name of Mother, Veronica Mushinski
6. Mother's Maiden Name, Poproski
7. Mother's Birthplace, Germany
8. Full Name of Father, Stanislaus Mieschinski
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Dr. C. Liersmann

Address, 1225 Hoare street.

Remarks,

890 000387

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name and residence of the physician, midwife or other person in attendance, in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife, or other person, or should no other person be in attendance upon the mother, immediately after the expiration of the period above required, and any such person or persons who shall wherever fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, the respective penalties and forfeitures are recoverable.

WM. A. G. BULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 L

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) 1812 E Baltimore St
5. Full Name of Mother, Melora A Tennant
6. Mother's Maiden Name, Owens
7. Mother's Birthplace, Balt.
8. Full Name of Father, Jno Tennant
9. Father's Occupation, Can Maker
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 124 [illegible]

Remarks,

890 - 000388

been conferred) its sex, color, the full name, age, residence, occupation of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required attendance upon the mother, immediately after the birth, file the certificate of such birth with the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 15 1900
4. Place of Birth, (Street and Number) No 322 S. Chapel St
5. Full Name of Mother, Minnie Herman
6. Mother's Maiden Name, single
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Kasper Kaufmann
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, No 705 S. Washington St

Remarks,

B 90 - 000389

Every physician or midwife in attendance upon any birth, and every person having charge of any child born without medical attendance, shall, within ten days after the birth, report to the Commissioner of Health, in writing, the sex, color, date and place of birth, and the full name and occupation of its parents, the date and place of their marriage, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month the ensuing month. In case the birth occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 1865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether mate or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 4 1890
4. Place of Birth, (Street and Number) 403 S. Exeter St.
5. Full Name of Mother, Elisabeth Darrell
6. Mother's Maiden Name, Roche
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Darrell
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Shea

Address, 1421 E. Fratt St.

Remarks,

1890 000390

Any person who shall wilfully neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Jan 15 1896
4. Place of Birth, (Street and Number) 313 E. Madison St.
5. Full Name of Mother, Isabella Jane
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, Mobile Alabama
8. Full Name of Father, John Jane
9. Father's Occupation, Sailor
10. Father's Birthplace, Mobile Alabama

Name of Medical Attendant, or other person who makes this Return. Chas. Weis

Address, 1427 E. Baltimore St.

Remarks,

890-000391

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of medicine, midwife or nurse, the person in charge in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 10-26-77

RETURN OF A BIRTH

A 1877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marcus Ritger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16th January
4. Place of Birth, (Street and Number) # 113 N. Bradford Alley
5. Full Name of Mother, Catherine (Kathe) (Pinzer) Ritger
6. Mother's Maiden Name, " (Kichtzer) Lurzer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis (Franz) (Kichtzer) Ritger
9. Father's Occupation, Stevedore Stevedore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address,

Remarks, mitriple

890-000392

Every person who shall be present at the birth of any child, or shall have been informed of the birth of any child, shall, within ten days thereafter, ascertain the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the informant, to the person authorized by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and every such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex. (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 16 1878
4. Place of Birth, (Street and Number) 335 S Ann
5. Full Name of Mother, Laura Hartman
6. Mother's Maiden Name, Wallace
7. Mother's Birthplace, Somerset Co Md
8. Full Name of Father, Jules Hartman
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Lizzie Price

Address, 421 E. Fath st.

Remarks,

C 90 - 000393

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Penalty.—Any person who shall neglect or refuse to report the birth of a child, its parents, the date and place of birth, and the name and address of the physician or midwife present at the birth, as required by the foregoing section, or who shall report false information in the premises, shall be fined for each offence not less than five nor more than fifty dollars. The physician or midwife in attendance upon the mother, immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 1-16-90

4. Place of Birth, (Street and Number) 131 Eastern Ave

5. Full Name of Mother, Emma L. Price

6. Mother's Maiden Name, " " Marsh

7. Mother's Birthplace, Balto City

8. Full Name of Father, Henry M. Price

9. Father's Occupation, Clerk

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Dr. Hall

Address, 118 Dr. Hall

Remarks, R. C. A. Mrs.

A 116,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

890-000394

KODAK SAFETY

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1670

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female), ~~Female~~ Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Jan. 10th 1900
4. Place of Birth (Street and Number), 918 Penna. Ave.
5. Full Name of Mother, Anna Lacavera
6. Mother's Maiden Name, " Bordarara
7. Mother's Birthplace, Italy
8. Full Name of Father, P. Lacavera
9. Father's Occupation, Fruiterer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. J. B. Graves

Address, 424 N. Greene St.

Remarks,

890 000395

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A. 1881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 17th January
4. Place of Birth, (Street and Number) Durham Str: # 108
5. Full Name of Mother, Kath. Moenes
6. Mother's Maiden Name, " Kaufman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Kaufmann
9. Father's Occupation, Tanner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. mrs. Buchholz

Address, midwife

Remarks,

890-000396

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

be conferred by sex, color the full name and occupation of its parents the date and place of birth and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance required to make return of such birth, then the parent or parents or other person having charge of such child shall within the period above required, and before such child leaves the house where its birth occurred, report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 18687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 18/90
4. *Place of Birth. (Street and Number)* No 1815 Aliceanna St.
5. *Full Name of Mother,* Kate Lauenstein
6. *Mother's Maiden Name.* Miner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herrmann Lauenstein
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

890-000397

...been concerned, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16th 1890
4. Place of Birth, (Street and Number) 6 N. Broadway
5. Full Name of Mother, Ida E. Jones
6. Mother's Maiden Name, Ruley
7. Mother's Birthplace, Cecil Co. Md.
8. Full Name of Father, Alvin Jones
9. Father's Occupation, Varnisher.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return. Edw. M. Whitman M.D.

Address, 124 N. Broadway

Remarks,

EVD-000398

been conferred) (a sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered with the certificate of birth to the physician or practitioner in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person make return of such birth, then the mother, immediately thereafter, is hereby required to report the particulars of such birth in the manner and within the period above required, and attendance upon the mother, immediately thereafter, is hereby required to report the particulars of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1884.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 18 Jan

4. Place of Birth, (Street and Number) 1728 N. Wolf st

5. Full Name of Mother, Laura Jackson

6. Mother's Maiden Name. Wombsley

7. Mother's Birthplace, " Balto

8. Full Name of Father, James K. Jackson

9. Father's Occupation, Upholster

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Emery

Address, 940 N. Gay st

Remarks,

840-000399

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 18[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 15 '90
4. Place of Birth, (Street and Number) No 1806 Eastern Ave
5. Full Name of Mother. Pauline Beckmann
6. Mother's Maiden Name, Becker
7. Mother's Birthplace, Germany
8. Full Name of Father, Herrmann Beckmann
9. Father's Occupation, Upolsterer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

1890 000400

The Physician, Midwife, or other person in attendance upon the birth of any child, shall write, or cause to be written, the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth A. 18[illegible]

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 18. 1825

4. Place of Birth, (Street and Number) 62 n. Lombard St.

5. Full Name of Mother, Isabel Young.

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Maryland.

8. Full Name of Father, Not known

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Louis Ebaugh M.D.

Address, 62 n. Lombard St.

Remarks,

890-00401

FEB 4 1890

BALTIMORE MD.

GEO. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 4 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 1868
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jany 19. 90.
4. Place of Birth, (Street and Number)	1717 McElderry St
5. Full Name of Mother,	Bessie Pollock
6. Mother's Maiden Name,	" Denefsky
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Abraham Pollock
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Sweeden
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	1906 E. Pratt St.
Remarks,	

1890 : 00402

Every day of each and every month [illegible] to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the mother, immediately thereafter, to report the birth to the Commissioner of Health. In the absence or inability of such mother, it shall become the duty of the father of such child to report such birth. Should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of such person or persons who shall have been in attendance upon the mother to report such birth. In the absence or inability of such person or persons who shall have been in attendance upon the mother, it shall become the duty of the [illegible] to report such birth. Every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be [illegible] and all fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

A. 1868

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan. 19th 1890
4. Place of Birth, (Street and Number) 723 W. Lombard St.
5. Full Name of Mother, Florence W. Webner
6. Mother's Maiden Name, Jenkins
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, Henry W. Webner
9. Father's Occupation, Physician
10. Father's Birthplace, Dauphin Co. Pa

Name of Medical Attendant, or other person who makes this Return, H. W. Webner MD.

Address, 723 W. Lombard St.

Remarks,

1890 - 000403

Each Certificate shall state sex, color, full name and occupation of its parents, the date and place of birth; and the child, if born alive, shall be delivered, duly signed by the practitioner in the form of a certificate herein set forth; and the certificate shall be delivered within ten days after the birth. Such certificate shall be filed with the Commissioner of Health, and no burial shall occur without the attendance of a physician or certificate of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person in charge of the premises where such birth occurs, and of each parent of such child to report its birth to the Commissioner of Health, in the manner and within the period hereinbefore prescribed. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

OTHER PAGE ADDED 10-20-33

A. 1881

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Jane Gray

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 20 1890
4. Place of Birth, (Street and Number) N. 934 Mine 28
5. Full Name of Mother, Emma Gray
6. Mother's Maiden Name, Mc Cormick
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Samuel Gray
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Rhaft

Address, N. 405 S. Washington Ave.

Remarks,

1890 000404

SEE CONTENT: As sex, color, the full name and occupation of the parents, the date and place of birth, and the name and residence of the attending physician or midwife, are required by law to be given in every certificate, and the said schedule shall be delivered, duly signed by the practitioner in charge, at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, and a certificate of the same will be issued without charge. And every practitioner of midwifery, or other person having charge of any case of birth, shall within ten days after the birth, report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, and every physician or midwife in attendance upon the mother, limited as above, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and in the event of the failure of the person or parents of such child to report as above required, it shall become the duty of the physician or midwife in attendance upon the mother to report the birth as above required, and for the failure of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third 3rd B. 1870
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 20th 1870
4. Place of Birth, (Street and Number)	646 Biddle Street
5. Full Name of Mother,	Pauline Kesting
6. Mother's Maiden Name,	Pauline Leffler
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Kesting
9. Father's Occupation,	Piano Maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Messersmith
Address,	543 N. Mt Meriam Street
Remarks,	

1890 - 000405

and schedule shall be entered, duly signed by the practitioner in charge, and place of birth; and the third day of each and every month a like return shall be made to the Commissioner of Health of all births which shall occur without the attendance of a physician or midwife during the first and third days of the month next preceding; and the Commissioner of Health shall issue to each person required to make such return a blank form for the same, and no other person shall be required to make such return. In the manner and within the time above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. SULLIVAN & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third 3rd A. 1891
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 20th 1890
4. *Place of Birth, (Street and Number)*	717 Pine Street
5. *Full Name of Mother,*	Olgar Nagel
6. *Mother's Maiden Name,*	Olgar Young
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Christian Nagel
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Wm Anna Wiesenfeld
Address,	548 Mt Meher Ave
Remarks,	

been conferred) its sex, color, the full name of the parents, the place of birth, and the said schedule shall be delivered, duly signed by the attendant in the room of a child to report its birth to the Commissioner of Health. And every midwife or other person who shall wilfully neglect or refuse to make such report, or shall make any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

840 - 000406

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such family where such birth occurs, to report the same within the time and in the manner above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A. 1892
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 20 90
4. *Place of Birth, (Street and Number)*	1404 Hill Ave
5. *Full Name of Mother,*	M. Dolan
6. *Mother's Maiden Name,*	" Haulon
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	M. Dolan
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	726 E. Fayette St
Remarks,	

+ 8 9 0 - 0 0 4 0 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 21th 1890
4. Place of Birth, (Street and Number) Baltimore Cooper Place 120
5. Full Name of Mother, Annie Ricter
6. Mother's Maiden Name, Annie Frank
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Ricter
9. Father's Occupation, Moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks,

1890 - 000400

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or nurse, to the parent or person having charge of such child to report its birth to the Commissioner of Health, in like manner and with the penalties required, and subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. BALNEY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 21 - 1890
4. Place of Birth, (Street and Number) 419 S. Eden St.
5. Full Name of Mother, Ruth Clark
6. Mother's Maiden Name, Bozdorgen
7. Mother's Birthplace, Settlement
8. Full Name of Father, John Clark
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address, 1127 E. Pratt St.

Remarks,

1890 - 000409

Said Certificate is not to be delivered, duly signed by the practitioner in the form of certificate hereinbefore set forth, until the said schedule shall be delivered, duly signed by the practitioner in the form of certificate hereinbefore set forth. In case the birth of any child shall not be reported within the time above specified, the person required to report the same shall forfeit and pay for every month or fraction of a month during which the same shall remain unreported, the sum of five dollars. Every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 21 1890
4. *Place of Birth, (Street and Number)* 1137 Franey St.
5. *Full Name of Mother,* Lizzie Snyder
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Emil Snyder
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 421 E. Hall St.

Remarks,

890-000410

...een correctly its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the line of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, January 27/90
4. *Place of Birth*, (*Street and Number*) No 700 S. Durham St.
5. *Full Name of Mother*. Jennie Craig
6. *Mother's Maiden Name*, Coster
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, William Craig
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, No 405 S. Washington St

Remarks,

1890 - 000411

Every Physician, Midwife, or other person who shall assist at the birth of any child, shall, within ten days after such birth, report to the office of the Commissioner of Health, or shall cause such report to be made, the name and occupation of its parents, the date and place of birth; and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case of twins or triplets, or other plural births, a separate certificate shall be delivered for each child born. In case of stillbirth, or should no other person be in attendance, the midwife shall report the same within the period above required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 21st Jan 1894

4. Place of Birth, (Street and Number) 1025 N. Sterling st

5. Full Name of Mother, Margrit Brendel

6. Mother's Maiden Name, " Hamerandt

7. Mother's Birthplace, Germany

8. Full Name of Futher, John Brendel

9. Father's Occupation, Upholster

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groome

Address, 440 N. Gay st

Remarks,

A. 1894

E 40 - 00412

been conferred) its sex, color, the full name, occupation of its parents, and the date and place of birth; and the said schedule shall be verified by the oath or affirmation of the person making the return. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any wilful neglect or refusal so to do shall subject the person or parents of such child to the penalty hereinafter provided. If any person who shall have the attendance of any birth, the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) exeton child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 1306 Jefferson st
4. Place of Birth, (Street and Number) Jefferson st 1306
5. Full Name of Mother, Annie Ray
6. Mother's Maiden Name, Annie Rinesman
7. Mother's Birthplace, Colaborad Carry
8. Full Name of Father, J Wills Jr. Ray
9. Father's Occupation, labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Celina Jardess

Address, 117 Chestnut st

Remarks, doing well as xpect

1890 - 000413

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive; the sex and color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of such child shall occur within the limits of a city or municipal corporation, and in case the birth of such child shall occur without the limits of a city or municipal corporation, then to the Commissioner of Health of the county in which such birth occurs. In the case of the absence, inability or refusal of the physician or midwife to report the birth of a child as aforesaid, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 1899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 22 Th 1890
4. Place of Birth, (Street and Number) No 1010 west Pratt Street
5. Full Name of Mother, May E. Summers
6. Mother's Maiden Name, May A. Codd
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Summers
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Catherine Mitchell

Address, No 648 west Pratt Street Baltimore

Remarks,

890 - 003414

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a practitioner, the father or mother, or in the absence of both father and mother, the nearest relative present, or the occupant of the house or tenement in which such birth shall occur, shall immediately thereafter report such birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

THE J. B. BALLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Second 2nd
1. *Sex,* (state whether male or female)	Female
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	January 22nd 1890
4. *Place of Birth,* (Street and Number)	1016 Druidhill Avenue
5. *Full Name of Mother,*	Mary Henderett
6. *Mother's Maiden Name,*	Mary C Brien
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Henderett
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm A Wm Wiesenfeld
Address,	543 Mc Mechen Street
Remarks,	

1890-000415

...ent certificate shall be delivered, and the ... shall deliver or cause to be delivered, to the ... within one month to the office of the ... shall deliver without the attendance of a physician or midwife, the ... attendance upon the mother. Immediately ... child to report its birth to the ... who shall hereafter fail to comply with the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offence, the ... and penalties are recoverable ...

...ORE, J. C. BALLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18701

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White boy
3. *Date of Birth,* 1 Dollar Street 8 P.M.
4. *Place of Birth, (Street and Number)* Catharina Dahl Dollar St
5. *Full Name of Mother,* Catharina Chelewska
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Tuchelnest Prussia
8. *Full Name of Father,* Christ Fred Dahl
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Carnetzel Westpreussen

Name of Medical Attendant, or other person who makes this Return. Grenwitzsiat

Address, 1 Dollar St 203

Remarks,

B 90 - 0 0 8 4 1 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife in the form of a certificate between the first and third day of each month, on blanks furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or parents of such child shall refuse to give the information required by this section, then the householder in charge of the premises where such birth occurs shall report the same within the period above required, and any such person who shall neglect, fail or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each such neglect, and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First. A. 10/02

1. Sex, (State whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan. 22 '02

4. Place of Birth, (Street and Number) 622 N. Lombard St.

5. Full Name of Mother, Mary Nelson

6. Mother's Maiden Name, "

7. Mother's Birthplace, Md. Baltimore

8. Full Name of Father, " "

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Louis Blaugh M.D.

Address, 622 N. Lombard St.

Remarks,

890-000417

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be returned to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or there be no parents of such child to report the birth, the owner, agent or lessee of the house in which the birth occurs, or the person in attendance upon the mother, immediately after such birth, shall within the period above required, and in the manner aforesaid, cause the said schedule to be filled out and returned as aforesaid; and any person refusing or neglecting to do so shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B. 1803

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Black
4. Date of Birth, Jan. 27. 1896.
5. Place of Birth, (Street and Number) 622 N. Lombard St.
6. Full Name of Mother, Annie Holly
7. Mother's Maiden Name, " " "
8. Mother's Birthplace, Maryland
9. Full Name of Father, Not Known
10. Father's Occupation, " "
11. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Lewis Eberenz M.D.

Address, 622 N. Lombard St.

Remarks,

690 - 00418

BALTIMORE DEPARTMENT OF HEALTH

The information asked for in the following return is required by the Ordinances of Baltimore, and the penalty for neglect or refusal to make such return is fixed at not more than one hundred dollars. Physicians, midwives, or other persons having charge of cases of birth, are required to make return of every birth which they attend, within ten days after the occurrence of the birth, giving the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the first and last days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child to report the birth within ten days after its occurrence to the Commissioner of Health, in the manner and within the period above required, and in such report to state the reason why the services of a physician or practitioner were not employed. Any midwife or other person who shall neglect or refuse to make return of any birth which may have been attended by her or him, or any person who shall neglect or refuse to report the birth of any child as required by this section, or any midwife or other person who shall neglect or refuse to make return of any birth which may have been attended by her or him, or any person who shall neglect or refuse to report the birth of any child as required by this section, or any midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BALAMY & SON, CITY PRINTERS AND STATIONERS

A. 1870

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 23rd 1891
4. Place of Birth, (Street and Number) 2306 E Baltimore St
5. Full Name of Mother, Lottie E. Jenkins
6. Mother's Maiden Name, Krebbs
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas. E. Jenkins (deceased
9. Father's Occupation, Judge of Orphans Court
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. E. J. Burton M.D.

Address, 124 S. Broadway

Remarks,

1906 - 000419

GEO. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

A. 1870

Every physician or midwife in attendance upon a birth which occurs in the city of Baltimore, after the first day of January, 1875, shall, within thirty days after the birth, report to the Registrar of Vital Statistics, Board of Health, the full name, sex, color, the date and place of birth, and the full name and residence of the parents of the child, in the form of a certificate between the first and last lines of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the attendance upon the mother immediately before or after the birth is not such as to enable the physician or midwife to make the report required, the father or other person having charge of such child is required to report the same to the Commissioner of Health, in the manner and within the period above required. And every such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 18705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 23rd January 1890
4. Place of Birth, (Street and Number) # 2020. E. Lombard St.
5. Full Name of Mother, Dorothea Bosse
6. Mother's Maiden Name, " Jacks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Anton Jacks
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. mrs Buehler

Address, midwife

Remarks,

1890 - 00420

Each correct statement of sex, color, the full name and occupation of its parents, the date and place of birth of every child born alive in the City of Baltimore, and the number of children born to the mother, including the present birth, whether such children be now living or not, and also the number of children born alive to the mother now living, shall be entered in a book to be kept for that purpose in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and the physician, midwife or other person who shall attend upon any woman in labor, shall report every birth which occurs in such case to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and every such report shall be made in writing, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should the attending physician or practitioner neglect or refuse to report the birth, it shall become the duty of the person or persons occupying the house in which the birth occurs, or in which the mother of such child may be at the time of its birth, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 23 1890
4. Place of Birth, (Street and Number) 262 S. Ellwood St.
5. Full Name of Mother, Louise Kipper
6. Mother's Maiden Name. Geyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Kipper
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 142 E. Pratt St.

Remarks,

1890 000421

If the child is not born in the house, the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case there be no such practitioner, then the said certificate shall be delivered, duly signed by the person who shall have had charge of the mother during her confinement, or who shall have been present at the birth, or who shall have rendered professional attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 1890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 23 - 1890
4. Place of Birth, (Street and Number) 322 S. Spring St.
5. Full Name of Mother, Anna Maria Kestler
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Germany
8. Full Name of Father, Andrew Kestler
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1421 E. Baltimore St.

Remarks,

890 - 000422

Section 1, Chap. 1, Ord. 1, 1890. The name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NEVER BEEN ASKED 6-6-50

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st George C. Dorsch A.

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Jan. 23d '90
4. Place of Birth (Street and Number), 844 N. Howard St.
5. Full Name of Mother, Annie Dorsch
6. Mother's Maiden Name, " Keil
7. Mother's Birthplace, Balto. City
8. Full Name of Father, C. Dorsch
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. J. B. Gardner

Address, 424 N. Greene St.

Remarks,

890 - 00423

altimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child A.

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan 24th 1890
4. Place of Birth, (Street and Number) 166 Old York Road
5. Full Name of Mother, Sabina S. Strand
6. Mother's Maiden Name, Sabina Prince
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James R. Strand
9. Father's Occupation, Painter
10. Father's Birthplace, Waverly Balto Md

Name of Medical Attendant, or other person who makes this Return.

Address, [illegible]

Remarks,

1890-000424

and sheriffs shall be delivered, duly signed by the practitioner in charge, the date and place of birth; and the child's name, if any shall have been given. And in case the child shall die before the return of such birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child, where such parents live together, and where they do not live together, of the parent with whom any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. GILBERT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth January 24, 1870

4. Place of Birth, (Street and Number) No 2026 Ellwyn St

5. Full Name of Mother, Mary Eliza Hester

6. Mother's Maiden Name, " Johnson

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Hester

9. Father's Occupation, Waiter

10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return. Archa A Thompson

Address, 2107 Md Ave

Remarks,

ascertained the full name of such child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the address at which such delivered child was born, and shall forthwith transmit a certificate, between the first and tenth day of each and every month, to the Commissioner of Health. In case no birth shall occur in any month, a report to that effect shall be sent by the person required to report births. Upon the attendance of a Physician in the Office of the Commissioner of Health, to report his birth, the mother, unless she shall have been delivered in the presence of a physician, or other person or persons who shall have been in attendance upon the mother, shall be required to report the birth in the manner and within the time prescribed in this section. Any person required to comply with the provisions of this section, who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., Ltd., Printers and Stationers.

1090-000425

RETURN OF A BIRTH

B. 18[illegible]11

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 4 1890
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, January 24

4. Place of Birth, (Street and Number) 1029 Stiles St Baltimore

5. Full Name of Mother, Victoria Harvey

6. Mother's Maiden Name, Victoria Coffman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Harvey

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L. Liersemann

Address, 1925 Hare street.

Remarks,

B 10 - 0 8 9 4 2 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if there was one, within five days after the birth occurs. And in like manner every person in charge of any institution, public or private, to which any child may be brought or in which it may be born, shall report the birth of any child so received, or born therein, within five days after such child is received or born, stating the full name, color, nativity and parentage of such child, and the full name and nativity of the parents, if known, and the date of birth. And every undertaker or other person who shall bury or remove the body of any child for burial or removal beyond the limits of the city, shall, before burial or removal, obtain a certificate of birth, or a burial permit, stating therein the facts required to be reported by physicians and midwives, or a statement that no certificate has been issued by any physician or midwife, and that the facts are unknown to him, and shall deliver such certificate or statement to the person in charge of the cemetery or burial ground in which such burial is made, who shall preserve the same for inspection by the Commissioner of Health, or his agents. Every person who shall hereafter fail to report any birth as required by this section shall be subjected to the fine of ten (10) dollars for each offense, and every undertaker or other person who shall hereafter fail to obtain a certificate of birth or burial permit, or to deliver the same as required by this section, shall be subject to a fine of ten (10) dollars for each offense. All fines under this section are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18712

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 24 Jan.
4. Place of Birth, (Street and Number) 14 Walker Court
5. Full Name of Mother, Emma H. Daly
6. Mother's Maiden Name, Mapp
7. Mother's Birthplace, Balto
8. Full Name of Father, James J. Daly
9. Father's Occupation, Fireman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ulrich

Address, 116 N Holland St Balto

Remarks,

890 000427

been conferred upon the mother. Every midwife who shall neglect or refuse to make the return required by this section, or shall knowingly make a false return, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense. It shall be the duty of the Commissioner of Health to cause to be printed blank forms for the returns required by this section, and to furnish the same to the midwives and physicians of the city. Every midwife and physician shall, on or before the third day of each and every month, deliver to the office of the Commissioner of Health a certificate or return of every birth which shall have occurred in his or her practice during the preceding month, and if no birth shall have occurred during such month, then a certificate to that effect shall be delivered by the midwife or physician in charge of the office. Any midwife or physician who shall neglect to make the return required by this section, or who shall make a false return, shall be subject to a fine of ten dollars for each offense, to be recovered as other misdemeanors are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male A. 1894

Race or Color, (if not of the white race) White

Date of Birth, January 20 90.

Place of Birth, (Street and Number) 127 Forrest St.

Full Name of Mother, Agnes Kane

Mother's Maiden Name, " Norwood.

Mother's Birthplace, Balt. Md

Full Name of Father, John Kane

Father's Occupation, Farmer

Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Robinson M.D

Address, 726 E. Preston St.

Remarks,

840 - 000429

FEB 1890

Every physician or midwife in attendance upon a birth, and in default thereof, the father, mother, householder, or other person present at the birth, shall, within the period above required, and after the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the person or persons in attendance upon the mother shall be unable to give the information required by this section, then and in every such case the duty of giving such information shall devolve upon the next of kin present at the birth, or in default thereof, upon the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are recoverable.

RETURN OF A BIRTH A. 18715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, January 30 90

4. Place of Birth, (Street and Number) No 516 S. Dungan Alley

5. Full Name of Mother, Sara Baust

6. Mother's Maiden Name, Mannion

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Baust

9. Father's Occupation, Tailor

10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Baust

Address, No 405 S. Washington Ave.

Remarks,

1890 ~ 000430

Every Physician, Midwife, or other person who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1916

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) 250 White
3. Date of Birth, 25 January
4. Place of Birth, (Street and Number) Dallas st 291
5. Full Name of Mother, Katharina Proskowski
6. Mother's Maiden Name, Katharina Kolodzi
7. Mother's Birthplace, Mrs Proskowski Germany
8. Full Name of Father, Proskowski
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Anna Grzechowski

Address, 291 Dallas st 803

Remarks,

1620000031

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-15-51

CERTIFICATE CORRECTED 3-15-51

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lemuel D. Piercy 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 25th Jan. 1871
4. Place of Birth, (Street and Number) 989 W. Bond st
5. Full Name of Mother, Alice (Percy) Piercy
6. Mother's Maiden Name, " Dyer
7. Mother's Birthplace, Balto
8. Full Name of Father, Lemuel (Percy) Piercy
9. Father's Occupation, Degerotypist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groomy

Address, 940 W. Bay st

Remarks,

840 000432

Every physician or midwife in attendance upon any birth shall write the full name of such child, if any shall have been given it, and the surname or family name of such child shall be the surname or family name of its father, and shall sign his name as physician or midwife, and give his residence, and within five days after the birth of such child shall deliver to the parent or parents, or person having charge of such child, a certificate containing the date and place of birth, the full name, if any, given such child, the sex, color, the full name and occupation of its parents, the date and place of their marriage, if married, and the maiden name of the mother, and the name and residence of the physician or midwife in attendance, which certificate shall be signed by the physician or midwife. In case the birth of any child shall occur without the presence of a physician or midwife, then the parent or parents, or person having charge of such child, shall within the first and third day of each and every month, report to the Commissioner of Health the birth of such child, and the name and residence of the person in charge of such child, and the name and residence of the person in attendance upon the mother, immediately thereafter it shall become the duty of the person who is required, and within the time specified, to report the birth of any child, to report the birth to the Commissioner of Health in the manner and within the time required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 15718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 26th 1890
4. Place of Birth, (Street and Number) West Falls Place No. 1720
5. Full Name of Mother, Sarah Taylor
6. Mother's Maiden Name, Sarah Bland
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Taylor
9. Father's Occupation, Labourer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. E. T. Tully

Address, No. 1828 Light st.

Remarks, doing well

1890 - 000433

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every midwife and every person other than a physician or midwife who shall be in attendance upon any case of birth shall, within the period above required, report the same and the particulars required to be reported by the midwife, as far as the same can be ascertained; the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said midwife shall be delivered, within the period above required, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person who shall be required to report the birth to the Commissioner of Health as aforesaid, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 18719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 26th 1889
4. Place of Birth, (Street and Number) 315 S. Paca st
5. Full Name of Mother, Mary T. Shiver
6. Mother's Maiden Name, Mary T. Douglas
7. Mother's Birthplace, Northumberland county Va.
8. Full Name of Father, E. H. Shiver
9. Father's Occupation, Painter at Mt. Clair shops.
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, M. J. Leman

Address, 339 S. Woodyear st.

Remarks, Nice Child name (Clara Virginia.)

1890 - 000434

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every person required by law to register the name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall deliver such to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and shall report the particulars of such birth in like manner as the parents of such child are required to do, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 1820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 26 1870
4. Place of Birth, (Street and Number) 761 S. Bond St.
5. Full Name of Mother. Florence May Steward (Allen)
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, H. Wm Steward
9. Father's Occupation, Seaman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

1870-000435

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the physician or midwife in attendance upon the mother, immediately after the birth of each child; and it shall be the duty of each physician or midwife to report the birth to the office of the Commissioner of Health, or cause the same to be reported, within ten days thereafter; and in case of the absence of a physician or midwife, or where there is no physician in attendance upon the mother, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and for every month's neglect to report the birth of a child, as herein required, each person offending shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEE. J. G. DILLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 18H 21

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) white
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 26 1896
4. Place of Birth, (Street and Number) 236 S. Dallas St.
5. Full Name of Mother, Maggie Dorbert
6. Mother's Maiden Name, Dick
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Dorbert
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Meier

Address, 427 S. Ann St.

Remarks,

B 90 - 000436

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th January
4. *Place of Birth, (Street and Number)* # 10 N. Chapel Sts.
5. *Full Name of Mother,* Kathe Syring Neuberger
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Neuberger
9. *Father's Occupation,* Kammacker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. mrs. Buehler

Address, midwife

Remarks,

890 - 00437

months, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate hereinafter set forth, to the third day of each month after the birth of any child in the city with the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the penalties hereinafter prescribed. In the event of the failure of any person who shall be required to report the birth of any child as aforesaid, to comply with the provisions of this section, he shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 18723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 3 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 27. 1890.
4. Place of Birth, (Street and Number) 923. Eastern Ave.
5. Full Name of Mother, Annie Louis
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Louis
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter st.

Remarks,

890 - 000438

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month, the attendant upon the mother, if there be such attendant, and if not, then shall cause upon the mother, immediately thereafter. It shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, and in case of failure to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 27th January.
4. Place of Birth, (Street and Number) 627 S. Hanover St.
5. Full Name of Mother, Cathy Jasper
6. Mother's Maiden Name, Cathy Pfeustadt
7. Mother's Birthplace, Germany.
8. Full Name of Father, Jorgeson Schaffer.
9. Father's Occupation, Cigar Maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Dr. Augusta Cohen.

Address, 3. Henrietta St.

Remarks,

1 6 9 0 0 0 8 4 3 9

WM. J. G. BULMER & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the attendant or person who shall make return of the birth of any child born alive, shall, within ten days after the birth of such child, cause the same to be registered, and shall, on the first day of each and every month, to the office of the Commissioner of Health, in the manner and within the period above required, and on such blanks as shall be furnished by the Commissioner of Health, make return of the births which shall occur without the attendance of a physician, midwife or nurse. It shall become the duty of the person or parents of such child, if the birth shall occur without the attendance of a physician, midwife or nurse, or if the person in attendance upon the mother shall neglect or refuse to make return of the birth as above required, and only such person or persons who shall hereafter fail to comply with the provisions of this section will be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

JAN

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex,* (state whether male or ~~female~~)
2. *Race or Color,* (if not of the white race)
3. *Date of Birth,* 27 Jan
4. *Place of Birth,* (Street and Number) 858 S Eutaw St. 850
5. *Full Name of Mother,* Lisa Sieprasohn
6. *Mother's Maiden Name,* Frank
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gustav Sieprasohn
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Mench

Address, 800 Leadenhall St.

Remarks,

1890 000440

been conferred) its sex, color, the full maternal occupation of its parents, the date and place of birth, and the name given to the child. And every person [illegible] by the practitioner in the form of a certificate between the first and said school shall and every month to the office of the Commissioner of Health. In case the birth of any [illegible] shall occur without the attendance of a physician or practitioner of the above class, the duty of the person or parents of such attendance upon the mother, immediately on the birth, in the manner and within the period above required, and child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. C. GILLIS & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1726

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jany 27 1890
4. *Place of Birth, (Street and Number)* 660 W Franklin St
5. *Full Name of Mother,* Nellie Odendhal
6. *Mother's Maiden Name,* Nellie Grant
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Lucien C. Odendhal
9. *Father's Occupation,* Teacher
10. *Father's Birthplace,* France

Name of Medical Attendant, or other Person who makes this Return. H. Miller M.D.

Address, 639 Franklin St

Remarks,

ascertained the full name of such child if a boy, and leave such column blank. In sec. 4 state the full name and description of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the person by whom the said child is registered, or to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner, the said schedule shall in like manner be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to make such report, in the manner and within the time prescribed in this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

1890-00024

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First 1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 22 d 1890
4. *Place of Birth, (Street and Number)*	223 Knox Alley
5. *Full Name of Mother,*	Lizzie Bergman
6. *Mother's Maiden Name,*	Lizzie Brisendoffer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Barthold Bergman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Meyer M.D.
Address,	543 Mc Henry St
Remarks,	

1690 - 00442

been conferred in sex, color, the full name of each child, and the date and place of birth; and the full name, color, and residence of the petitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. And to cause the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, or other person in attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and upon such person or persons who shall hereafter fail, neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense, to be recovered as other forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female Twin to Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 27 1910
4. Place of Birth, (Street and Number) 23 Market Space
5. Full Name of Mother, Vera Garland
6. Mother's Maiden Name, Rosten
7. Mother's Birthplace, Fruit Hill
8. Full Name of Father, Wm Garland
9. Father's Occupation, Comison Dealer
10. Father's Birthplace, Boston Mass

Name of Medical Attendant, or other person who makes this Return, Guy Klein

Address, 1427 E Fait St.

Remarks,

1910 000443

FEB 1910 BALTIMORE

...ect concerned) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health, or such person as he may designate; and in case of the birth of a child without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...88. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1894

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 January
4. Place of Birth, (Street and Number) Lancaster 16 ll
5. Full Name of Mother, Johanna Buchkoski
6. Mother's Maiden Name, Johanna Lendus
7. Mother's Birthplace, West Prussia
8. Full Name of Father, Josef Buchkoski
9. Father's Occupation, Workman
10. Father's Birthplace, West Prussia

Name of Medical Attendant, or other person who makes this Return. Anna Gronkowicz

Address, S. Dallas St 853

Remarks,

590 - 000444

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18730

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	27th Jan
4. *Place of Birth, (Street and Number)*	1810 Hennemans ave
5. *Full Name of Mother,*	Mena Gaston
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Emeal Hohnuck
9. *Father's Occupation,*	Cutter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gruny
Address,	940 N. Gay st
Remarks,	

1 6 4 0 - 0 0 0 4 4 5

SEE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 27 '93
4. Place of Birth, (Street and Number) N° 2004 Eastern Ave
5. Full Name of Mother, Annie McDonnely
6. Mother's Maiden Name, Murdock
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John McDonnely
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Keefe

Address, N° 405 S. Washington Ave

Remarks,

690 - 000446

Penalty for neglect to report birth.—Any person required by this section to report the birth of any child who shall neglect to report the same as herein required, shall be liable to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18737

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 27th 1896
4. Place of Birth, (Street and Number) No. 21 Young St.
5. Full Name of Mother, Agnes Sander
6. Mother's Maiden Name. Agnes Fugmann
7. Mother's Birthplace, Germany
8. Full Name of Father, William Sander
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

FEB 4 1896

month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be delivered, duly signed by the Coroner, the physician or other person who shall sign the certificate hereinbefore required, to the Registrar of Vital Statistics of Baltimore City, within ten days after the birth of such child, and if such return shall not be delivered within the time aforesaid, or if any false return shall be made, or if such birth shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately after the birth, the person or parents of such child, or the person who shall have charge of the mother at the time of the birth of such child, as the case may be, shall forfeit and pay for each offence, to be recovered as other forfeitures are recoverable, in the Criterion Court of Baltimore City, by any person who will sue for the same, the sum of ten (10) dollars for each offense, to be applied as other forfeitures are applied.

690-000447

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 12/6/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Annie Estelle Rosenberger

A 18783

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 25th 1870
4. Place of Birth, (Street and Number) 134 Maidenbush road
5. Full Name of Mother, Henrietta Rosenberger
6. Mother's Maiden Name, Henrietta Thomas
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, George Rosenberger
9. Father's Occupation, Butcher
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

& CO., CITY PRINTERS AND STATIONERS

B 40 - 00440

RETURN OF A BIRTH

A. 1873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 28 — 1890
4. Place of Birth, (Street and Number) 500 President St.
5. Full Name of Mother, Helene Kiefer
6. Mother's Maiden Name, Schellstede
7. Mother's Birthplace, Germany
8. Full Name of Father, August Kiefer
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Harry Klein

Address, 1427 E. Balt. St.

Remarks,

1890 000449

...ber of such birth, and shall enter the same ... Commissioner of Health. In case the bi... Health. This schedule shall contain a list of the ... attendant or midwifery, or should no ... month, and shall set forth as far as the same can be ascertained, become the duty of the person or ... person conducting such business to report the births which have occurred during the month. Such ... said schedule shall be delivered, duly signed by the person making the same, with the provisions of this sectio... third day of each ... of every month to the office of the C... covered as other fines and forfeitures ... shall occur without the attendance of a physician or ... certificate shall be required from the ... child to report ... shall hereaft... any such person ... for each off... jected to the fi...

MD. J. C. SULLIVAN & PRINTERS AND STATIONERS

RETURN OF A BIRTH A 18/

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 February Jany
4. Place of Birth, (Street and Number) 342 S. Fulton ave
5. Full Name of Mother, Kate Miller
6. Mother's Maiden Name, Lutz Frank
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Jos Miller
9. Father's Occupation, Labr
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Miss Mary Krasicki

Address, 4/4 South Strieber Balto Md

Remarks, Mother and Child are doing well

1890-000450

Said Article shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, within ten days after the birth of any child and a like certificate of each and every month, to the office of the Commissioner of Health, within ten days after the birth of any child attended in labor or midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, to the manner and within the time prescribed by the Board of Health. If it shall become the duty of the person or parents of such child to report the birth of the same, and if such person or parents shall fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offense, to be recovered on other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 18136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 1
4. Place of Birth, (Street and Number) 328 N. Biddle St.
5. Full Name of Mother, Clara Plater.
6. Mother's Maiden Name, Colbert.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Plater.
9. Father's Occupation, Porter.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Hester Eolance.

Address,

Remarks,

1090-000451

Penalty.—Sec. 13. And be it further enacted, That it shall be the duty of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, to cause the nearest police officer to call upon the parent or parents of such child on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons with whom such child may be left to report the same to the Commissioner of Health, in the manner and within the time prescribed by the preceding section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 15'13"

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Male.
2. Race or color, (if not of the white race)	White.
3. Date of Birth,	January 1890
4. Place of Birth, (Street and Number)	(No number.) Royer's Hill.
5. Full Name of Mother,	Ida May Hart.
6. Mother's Maiden Name,	" Wheeler.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Samuel H. Hart.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	295 Chestnut-Ave.
Remarks,	

1890 - 000452

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the person in charge of the premises where such birth occurs shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth, May 1st 1890

4. Place of Birth (Street and Number), 1655 W. Lanvale st

5. Full Name of Mother, Margaret E. Thomas

6. Mother's Maiden Name, Margaret Clark

7. Mother's Birthplace, Anne Arundel Co. Md.

8. Full Name of Father, Charles C. Thomas

9. Father's Occupation, Clerk

10. Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return. W. A. Lucas M.D.

Address, 1565 Hanover Ave — City

Remarks,

1890 — 000453

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance at the birth, then it shall become the duty of the parent or parents, and any such person or persons under the direction of the Commissioner of Health, in the manner now provided by law for the registration of births, who shall hereafter fail to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FEB 25 1890 BALTIMORE

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

A 1890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Boy
3. Race or Color, (if not of the white race) White
4. Date of Birth, Jan
5. Place of Birth, (Street and Number) 1242 McElderry St.
6. Full Name of Mother, Esther Wargenham
7. Mother's Maiden Name, Esther Michaelson
8. Mother's Birthplace, Russia
9. Full Name of Father, Marks Wargenham
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Goldsmith

Address, 119 High St.

Remarks,

1890 100454

HEALTH DEPARTMENT

The Law requires this return to be made within one month to the office of the Commissioner of Health. In case the birth of any child occurs without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above specified. In case the mother, immediately thereafter, is in the attendance of a physician or practitioner of the healing art, it shall be the duty of such attendant to report the birth to the Commissioner of Health. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

15440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 2, 1890
4. Place of Birth, (Street and Number) 711 E Fayette St
5. Full Name of Mother, Rosa Greenburg
6. Mother's Maiden Name, Rosa Lerenthal
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Greenburg
9. Father's Occupation, Sailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Max R Goldsmith

Address, 119 High St

Remarks,

1890 - 000455

Every person having charge of any child born after the first day of July, 1898, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in charge of such child, the parent shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and shall cause such report to be verified as above provided. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SUB NAME ADDED 7-20-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Wickliffe ~~Orndorff~~ Orndorff Manger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 3rd 1890
4. Place of Birth, (Street and Number) 1100 Edmondson ave
5. Full Name of Mother, Mary A Manger
6. Mother's Maiden Name, Orndorff
7. Mother's Birthplace, md
8. Full Name of Father, John J. Manger
9. Father's Occupation, Druggist
10. Father's Birthplace, md

Name of Medical Attendant, or other Person who makes this Return J. H. Bruckard

Address, 519 N Carrington ave

Remarks,

890 00456

of the parents, and the maiden name of the mother of such child or children.

B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH A 1842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 5th
4. Place of Birth, (Street and Number) 915 Easter Ave
5. Full Name of Mother, Mary Passagno
6. Mother's Maiden Name, Mary Croco
7. Mother's Birthplace, Italy
8. Full Name of Father, Antonio Passagno
9. Father's Occupation, Merchant
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. J. J. Valentine M. D.

Address, 1002 E. Pratt st.

Remarks,

third day of each and every month to the office of the Commissioner of Health, the birth of any child shall occur upon the premises, whether the same be within the limits of a physician or practitioner of the city or not, it shall become the duty of such physician or practitioner, and in the absence of a physician or practitioner, of the parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

1 5 9 0 - 0 0 0 4 5 7

WM. A. G. WILSON & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 18743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 5, 1890

4. Place of Birth, (Street and Number) Remington Ave cor Tenth St

5. Full Name of Mother, Mary V. Lovejoy

6. Mother's Maiden Name, Mary V. Adams

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, James E. Lovejoy

9. Father's Occupation, House Painter

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, 841 Jefferson Ave. Waverly, Md.

Remarks,

1890 - 008458

And every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or other person, it shall become the duty of the person in whose house or premises such birth occurs, within the period above required, and shall report the same to the Commissioner of Health, in the manner and with the particulars required by this section. In case the mother, immediately after the birth of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 18744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 6 1890
4. *Place of Birth, (Street and Number)*	487 E. Chestnut St.
5. *Full Name of Mother,*	Mg. Gedt.
6. *Mother's Maiden Name,*	Mg. Bachmann.
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	E. Gedt.
9. *Father's Occupation,*	Bar-keeper
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	M. D. Smith.
Address,	#1245. E. Monument St cor. Central Ave.
Remarks,	All Well.

+ 8 9 0 - 0 0 0 4 5 9

The Registrar of Vital Statistics shall report to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person, duly authorized hereunder, immediately thereafter report the same, or in case of the neglect of such attendants upon the mother, the duty of the person above required, and only such person or persons who shall hereafter fail to report within the time, provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A-18745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 6. 1890
4. Place of Birth, (Street and Number) 301 Shaft St
5. Full Name of Mother, Betsy Bank
6. Mother's Maiden Name, Betsy Bank
7. Mother's Birthplace, Russia
8. Full Name of Father, Barnet Bank
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Wm R Fellsmith

Address, 119 High St

Remarks,

1 B V D X 00468

Every case of birth shall be reported to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the householder or parent with whom the mother resides shall report the birth to the Commissioner of Health, in the manner and upon the blanks above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jany 7th 1896
4. Place of Birth (Street and Number),	# 519 Fourth St
5. Full Name of Mother,	Sarah Celeste Griffith
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Md
8. Full Name of Father,	Luther M. H. Allison
9. Father's Occupation,	Md
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	D. L. Williams M.D.
Address,	2344 Carroll St. Woodberry
Remarks,	

C90-000461

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 1894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 4 1894

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 7th

4. Place of Birth, (Street and Number) 609 W. Lovett

5. Full Name of Mother, Augusta Bitzer

6. Mother's Maiden Name, " Lederer

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Bitzer

9. Father's Occupation, Grain Shaver

10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return. J. C. Birch M.D.

Address, 511 Hanover

Remarks,

1890 - 000462

said certificate shall be delivered, duly signed by the practitioner in case from a certificate from the Health Officer of the District in which the birth of each and every month to the office of the Commissioner of Health, under the penalty of ten dollars for each offence, and every week during which such neglect shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child, or person who shall have charge of such child, to report the same to the Commissioner of Health within the period above required, and attendance upon the birth, the Commissioner of Health shall be notified by the person in charge of the case, and such person or persons who shall hereafter fail to report, shall be subject to the fine of ten (10) dollars for each offence, and all penalties and forfeitures are recoverable.

WM. A. G. BULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 15748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 8th 1890.
4. Place of Birth, (Street and Number) 521 Bethel St
5. Full Name of Mother, F. Grosz
6. Mother's Maiden Name, F. Witich
7. Mother's Birthplace, Balto.
8. Full Name of Father, A. Grosz.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. M. A. Bratt

Address, 124 S. E. Monument St. cor. Central Ave.

Remarks, Alley.

890 00 0463

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of a hospital or practitioner of midwifery, or should no other person be in attendance when the child is born, the mother or nurse of such child is required to report its birth to the Commissioner of Health, in duly with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as the fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, Jan. 5. 1890.
5. Place of Birth, (Street and Number) 709 W. Stay St.
6. Full Name of Mother, Rosa (Fiennie) Nieneyer
7. Mother's Maiden Name, Rosa Gulles
8. Mother's Birthplace, Ireland.
9. Father's Occupation, Basket maker
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. M. A. Britt

Address, 1245 E. Monument St. cor Central Ave.

Remarks, Aged 4 years.

690 - 000464

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to report such birth within the period above specified, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, January 9th 1890
5. Place of Birth, (Street and Number) 814 N. Smallwood St
6. Full Name of Mother, Sallie M. McCord Ways
7. Mother's Maiden Name,
8. Mother's Birthplace, W. Va
9. Full Name of Father, Robert R. Ways
10. Father's Occupation, Contracting Agt B & O Bath Co.
11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Edward A. Linden M.D.

Address, Hazewrayette St

Remarks,

590 : 000465

It is the duty of every person having charge of a child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH A 18751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, January 10. 1890

4. Place of Birth, (Street and Number) 82 Garrison Lane

5. Full Name of Mother, Kate Walker.

6. Mother's Maiden Name, Long

7. Mother's Birthplace, Balto

8. Full Name of Father, John M. Walker.

9. Father's Occupation, Butcher

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Edward H. Hanson M.D.

Address, 1403 Fayette St.

Remarks,

FEB 5 1890

In attendance upon the mother, immediately thereafter is and it is my duty, as the person or person required by law to report in birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the time prescribed by the rules of said Board. And I hereby certify that I have reported all births occurring in this household or under my charge, and that I am not aware of any birth in this household which has not been reported, and I am aware that the mother or person required to report in birth to the Registrar fail to comply with the provisions of this section, shall be subject to a penalty of not less than five (5) dollars nor more than ten (10) dollars for each offense to be recovered as other fines and penalties are recovered.

Ware & Co., City Printers and Stationers.

RETURN OF A BIRTH A 18452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W. C.
3. Date of Birth, Jan. 10 Monument alley
4. Place of Birth, (Street and Number) Monument alley
5. Full Name of Mother, Louisa Cappucci
6. Mother's Maiden Name, Louisa Poggi
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Cappucci
9. Father's Occupation, Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. J. J. Valentine M. D.

Address, 1081 E. Pratt

Remarks,

590-000467

In case the birth of any child shall not be registered within the first ten days after birth, the person required to report the same shall become liable to a penalty of five dollars for each day's neglect, and every month to which the neglect may be extended, and should no other person be liable to report the same, the mother, immediately after the expiration of the first ten days, is required, and attendance upon the mother, immediately after the expiration of the first ten days, is required, and child to report its birth, upon the penalty of five dollars for each day's neglect. And the physician who shall hereafter fail to comply with the provisions of this section shall be subject to the same penalty. Which penalty and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 18753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 10th
4. *Place of Birth, (Street and Number)*	720 N. Hamburg St
5. *Full Name of Mother,*	Miami Longford
6. *Mother's Maiden Name,*	" Carroll
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Wallace Longford
9. *Father's Occupation,*	Cork. binder
10. *Father's Birthplace,*	London
Name of Medical Attendant, or other person who makes this Return.	J. C. Burow M.D.
Address,	811 Hanover
Remarks,	

890-000468

third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth, the physician or midwife present at such birth shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 18454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 6 1954

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 11
4. Place of Birth, (Street and Number) 5 Watts St
5. Full Name of Mother, Annie Skinner
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father, Isreal Heginned
9. Father's Occupation, Laboring
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Hester Leland

Address, 519 Preston Street

Remarks,

590 000469

said child to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 12, 1870
4. *Place of Birth, (Street and Number)*	Park Ave. near Darley Park
5. *Full Name of Mother,*	L. Faul
6. *Mother's Maiden Name,*	L. Zimmel.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Faul
9. *Father's Occupation,*	Butcher.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	W. A. Butt.
Address,	1245 W Monument St. cor Central Ave
Remarks,	All Well

+ 890 : 00470

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the mother, immediately thereafter it shall become and will be the duty of such attendant, or the parents, or either of them, or the person or persons having charge of such child, to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. KELLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 12th 1890
4. Place of Birth, (Street and Number) 307 Fifth Ave. Aldn
5. Full Name of Mother, Elizabeth Childs
6. Mother's Maiden Name, Abell
7. Mother's Birthplace, Maryland
8. Full Name of Father, Thomas Childs
9. Father's Occupation, Car driver
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. C. B. Norment M.D.

Address, 320 Falls Road (Woodberry.

Remarks, Premature birth 6 Mon. Child died when 12 hours old.

Y 10 - 00471

Third day of each and every month to the office of the Commissioner of Health. It any person required by this section to report the birth of any child shall neglect or refuse to report such birth within the time above specified, or shall knowingly make any false report thereof, or shall refuse to give such information as may be in his possession in relation to any birth when required by the Commissioner of Health, or any of his assistants, or shall refuse to allow any of them access to any record of births in his possession, or any other person shall violate any of the provisions of this section, such person shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 3-28-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Beulah Mae Yeager

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Jan. 13. 1890
4. Place of Birth, (Street and Number)	Baltimore City. Falls road, 131
5. Full Name of Mother,	Mrs Nettie Yeager
6. Mother's Maiden Name,	Miss Nettie Metcalf
7. Mother's Birthplace,	Baltimore City Md
8. Full Name of Father,	Mr John H. Yeager
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	York Penn
Name of Medical Attendant, or other person who makes this Return.	Mrs S. Sussman
Address,	Mrs Nettie Yeager, 131 Falls road Baltimore City Md
Remarks,	

1890-000472

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 18758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 13th 1890
4. Place of Birth, (Street and Number) 111 W. Vernon St.
5. Full Name of Mother, Susana Shreaker
6. Mother's Maiden Name, Digney
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wm A. Shreaker
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. R. D. Norment M.D.

Address, 320 Falls Road

Remarks,

1890 - 018473

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and such person is hereby required to report to the Commissioner of Health, in such manner and within the period above required, and child to report to birth to the Commissioner of Health. And every person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 14th 1890
4. Place of Birth, (Street and Number) 147 Chestnut Ave
5. Full Name of Mother, Ida Stinchcomb
6. Mother's Maiden Name, Dwyer
7. Mother's Birthplace, Maryland
8. Full Name of Father, George W. Stinchcomb
9. Father's Occupation, Foreman (Cotton Mill)
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. A. B. Norment M.D.

Address, 320 Falls Road

Remarks,

1890 - 99474

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a regular physician or midwife, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons in attendance upon its birth to the Commissioner of Health. In the matter hereby required of him by this section and to report to the Commissioner of Health, in the manner hereby required of him by this section and to comply with the provisions of this section shall be liable to any such person or persons who shall hereafter fail to comply with the provisions of this section are recoverable jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 1896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, ~~825 Eastern Ave~~ Jan 13/96

4. Place of Birth, (Street and Number) 825 Eastern Ave

5. Full Name of Mother, Clara Cuneo

6. Mother's Maiden Name, Clara Petrobelli

7. Mother's Birthplace, Italy

8. Full Name of Father, Chas. Cuneo

9. Father's Occupation, Laborer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. J. J. Tabertini M.D.

Address, 102 E. Pratt St.

Remarks,

870-000175

BOARD OF HEALTH BALTIMORE

... & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 15761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st of
1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* January 16 - 1896
4. *Place of Birth (Street and Number),* 1116 Fawn Ave.
5. *Full Name of Mother,* Mary Lonie
6. *Mother's Maiden Name,* Mary Kenney
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michael Lonie
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. W. A. Lowe M.D.

Address, 1538 Monument Ave

Remarks,

C 90 - 000476

Form 1. No. color, the full names and occupation of the parents, the date and place of birth, and the sex of each child born alive must be reported to the Registrar in the form of a certificate between the first and third day of each month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person required to report the birth fail to do so, immediately thereafter it shall become the duty of the Commissioner of Health to cause the particulars required to be reported, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are now collected.

Gibson Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

A. 10, 62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* January 16 1890
5. *Place of Birth, (Street and Number)* 1413 Washington St. cor. Stiles
6. *Full Name of Mother,* Mrs. Mary Bruskey
7. *Mother's Maiden Name,* Mrs. Hermann
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* Herman C. Mazkowsky
10. *Father's Occupation,* Express Wagon driver
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Dr. A. Bird

Address, 1245 E. Monument St. cor. Central ave

Remarks, All Well.

890-000477

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance within the time prescribed, it shall become the duty of the parents or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above set forth; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W. S.

3. Date of Birth, January 16, 1870

4. Place of Birth, (Street and Number) 202 Carroll St, Hampden, [illegible]

5. Full Name of Mother, Mary C. Edrington

6. Mother's Maiden Name, Mary C. Rockel

7. Mother's Birthplace, Carroll Co. Md.

8. Full Name of Father, John B. Edrington

9. Father's Occupation, Policeman

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Dr. G. Lankford M. D.

Address, 1117 Fremont Ave, E. Waverly, Md.

Remarks,

0 9 0 - 0 0 0 4 7 0

child day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any physician or midwife, or should no other person be in attendance within the time limited, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16. 1890
4. Place of Birth, (Street and Number) 2021 E. Fairmount Ave
5. Full Name of Mother, M. East.
6. Mother's Maiden Name, M. Lieder
7. Mother's Birthplace, Balto.
8. Full Name of Father, H. W. East.
9. Father's Occupation, Machinist.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. M. A. Bush

Address, 1245 E. Monument St cor. Central Ave.

Remarks, A. V. Wells

1890 - 00479

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or inmate of such place where such birth occurs, to report such birth within the period above required, and any such person or inmate who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

15

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 16, 1890
4. Place of Birth, (Street and Number) 119 N High St
5. Full Name of Mother, Betty Gram
6. Mother's Maiden Name, Betty Gaines
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Gram
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Thos R Goldsmith

Address, 119 N High St

Remarks,

590-000480

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance, it shall be the duty of the mother of such child to report its birth to the Commissioner of Health, the matter to be verified by the affidavit of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY BOARD OF HEALTH

RETURN OF A BIRTH A. 1890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 17. 1890
4. Place of Birth, (Street and Number)	208 S. Robin Ave. Homestead
5. Full Name of Mother,	G. Ebert.
6. Mother's Maiden Name,	G. Gemmel.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	J. Ebert.
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	W. A. Bud
Address,	275. E. Monument St. cor. Central Ave.
Remarks,	Ill Stett.

1890 - 000481

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent, or person having charge of such child, shall immediately thereafter report the birth to the Commissioner of Health. It shall become the duty of the person in attendance upon the mother, immediately thereafter, to report the birth of the child; and in case of the neglect of any such person or parent so to do, he shall for each offence, on conviction thereof, be subjected to the fine of ten dollars, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 17 1890

4. Place of Birth, (Street and Number) 1133 Eden St.

5. Full Name of Mother, V. Waterhouse

6. Mother's Maiden Name, V. Ellis

7. Mother's Birthplace, Balto.

8. Full Name of Father, H. Waterhouse

9. Father's Occupation, Machinist

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. W. L. Bull

Address, 1105 E. Monument Nor. Central Ave.

Remarks, All Well.

+ 8 9 0 - 0 0 4 0 2

third day of each and every month to the office of the Commissioner of Health, at the office in the City Hall of any child which occur within his attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE J. C. KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 18758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 18th
4. Place of Birth, (Street and Number) 1113 Bailey ave
5. Full Name of Mother, Elizabeth Josey
6. Mother's Maiden Name, " " Aspman
7. Mother's Birthplace, City
8. Full Name of Father, Michael D. Josey
9. Father's Occupation, Engineer
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. L. C. Bunch M.D.

Address, 511 Hanover st

Remarks,

T 890 - 000483

third day of each and every month, to the Register of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereinafter fail, neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DELANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) W. [illegible]

3. Date of Birth. Jan 19 00 1890

4. Place of Birth, (Street and Number) Remington Ave 602

5. Full Name of Mother, Henrietta Atkinson

6. Mother's Maiden Name, — Raymond

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Atkinson

9. Father's Occupation, — Stone Cutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Olivia Ruby

Address, 15 Union Ave

Remarks,

1890-000484

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

shall occur within the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the birth, the mother of such child shall herself, to the best of her knowledge and belief, make the negative entry of the person or parents of such child required to be registered, and in the manner and within the period above required, and shall sign her name to the same. And any person who shall hereafter fail to comply with the provisions of this section shall, for each such offense, forfeit and pay to the use of the State of Maryland the sum of ten dollars, to be recovered by indictment or other process as may be provided by law; and any physician, midwife or other person who shall hereafter fail to comply with the provisions of this section, in addition to the fine of ten dollars for each offense, to be recovered as aforesaid, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than fifty dollars nor more than one hundred dollars, or be imprisoned in the jail of Baltimore City not more than thirty days, or both fined and imprisoned, in the discretion of the court.

RETURN OF A BIRTH A 18770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the commissioner of health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the parent or parents, or the person who was required to report the birth, shall report the same to the commissioner of health, in the manner and within the time prescribed, and child to report the same to the commissioner of health, in the manner and within the time prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14 Jan 17 1891
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored Child
3. *Date of Birth,*	Janay 17 bornd
4. *Place of Birth, (Street and Number)*	Vincinally Ro 1628
5. *Full Name of Mother,*	Hannah Young
6. *Mother's Maiden Name,*	Hannah B Hoot
7. *Mother's Birthplace,*	Chanoth ill Virginia
8. *Full Name of Father,*	William P Hoot
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Northeastville Eastern Shore Md
Name of Medical Attendant, or other person who makes this Return.	Davis Rollings
Address,	1610 Vincent Ave
Remarks,	

U 90 - 0 0 6 4 8 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NAME ADDED 12-13-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sadye Naomi 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, January 19, 1890

4. Place of Birth, (Street and Number) 1762 N Lombard

5. Full Name of Mother, Effie L Wellbrede

6. Mother's Maiden Name, Bittinger

7. Mother's Birthplace, Hanover Pa

8. Full Name of Father, Condie A. Wellbride

9. Father's Occupation, Plater.

10. Father's Birthplace, Fed Co Md.

Name of Medical Attendant, or other Person who makes this Return. Edward J Condon MD

Address, 1410 Fayette St

Remarks,

890-000486

report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, as above required, and any such person or persons who shall hereafter fail to comply with the provisions of said rules and regulations, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

890-000486

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female.
2. Race or color, (if not of the white race) White
3. Date of Birth, January 20, 1890.
4. Place of Birth, (Street and Number) 1357 Royer's Hill.
5. Full Name of Mother, Sarah Jane Hughes.
6. Mother's Maiden Name, Chaffman.
7. Mother's Birthplace, Md.
8. Full Name of Father, Edward Everett Hughes.
9. Father's Occupation, Stone-Cutter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return Chas. H. Nicholl M.D.

Address, 295 Chestnut ave.

Remarks,

C 90 : 000487

shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon birth, it shall become the duty of the person or parents of such child, immediately thereafter, to report the same to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & 5.

1. Sex, (state whether male or female) Male.
2. Race or color, (if not of the white race) White.
3. Date of Birth, January 20, 1890.
4. Place of Birth, (Street and Number) 339 Elm ave.
5. Full Name of Mother, Annie E. Briscoe.
6. Mother's Maiden Name, Burns.
7. Mother's Birthplace, Md.
8. Full Name of Father, Andrew C. Briscoe.
9. Father's Occupation, Letter-Carrier.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 295 Chestnut Ave.

Remarks, Monstrosity.

1890 000400

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, or person in charge thereof, to report to the Board of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with costs, by action of debt, or other legal proceedings, in the name of the Mayor and City Register, and forfeitures are recoverable.

GUTHRIE & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	January 20 1880
4. *Place of Birth, (Street and Number)*	322 Bartlett st.
5. *Full Name of Mother,*	Louisa Mc Carron
6. *Mother's Maiden Name,*	L. Kerman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Mc Carron
9. *Father's Occupation,*	machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Marie E. Thalwitzer M.D.
Address,	125 Mulberry Street
Remarks,	

L 40 - 0 0 0 4 8 9

Murphy & Co., City Printers & Stationers.

CERTIFICATE CORRECTED 4-22-55

RETURN OF A BIRTH A. 18776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George William Baldwin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) ~~Colored~~ W
3. Date of Birth, January 27 1890
4. Place of Birth, (Street and Number) 1538 Eager St.
5. Full Name of Mother, E. A. ~~E.~~ Baldwin
6. Mother's Maiden Name, E. F. Miller
7. Mother's Birthplace, Highlandtown
8. Full Name of Father, Harry Baldwin ~~H. Baldwin~~
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Wm. A. Bell

Address, 1215 E. Monument St. or Central Ave

Remarks, All Well

1890 000420

Every midwife or person other than a physician or registered nurse, who shall attend upon any case of birth, shall, within ten days after the birth of any child, report to the Commissioner of Health, in the manner and within the time prescribed by section ... of this ordinance, the name, residence and color of the parent or parents of such child, the sex of such child, the time and place of birth, and such other information as may be required by the Commissioner of Health; and every midwife or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

Every midwife or person other than a physician or registered nurse, who shall attend upon any case of birth, shall, within ten days after the birth of any child, report to the office of the Commissioner of Health, in the manner and within the time prescribed by section ... of this ordinance, the name, residence and color of the parent or parents of such child, the sex of such child, the time and place of birth, and such other information as may be required by the Commissioner of Health; and every midwife or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 18776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 4/a.
1. Sex, (state whether male or female)	Male.
2. Race or color, (if not of the white race)	White.
3. Date of Birth,	January 22, 1890.
4. Place of Birth, (Street and Number)	908 ~~Hampden~~ Hampden St.
5. Full Name of Mother,	Louisa Bryant.
6. Mother's Maiden Name,	Beach.
7. Mother's Birthplace,	"Virginia.
8. Full Name of Father,	Stuart L. Bryant.
9. Father's Occupation,	Moulder.
10. Father's Birthplace,	Va.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	2795 Chestnut ave.
Remarks,	

1890 C 00491

Such doctor without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 18777.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 22 January 1877
4. Place of Birth, (Street and Number) 1811 St. Paul Street
5. Full Name of Mother, Annie Downs.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, Allen Downs.
9. Father's Occupation, Seaman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Hester Eolance

Address, 819 Preston Street

Remarks,

870 : 00492

Every physician or midwife who shall attend upon any case of birth in the form of a premature birth between the 4th and 6th months of pregnancy, shall report the same within the third day and every month to the office of the Commissioner of Health, stating the name, age and residence of the mother, and whether a living child was born or not; and in case of neglect or refusal to report such birth, or without the attendance of a physician or practitioner other than himself, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 22nd 1890

4. Place of Birth, (Street and Number) Hopkins Alley

5. Full Name of Mother, Mary Strauss

6. Mother's Maiden Name, Beck

7. Mother's Birthplace, Maryland

8. Full Name of Father, Robert W. Strauss

9. Father's Occupation, Labor

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. E. B. Vermeal M.D.

Address, 920 Falls Road (Woodberry)

Remarks,

1890 000493

This section shall be applicable to the city of Baltimore. In case the birth of any child shall occur without the attendance of a physician or midwife, the father, or in case he is absent from the city, or is himself the child, the mother, shall become the informant required to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any such person who intentionally fails to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 18779.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 23. 1890.
4. Place of Birth, (Street and Number) 163 Eastern Ave. Highlandtown
5. Full Name of Mother, L. Clinehand
6. Mother's Maiden Name, L. Hoffmann
7. Mother's Birthplace, Germany
8. Full Name of Father, C. Clinehand
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. M. A. Budd

Address, 1245 E. Monument St. cor. Central Ave

Remarks, All Well

1890 - 000494

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required; and in default of such report, the person or parents of the child, who shall neglect or refuse to make such report, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-7-55

RETURN OF A BIRTH A 18780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Florine Cassel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 23. 07. January 1890
4. Place of Birth, (Street and Number) 811 Preston St
5. Full Name of Mother, Lottie Cassel
6. Mother's Maiden Name, Washington
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert Cassel
9. Father's Occupation, Coachman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Hester Estance

Address, 809. Preston Street

Remarks,

1890-00495

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, and comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 18781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and shall on default of so doing be liable to the penalty imposed by the section which will be found below; and any such person or persons who shall hereafter fail to comply with the provisions of this section will be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	January 23, 1890.
4. *Place of Birth, (Street and Number)*	226 Hickory ave.
5. *Full Name of Mother,*	Mary Ann Shipley.
6. *Mother's Maiden Name,*	" Mordue.
7. *Mother's Birthplace,*	Pa.
8. *Full Name of Father,*	Theodore Hicks Shipley.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	295 Chestnut ave.
Remarks,	

1890 000495

SAFETY FILM

RETURN OF A BIRTH A 18752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 24 of January

4. Place of Birth, (Street and Number) 542 Preston Street.

5. Full Name of Mother, Annie D Heatly,

6. Mother's Maiden Name, " Moody.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Raymond W Heatly

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Preston E Lane

Address, 509 Preston St.

Remarks,

E 90 - 000497

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1573

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11a

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 24 90

4. Place of Birth, (Street and Number) 1606 Carlton

5. Full Name of Mother, Mary Armiger

6. Mother's Maiden Name, " Bostate

7. Mother's Birthplace, Md

8. Full Name of Father, John Armiger

9. Father's Occupation, Carpenter

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. H Brueckmann

Address, 538 N Arlington Ave

Remarks,

of the parents, and the full name of the child, if any, and the date of birth.

PIET, PRINTER & STATIONER, BALT.

1890-000498

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 15,514

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 25 1870

4. Place of Birth, (Street and Number) 2209 E. Lombard St

5. Full Name of Mother, Florence A. Rotrb

6. Mother's Maiden Name, Moore

7. Mother's Birthplace, Maryland

8. Full Name of Father, James H. Rotrb

9. Father's Occupation, Oyster Canmissions

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Dr. W. F. Jones M.D.

Address, 1106 E. Baltimore St.

Remarks.

of the parents, and the maiden name of the mother of such child or children."

...BY & CO., CITY PRINTERS AND STATIONERS.

C70-003499

RETURN OF A BIRTH

A. 18786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh "7"

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth. January 25" 1890
4. Place of Birth, (Street and Number) 116 Rope Walk Alley
5. Full Name of Mother. Elizabeth Ballot
6. Mother's Maiden Name, Elizabeth Morris
7. Mother's Birthplace, Monockey, Va
8. Full Name of Father, Wm Ballot
9. Father's Occupation, Oystershucker
10. Father's Birthplace, Monockey Va

Name of Medical Attendant, or other person who makes this Return. Caroline Moore

Address, 49 W. West St

Remarks,

1890-000500

third day of each and every month to the office of the Commissioner of Health. A copy of this section shall be delivered by the undertaker or other person who shall bury the body of any child over the age of one year, to the sexton or person who shall have charge of the place of burial, before such burial shall occur without the attendance of such undertaker or other person; and no undertaker or other person shall bury the body of any child over the age of one year, or permit the burial above required, until such sexton or person who shall have charge of the place of burial shall have received the certificate required by this section. All penalties imposed by this section may be recovered by the State's Attorney, in the name of the State, before any court having jurisdiction, and shall be collected to the use of the Board of Health. Physicians, undertakers and sextons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as aforesaid; and fourteen days are recognized.

PUBLISHED BY THE BOARD OF HEALTH

GUNBY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 15756

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 26 90
4. Place of Birth, (Street and Number)	703 Pulaski st
5. Full Name of Mother,	Emma J. Giles
6. Mother's Maiden Name,	Owens
7. Mother's Birthplace,	Md
8. Full Name of Father,	Ed W. Giles
9. Father's Occupation,	Letter Carrier
10. Father's Birthplace,	Md
Name of Medical Attendant, or other Person who makes this Return.	J. H. Buckland
Address,	538 N Arlington Ave
Remarks,	

C90-00501

PIET, PRINTER & S A[illegible], BALT.

RETURN OF A BIRTH A. 1878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First + Second
1. Sex, (state whether male or ~~female~~)	Males
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jany 26th 90
4. Place of Birth, (Street and Number)	13 W Randall St
5. Full Name of Mother,	Mrs Minnie Clarke
6. Mother's Maiden Name,	Minnie Bridwell
7. Mother's Birthplace,	W Va
8. Full Name of Father,	H. L. Clarke
9. Father's Occupation,	Conductor
10. Father's Birthplace,	W Va
Name of Medical Attendant, or other person who makes this Return.	J. D. Phillips
Address,	719 W Fayette St
Remarks,	Twins

S 90 - 000502

third day of each and every month to the Officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no person be in attendance upon the mother immediately thereafter, it shall become the duty of the parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 18788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January day 27th 1890
4. Place of Birth, (Street and Number) 902 Lombard st
5. Full Name of Mother, Katie L. Deegan
6. Mother's Maiden Name. Katie L. Lindergast
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William J. Deegan
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Alexandra Va

Name of Medical Attendant, or other person who makes this Return. Susan Flanders

Address, 231 N Poppleton St

Remarks,

690-000503

FEB 2

The city to elect one every month of the Board of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to forward the information required by this section, and in default thereof, each and every person so neglecting any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 18[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 28th 1894
4. Place of Birth, (Street and Number) 916 W Calhoun St
5. Full Name of Mother, Roxanna Ford
6. Mother's Maiden Name, Roxanna Kinsley
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wm J B Ford
9. Father's Occupation, Agent
10. Father's Birthplace, St Mary's County Md

Name of Medical Attendant, or other person who makes this Return. P. S. Fields

Address, 642 N Fulton Ave

Remarks,

1894 No 8856

Every birth must be reported to the office of the Commissioner of Health. In case the birth of any child shall occur without the aid of a physician or practitioner of midwifery, or should no one in attendance upon the mother shall be a resident of Baltimore City, then the father or mother of such child shall report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 18990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person with whom the mother is living, or where she is residing at the time of the birth of such child, or at the expiration of the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 28, 1890
4. *Place of Birth, (Street and Number)*	102 Garland Road, near Druid Park.
5. *Full Name of Mother,*	S. Kraus
6. *Mother's Maiden Name,*	S. Frederick
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	O. Kraus
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr. A. Burr.
Address,	1345 E. Monument St. cor Central Ave.
Remarks,	All Well

1890-000505

GEO. J. S. SULLIVAN & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18 | 91

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) white
4. Date of Birth, 28 Jan.
5. Place of Birth, (Street and Number) 1324 Holland St
6. Full Name of Mother, Augusta Pabst
7. Mother's Maiden Name, Weisenbach
8. Mother's Birthplace, Balto.
9. Father's Occupation, Box maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mark Allen

Address, 1902 Bolton St

Remarks,

690-000506

Third day of each and every month to the office of the Commissioner of Health, at the Health Office, in the City Hall, a certificate of the birth of any child whose birth shall occur without the attendance of a physician or midwife, and it shall be the duty of the parent or parents of such child to report its birth forthwith thereafter to the Commissioner of Health, at the Health Office, in the City Hall, if there be no other person who shall be required, and any such person or persons who shall refuse or neglect to make such report as aforesaid, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 25. 1890.
4. Place of Birth, (Street and Number) 28 Hanover Lane
5. Full Name of Mother, Dora Bashkewitz
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Simon Bashkewitz
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter St.

Remarks,

890-000507

The law requires every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the nearest relative or other person present, or the mother herself, if able, to report the birth within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth A. 1879

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan the 28

4. Place of Birth, (Street and Number) 1305 South Broadway

5. Full Name of Mother, Elizabeth J. McConnaldk Williams

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Charles McConnaldk

8. Full Name of Father, Professian

9. Father's Occupation, New Jersey

10. Father's Birthplace, Mrs M Hewell

Name of Medical Attendant, or other person who makes this Return.

Address, 912 McDanaugh

Remarks, 890 - 000508

shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the occupier of the house in which the birth occurs, or in default thereof, the parents of such child, shall within thirty days after the birth, cause the particulars required, and which are within his or their knowledge, to be registered as provided by the provisions of this section shall be liable to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Margaret Ellen Geisler 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* January the 28, 1890
4. *Place of Birth, (Street and Number)* Baltimore Boyle st 1514
5. *Full Name of Mother,* Mary geisler
6. *Mother's Maiden Name,* Bamm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John geisler
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, 1514 light st

Remarks, 3-31-54 2.m

+ 890 - 000509

SEE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15795

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 28th 1890
4. Place of Birth, (Street and Number) 607 Jefferson St Balto.
5. Full Name of Mother, Lillie M. Spence
6. Mother's Maiden Name, " " Folke
7. Mother's Birthplace, Maryland
8. Full Name of Father, Harry W Spence
9. Father's Occupation, Draftsman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. H. G. Prentiss M. D.

Address,

Remarks,

1890 - 805 10

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the verification of a medical or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 15th 96

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex, (State whether male or female)	Boy
2. Race or color, (if not of the white race)	White
3. Date of Birth.	28th of January 1890
4. Place of Birth, (Street and Number)	1512 Hamsdeat street
5. Full Name of Mother.	Mary Ann. Oconnel
6. Mother's Maiden Name.	Mary Ann. Neary
7. Mother's Birthplace,	Baltimore
8. Full Name of Father.	John Neary.
9. Father's Occupation,	Laborman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Healthy.

890-000511

Third day of each and every month to the office of the Commissioner of Health, at the City Hall, a certificate of every birth which may have occurred within the city during the preceding month, and which shall have come to his knowledge during his attendance upon the mother, immediately thereafter. And in the manner and within the period above required, said physician, midwife or person who shall have charge of the case, shall also report to the Commissioner of Health the birth of every child which may be born under such circumstances as to render it probable that it will become a public charge, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BULLEY & DD., CITY ... AND STATIONERS

RETURN OF A BIRTH

A. 1894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	28. of January.
4. *Place of Birth, (Street and Number)*	932 Richard St.
5. *Full Name of Mother,*	Elisa Besih.
6. *Mother's Maiden Name,*	Elisa Alsion.
7. *Mother's Birthplace,*	Pensylvanian.
8. *Full Name of Father,*	Peter Besih.
9. *Father's Occupation,*	Labor.
10. *Father's Birthplace,*	Pensylvanan.
Name of Medical Attendant, or other person who makes this Return.	Augusto Bosion.
Address,	3. Hemrietta. St.
Remarks,	

2 9 0 - 0 0 0 5 1 2

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in the absence of a physician or practitioner of midwifery, or should no other person be in attendance at the birth, then it shall become the duty of the mother, or in case of her death or inability, of the nearest relative present, or of the father of such child, if living in the house and within the period above required, and such person or persons shall be required to report in writing to the Commissioner the particulars required to be reported by this section. Any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 28th Jan 1896
4. Place of Birth, (Street and Number) 1512 Riverside Ave
5. Full Name of Mother, Alice Zimmerman
6. Mother's Maiden Name, Yolp
7. Mother's Birthplace, Martinsburg Va
8. Full Name of Father, Charles Zimmerman
9. Father's Occupation, Conductor B & O R R
10. Father's Birthplace, Martinsburg Va

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell

Address, 516 Fort Ave

Remarks,

E90-000513

SEC. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother required by this section to report such birth, it shall become the duty of the person or persons with whom the mother may be living at the time of the birth of such child to report the same to the Commissioner of Health, in the manner and within the period of time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 28 1890
4. Place of Birth, (Street and Number) Baltimore 1020 Sharp Street
5. Full Name of Mother, Virginia Stanley
6. Mother's Maiden Name, Virginia Dickens
7. Mother's Birthplace, Virginia Northampton Co
8. Full Name of Father, James Stanley
9. Father's Occupation, Labour
10. Father's Birthplace, Dorchester Co

Name of Medical Attendant, or other Person who makes this Return, Sarah A Brown

Address, 427 Third Street

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

90-000514

RETURN OF A BIRTH

1880 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex, (state whether male or female)	Male.
2. Race or color, (if not of the white race)	White.
3. Date of Birth,	January 28, 1890.
4. Place of Birth, (Street and Number)	328 Roland ave.
5. Full Name of Mother,	Martha Francis Cullum
6. Mother's Maiden Name,	" Taylor.
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Clarence M. Cullum.
9. Father's Occupation,	Traveling Salesman.
10. Father's Birthplace.	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Liddell M.D.
Address,	695 Chestnut ave.
Remarks,	

1890 - 000515

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother during her confinement, it shall become the duty of the person or parents of such child, or owner of the premises where such birth occurs, within the period above required, and in such manner as shall be prescribed by the Commissioner of Health, to report the same to the Registrar, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

GUILANY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 1512

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female).*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 28 90
4. *Place of Birth, (Street and Number)*	103 N Schroeder St
5. *Full Name of Mother,*	Agnes Thurber
6. *Mother's Maiden Name,*	Jones
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Henry Thurber
9. *Father's Occupation,*	Calker maker
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	J H Buchanan
Address,	538 N Arlington Ave
Remarks,	

of the parents, and the address and date of the birth of each child must be given.

C 90 000516

PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 4 1890

No. 15882

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* 27 January
5. *Place of Birth, (Street and Number)* 1014 E. J. aydth St
6. *Full Name of Mother,* Annie Kann
7. *Mother's Maiden Name,* Wisting
8. *Mother's Birthplace,* Ger to
9. *Full Name of Father,* Jacob Kann
10. *Father's Occupation,* Liquor dealer
11. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs R. Abbey

Address, 1802 Eoldanoff

Remarks,

C 70 - 008517

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second 2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 29 th 1870
4. *Place of Birth, (Street and Number)*	617 Holliday Street
5. *Full Name of Mother,*	Rosie Wannerman
6. *Mother's Maiden Name,*	Rosie Lauber
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Wannerman
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Meenzer
Address,	213 N. Medion Street
Remarks,	

1890 C 00518

Every physician or midwife in attendance at any birth, and in case there is no physician or midwife in attendance, then the father, mother, householder or other person present at the birth of any child shall cause without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, a full and true return to be made of such birth, with the particulars required by this section, to the Registrar of Vital Statistics, within ten days thereafter; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 29 90
4. Place of Birth, (Street and Number) N° 2007 Allenmouries Court
5. Full Name of Mother, Ida Brockmann King
6. Mother's Maiden Name.
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father. Jakob Brockmann
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Krafft

Address, N° 705 S. Washington St.

Remarks,

590-000519

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 6 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 29 1890
4. Place of Birth, (Street and Number) No 2008 E. Lombard St
5. Full Name of Mother, Kunigunda Bär
6. Mother's Maiden Name, Wiessand
7. Mother's Birthplace, Germany
8. Full Name of Father, John Bär
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Teresa Kisst

Address, No 406 S. Washington St.

Remarks,

1890-000520

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6 90
4. Place of Birth, (Street and Number) 116 Mary St
5. Full Name of Mother, Katie Hart
6. Mother's Maiden Name, Katie Grossman
7. Mother's Birthplace, Balto
8. Full Name of Father, Adam Hart
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. A. C. Pole

Address, D. H. Cor Madison Ave & Monument St

Remarks,

1 6 7 0 - 0 0 0 5 2 1

...y & Co., City Printers and Stationers.

...or of any other person to whom it is given, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not less than ten dollars nor more than fifty dollars, or by imprisonment not less than ten days nor more than thirty days, or both, at the discretion of the Court. And it shall be the duty of the person in charge of the house in which such child is born, or in which it resides, to report the birth to the Commissioner of Health, in the manner and within the time above specified, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense (to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 1880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 12/90
4. Place of Birth, (Street and Number) 116 Penna Ave E/d
5. Full Name of Mother, Mary Rupperberger
6. Mother's Maiden Name, Mary Roberts
7. Mother's Birthplace, Balt
8. Full Name of Father, George Rupperberger
9. Father's Occupation, Butcher
10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return, A C Rhe

Address, 110 E Madison Ave Bloom Co

Remarks,

690 000522

Any person who shall wilfully refuse or neglect to report, as herein required, any case of birth coming within his knowledge, or who shall wilfully report as herein required any false or untrue statement concerning the same, or any part thereof, or who shall refuse or neglect to furnish such information as he may possess, concerning any birth, upon the application of the Registrar, or who shall refuse or neglect to report the birth of any child, the parents of which are dead, or unable to report, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than five (5) nor more than ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 15508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1st 90
4. Place of Birth, (Street and Number) 221 Penna Ave
5. Full Name of Mother, Mary Jane Davis
6. Mother's Maiden Name, Mary Jane Hunter
7. Mother's Birthplace, Balto
8. Full Name of Father, Richd Davis
9. Father's Occupation, Baker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return, A C Pole

Address, N.W. Cor Madison Ave & Bloom St

Remarks,

6 7 0 - 0 0 0 5 2 3

If any child now born in Baltimore City, or any child hereafter born in Baltimore City, or any parent, or parents of such child to be in default in giving the information required by this section, or any person required to report the birth to the Commissioner of Health, in the manner and within the time specified above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...g & Co., City Printers and Stationers.

RETURN OF A BIRTH A. 18809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 26 th 1870
4. Place of Birth, (Street and Number) No 1930 E Preston St
5. Full Name of Mother, Lillie Lemuth
6. Mother's Maiden Name, Evens
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Lemuth
9. Father's Occupation, Molder
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E Dorsey

Address, No 1927 W Lombard St

Remarks,

shall occur without the attendance of a physician or practitioner of midwifery, we should no other person hath attendance upon the mother, immediately thereafter. It shall become the duty of the person in charge of such case to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

690 - 000524

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 29 1870
4. Place of Birth, (Street and Number) No 526 Cider Alley
5. Full Name of Mother, Anna Herzog
6. Mother's Maiden Name, Heltz
7. Mother's Birthplace, Bala
8. Full Name of Father, George Herzog
9. Father's Occupation, Sexton
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumas

Address, No 1821 W Lombard St

Remarks,

1890 - 0 0 0 5 2 5

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, such person shall, within the period above recited, and after the birth of every such child, give information thereof, and of the particulars required to be registered, to the Commissioner of Health. In the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

8811

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
Sex, (state whether male or female)	Boy Child
Race or Color, (if not of the white race)	white
Date of Birth,	January - 29th
Place of Birth, (Street and Number)	# 621 Lombard St.
Full Name of Mother,	M. E. Annie Pfeiffer
Mother's Maiden Name,	M. E. annie Pfeiffer
Mother's Birthplace,	Baltimore
Full Name of Father,	Herman H. Pfeiffer
Father's Occupation,	Retail Dealer in Liquors
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Meyer
Address,	Locust Hall. Cor. Montgomery St.
Remarks,	

FEB 1 1890

1890 - 000526

CITY PRINTER AND STATIONER

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-18812

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan the 29
4. Place of Birth, (Street and Number) 1614. East Madison st
5. Full Name of Mother, Sadie E Clark
6. Mother's Maiden Name, Palmer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. Clark
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs M Allwell

Address, 912. Mc Donough st

Remarks,

890-000527

890-000527

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every person who shall have charge of any child, as parent, guardian, or otherwise, at the time of the birth thereof, in any of the cities or counties of this State, in case no physician or midwife shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall intentionally fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18813

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 of January 1890
4. Place of Birth, (Street and Number) 1402 Andre Street Locust Point
5. Full Name of Mother, May Magdelene Shubert
6. Mother's Maiden Name, May Magdelene Redeline
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Paul Shubert
9. Father's Occupation, Labarer
10. Father's Birthplace, Maisen Saxony Germany

Name of Medical Attendant, or other person who makes this Return. Lina Leney Midwife

Address, 14002 Andre Street Locust Point

Remarks,

1890 - 28528

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the mother, within the time above specified, to give notice of such birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. B. SKELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every midwife or other person who shall assist at the birth of any child in this city, and every owner or agent of any lying-in asylum, or other place where any birth shall occur without the attendance of a physician or midwife, and every physician or midwife who shall attend upon any birth, shall be deemed guilty of a misdemeanor, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BOARD OF HEALTH FEB 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 29th 1890
4. Place of Birth, (Street and Number) 1001 Fayette
5. Full Name of Mother, Rosa Dorne Fretion
6. Mother's Maiden Name, " " Dorne
7. Mother's Birthplace, City
8. Full Name of Father, Nobb Fretion
9. Father's Occupation, Cigar-Store
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs E Boty

Address, 1744 Bank st

Remarks,

1890-000529

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 813

JAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 29th 1890
4. Place of Birth, (Street and Number)	1342 N Bremont St
5. Full Name of Mother,	Maria Dicker
6. Mother's Maiden Name,	Ennis
7. Mother's Birthplace,	York Pa
8. Full Name of Father,	George Dicker
9. Father's Occupation,	Painter
10. Father's Birthplace,	York Pa
Name of Medical Attendant, or other person who makes this Return,	Chas E Sadtler MD
Address,	200 Linwood Ave
Remarks,	

Each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance who shall report the birth to the Commissioner of Health, it shall become the duty of the person or parents of such child to report the birth immediately. Every person who shall be required to report the birth of any child, and any such person or persons who shall fail to make such report in the manner and within the period above required, and in accordance with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

I 890 - 000570

RETURN OF A BIRTH

A 1816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 31 1890

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colrd
3. *Date of Birth,*	Jan 29/90
4. *Place of Birth, (Street and Number)*	6 Bruce St
5. *Full Name of Mother,*	Tillie Dilcen
6. *Mother's Maiden Name,*	Tillie Hall
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Ed Wilson
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	John Mollard
Address,	
Remarks,	

89 0 000531

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18817.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white race
3. Date of Birth, January the 29 1890
4. Place of Birth, (Street and Number) Baltimore Clement St 400
5. Full Name of Mother, Mary E rush
6. Mother's Maiden Name, Barnett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William T rush
9. Father's Occupation, laborer
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, 1514 Light St

Remarks,

1890-000532

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as herein required, shall be subject to the fine of ten (10) dollars for each such neglect or refusal, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 18818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 29/90
4. Place of Birth, (Street and Number) 409 W. Saratoga
5. Full Name of Mother, Fannie A. Davy
6. Mother's Maiden Name, Fannie A Cook
7. Mother's Birthplace, Cambridge, Md.
8. Full Name of Father, William E. Davy
9. Father's Occupation, Book-keeping
10. Father's Birthplace, Crisfield Md

Name of Medical Attendant, or other person who makes this Return, Mrs W. Mannel Midwife

Address, 918 Penna Ave.

Remarks, Stewarts Morgan Undertakers 218 Park Ave

1890 000533

any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH B. 1884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. D.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 29. th January.
4. Place of Birth, (Street and Number) 923. Bowen's Ln
5. Full Name of Mother, Mags. Moales.
6. Mother's Maiden Name, Mags. Martin.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, James Moales.
9. Father's Occupation, Potter
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Augustus Boisen.

Address, 3. Hanover Ma. St.

Remarks,

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the person in charge of the house where such birth shall occur, or the person who shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

529-000534

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female).*	Male
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	Jan 29th 1920.
4. *Place of Birth, (Street and Number)*	1711 North Gilmor St
5. *Full Name of Mother,*	Lucy Fisher
6. *Mother's Maiden Name,*	Lucy Brown
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Nicholas Fisher
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Eastern Shore Md.
Name of Medical Attendant, or other Person who makes this Return.	Linda Mayfield
Address,	1132 N Carey St
Remarks,	

B 90 - 000535

B 90 - 000535

Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should any such child be in attendance upon the mother, it shall be the duty of the person so employed, and any such person in attendance upon the mother, immediately to make the report required by this section, and shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 27 Jan 1899
4. Place of Birth, (Street and Number) Fairmount Ave 2033
5. Full Name of Mother, Lina Brannington
6. Mother's Maiden Name. Lina Jaull
7. Mother's Birthplace, Virginia
8. Full Name of Father, Charles Brannington
9. Father's Occupation, Truck Packer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Jas. Thos. Kruger

Address, 1321 E. Baltimore St

Remarks,

& 90 - 000536

...ATHERS & CO., CITY PRINTERS AND STATIONERS

...ntributions upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 1887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the Mother, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above named; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 26 of January 1890

4. Place of Birth, (Street and Number) No 1300 E. Chase St

5. Full Name of Mother, Agnes E. Houchins

6. Mother's Maiden Name, Agnes E. Somers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas J. Houchins

9. Father's Occupation, Fireman

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Kate Lauer

Address, No 1059 Hartford Ave

Remarks, Bal Md

890-0005 1890

WM. A. C. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 18875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female Co

2. Race or Color, (if not of the white race)

3. Date of Birth, January 24

4. Place of Birth, (Street and Number) N° 1616 Bethel Court

5. Full Name of Mother, Mary Miller

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Germany

8. Full Name of Father, Michael Miller

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N° 405 S. Washington St.

Remarks,

890-000538

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of a child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 18924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 29th 1890
4. *Place of Birth, (Street and Number)* 1509 Mulberry St
5. *Full Name of Mother,* Eliza Wells
6. *Mother's Maiden Name,* ——
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. Owens.
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Georgianna Webb

Address, 24 Dunn alley

Remarks,

L 40 - 0 0 0 5 3 9

certificate between the 3rd and 10th day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or person in charge of the premises or parents of such child, to be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, within ten days thereafter; and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH A. 18826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 30, 1890.
4. *Place of Birth, (Street and Number)*	924 Bond St.
5. *Full Name of Mother,*	C. Wise
6. *Mother's Maiden Name,*	C. Ehring
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	L. Wise
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	M. J. Britt.
Address,	1245 E. Monument St or Central Ave.
Remarks,	All Well Born the 30, January 1890 Died " 5 February 1890.

1890 - 000540

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every person who shall neglect or refuse to report to the Commissioner of Health, in the manner and within the period above required, the birth of any child, or who shall report any false information relative thereto, or who shall neglect or refuse to furnish a certificate of birth when required so to do, or who shall report or attempt to report the birth of any child which shall have occurred more than one year previous thereto, or who shall make, issue or sign any certificate of birth not in accordance with the facts relating to the birth of the child named therein, or any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 1887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 30 - 1890
4. Place of Birth, (Street and Number) 129 S. Central Ave.
5. Full Name of Mother, Minna Beigel
6. Mother's Maiden Name, Denne
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Paul Beigel
9. Father's Occupation, Cooper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 1427 E. Balt St.

Remarks,

1890 - 000541

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 3 1 08

3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 30 1870
4. *Place of Birth, (Street and Number)* No 509 Ellington Ave
5. *Full Name of Mother,* Barbara McDonough
6. *Mother's Maiden Name,* Melia
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick McDonough
9. *Father's Occupation,* Sea Captain
10. *Father's Birthplace,* Irland

Name of Medical Attendant, or other person who makes this Return, Mrs Louise Pratt

Address, No 405 S. Washington Ave

Remarks,

1870-000542

Penalty.—Any person required by the Ordinances of Baltimore City to report the birth of any child who shall neglect or refuse to report the same as required by said Ordinances, or who shall report a false statement of the same, or who shall refuse to give information or shall give false information concerning any birth to the Registrar of Vital Statistics, or his duly authorized agent, or who shall refuse to permit the Registrar of Vital Statistics, or his duly authorized agent, to examine the records of births in his possession, or who shall refuse to answer any question put to him by the Registrar of Vital Statistics, or his duly authorized agent, touching any birth, or who shall refuse to sign his name to any statement made by him touching any birth, when requested to do so by the Registrar of Vital Statistics, or his duly authorized agent, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB

shall occur without the attendance of a physician or practitioner of midwifery, or if such child be born alive and shall die without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided, and upon whose failure so to do, such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars or each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 30 40
4. Place of Birth, (Street and Number) No 2016 Bank St.
5. Full Name of Mother, Kate Rühl
6. Mother's Maiden Name, Darmstadter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Paul Rühl
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kueft

Address, No 405 S. Washington St

Remarks,

1890 - 000543

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

B. 1899.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. JAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 30 th 1899

4. Place of Birth, (Street and Number) 203 N. Conway

5. Full Name of Mother, Mary C. Amanda (Contact)

6. Mother's Maiden Name, (illegible) Goldsmith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry C. Rombach

9. Father's Occupation, Steam & Plumbing

10. Father's Birthplace, Maryland Germany

Name of Medical Attendant, or other person who makes this Return, Kate M. Curtis

Address, 1 South Eaden Ave

Remarks,

1890-000544

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the father, mother, or other person having charge of such child, immediately thereafter, to report the same to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 18630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, 30 Jan 1890
4. Place of Birth, (Street and Number) 1405 E Monument
5. Full Name of Mother, Mary Paul
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

+ 890 - 000545

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when the mother is not attended by a regular practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 m.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30 Feb January

4. Place of Birth, (Street and Number) 2111 Christian St

5. Full Name of Mother, Ester Schwartzmann

6. Mother's Maiden Name, Ester Schmadebergen

7. Mother's Birthplace, Pole

8. Full Name of Father, Albert Schwartzmann

9. Father's Occupation, Tailor

10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return. Friedericke Keuler Midwife

Address, 2116 West Pratt St

Remarks,

890 - 000546

All persons within the limits of Baltimore City, who shall hereafter give birth to a child, or in whose family or premises a child shall be born, or the undertaker or other person who shall bury the dead body of any child which shall be born dead, shall make a return thereof, in writing, to the office of the Commissioner of Health. In case the child was born dead, such return shall be made by the physician or practitioner of midwifery, if any, in attendance upon the mother, or by the person or parents of such child, if there was no such physician or practitioner in attendance; and in all other cases by the person in charge of the premises where the child was born. Every such return shall be made within the period above required, and shall contain the name, age, residence, color, and nativity of the parents, and the number of children born to the mother, immediately thereafter. It shall become and within the period above required, and shall report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 1897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 31 1900

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 30 1890
4. Place of Birth, (Street and Number) Cuba St 1443
5. Full Name of Mother, Sophie Lankau
6. Mother's Maiden Name, Adel der Heide
7. Mother's Birthplace, Vegesack Bremen
8. Full Name of Father, Julius Lankau
9. Father's Occupation, Hausdor
10. Father's Birthplace, Hannover Hannover

Name of Medical Attendant, or other person who makes this Return. Johanna Jonske

Address, Garrett St 1363 Locust Point

Remarks,

1890 000547

ODAK FILM SAFETY

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1853

FEB 1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of her child, it shall become the duty of the person or persons so in attendance to report its birth either immediately himself, herself or themselves, in the manner and within the time required above in relation to physicians and midwives, or cause the same to be reported by some other person or persons who shall comply with the provisions of this section and shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890-000548

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	30 of January
4. *Place of Birth, (Street and Number)*	2013 Christian St.
5. *Full Name of Mother,*	Bara Bauskie
6. *Mother's Maiden Name,*	Bara Ciplan
7. *Mother's Birthplace,*	Pola
8. *Full Name of Father,*	Albert Bauskie
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Pola
Name of Medical Attendant, or other person who makes this Return.	Friedericke Heuler Midwife
Address,	2116 West Pratt St.
Remarks,	

1890 - 000549

Note.—It is hereby made the duty of the parent of every child born in this City, and of every person present at the birth, to report the same to the Commissioner of Health. In case the birth of any child shall occur with the assistance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section will be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 18836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, June 30 1894
4. Place of Birth, (Street and Number) 137 East 24
5. Full Name of Mother, [illegible] Williams
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible] Wilkin
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Eduard Jaeger

Address, 117 Chestnut

Remarks, [illegible] as can be expected

1890 000550

and every month to the office of the Commissioner of Health. In case the birth of any child attendance of a physician or midwife, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in like manner and within the period above specified, and any person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) 2nd Child A 18136

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30 1890
4. Place of Birth, (Street and Number) 1129 Sharp St.
5. Full Name of Mother, Elizabeth Wolf
6. Mother's Maiden Name, M Fallon
7. Mother's Birthplace, Balto Co. Md
8. Full Name of Father, Frederick J Wolf
9. Father's Occupation, Glass Blower
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Thurlow Cook

Address, 914 N Chas

Remarks,

4900 00851

Every physician or midwife in attendance upon any birth shall, within ten days after such birth, report the same to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and every person who shall fail to comply with the provisions of this section shall be subjected to a fine of ten dollars for each offense, and any such person or persons who shall fail to comply with the provisions of this section shall forfeit and pay a sum not less than ten dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DELACY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Le

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 30 Jan January 1890
4. Place of Birth, (Street and Number) Bond St No 1826
5. Full Name of Mother, Sarah Elizabeth Knight
6. Mother's Maiden Name, Hayes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Henri Knight
9. Father's Occupation, Waiter Mason
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Carolina Away Fort St No 924

Remarks,

1890 000552

Within ten days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 30th 1890
4. Place of Birth, (Street and Number) 1731 E. Preston st
5. Full Name of Mother, Virginia Mann
6. Mother's Maiden Name, Brandau
7. Mother's Birthplace, Balto City
8. Full Name of Father, Henry Mann
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, [illegible] M.D.

Address, [illegible] Balto

Remarks,

890-000553

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the mother shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 18839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 30th 1890
4. *Place of Birth, (Street and Number)*	William st No 1216
5. *Full Name of Mother,*	Bessie Loretta Whittle
6. *Mother's Maiden Name,*	Bessie Loretta Horan
7. *Mother's Birthplace,*	new York city
8. *Full Name of Father,*	Louis Alphonsus Whittle
9. *Father's Occupation,*	Confectionary
10. *Father's Birthplaee,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. T Tully
Address,	no, 1828 Lieft st
Remarks,	doing well

Every day of each month every month to be observed to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Registrar of the district in which the parents reside within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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GEO. J. C. CULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 18870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the Sixth

1. Sex, (state whether male or female) 3 Boys 3 Girls

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 7th 1890

4. Place of Birth, (Street and Number) 331 South Parrish B. M. C.

5. Full Name of Mother, Isabella Dixon

6. Mother's Maiden Name, Isabell Palmer

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Samuel Franklin Dixon

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Washington Co Md

Name of Medical Attendant, or other person who makes this Return. Miss Mary Fanning

Address, 414 [redacted] South Strickers B. M. C.

Remarks, Mother and Child are doing well

E 9 0 - 0 0 5 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practical midwifery, or should no other person be required, and shall occur upon the mother, immediately after such birth, become the duty of the person or persons so required, and such person or persons shall forthwith report the birth of such child to the Commissioner of Health. In the manner and within the time prescribed. If this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 1804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if there be no other person required by this section to report the birth, it shall be the duty of the mother, immediately thereafter, to report the same to the Commissioner of Health, in the manner and within the period above required, and in default thereof, every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 30 1890
4. Place of Birth, (Street and Number) 502 Campbell Av
5. Full Name of Mother, Mary Somers
6. Mother's Maiden Name, " Dickens
7. Mother's Birthplace, Baltimore
8. Full Name of Father, W S Somers
9. Father's Occupation, Huckster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo R Latane MD

Address, 725 Columbia ave

Remarks,

1890 - 000556

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 13247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (State whether male or female)	male
2. Race or color, (if not of the white race)	white
3. Date of Birth,	jan 30 — 1870
4. Place of Birth, (Street and Number)	130 Port st
5. Full Name of Mother,	Georgiana Bransfield
6. Mother's Maiden Name,	Pritchard
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John A. Bransfield
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Sarah F Harrington
Address,	19 Bunker st
Remarks.	

890 000557

CITY STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 18873

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 31st Jan

4. Place of Birth, (Street and Number) 924 N. Bond st

5. Full Name of Mother, Mary Hesse

6. Mother's Maiden Name, Piercy

7. Mother's Birthplace, Balto

8. Full Name of Father, George Hesse

9. Father's Occupation, Tinner

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groome

Address, 940 N. Gay st

Remarks,

1890 00558

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Child's birth and every month to the office of the Commissioner of Health. In case the birth of any child third day of such month, the certificate of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required; and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Charlotte Hoffman A. 1891

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 31st - 1890
4. Place of Birth, (Street and Number) 1171 Dexter St
5. Full Name of Mother, Johana Hoffman
6. Mother's Maiden Name, Johana Ruddatt
7. Mother's Birthplace, Germany
8. Full Name of Father, Edward Hoffman
9. Father's Occupation, Locksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, GIVEN NAME ADDED 2-15-54 Alleyonda Alufi

Remarks, h.M.641 Ro Toca

1890 006559

GIVEN NAME ADDED 2-15-54

...third day of each and every month to the ... Commissioners of Health, a ... case the birth of any child ... without the attendance of a ... and no other person is ... attendance upon the mother. ... child to report its birth to the ... any such person who shall ... jected to the fine of ten (10) dollars for each ... 47 TIMOW. MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th B. 1890

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, January 31, 1890.

4. Place of Birth, (Street and Number) No. 804 N. Bond street

5. Full Name of Mother, Emma Bryan.

6. Mother's Maiden Name, Emma Klaus.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. E. Bryan

9. Father's Occupation, Burnisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas. A. Blandford, M.D.

Address, 1721 Harford Ave.

Remarks,

690 - 00560

Every male person who shall hereafter be present at the birth of any child shall cause the birth of such child to be registered, and if the father of such child shall be absent from the city or shall neglect or refuse to do so, then the duty shall devolve upon the mother, immediately after the birth, and in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the same penalty as the father of such child would be subject to, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 31 — 1890
4. Place of Birth, (Street and Number) 1012 E Granby St.
5. Full Name of Mother, Lena Engelheimer
6. Mother's Maiden Name, Cohen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jos E Engelheimer
9. Father's Occupation, Meter Repairer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Fath St.

Remarks,

1890-000561

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 6
4. Place of Birth, (Street and Number) N. 533 S. Chester St
5. Full Name of Mother, Gertrude Schnauffer
6. Mother's Maiden Name, Norwood
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Schnauffer
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Klaupt

Address, N. 706 S. Washington St.

Remarks,

690-000562

shall occur without the attendance of a physician or practitioner of midwifery, or shall die without any medical attendance, it shall be the duty of the coroner, undertaker, or other person to be in attendance upon the mother, immediately after the occurrence of such birth or death, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to report as herein required, or who shall in any way violate the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 31 st. 1899
4. Place of Birth, (Street and Number) 1332 N. McHenry st.
5. Full Name of Mother, Mary B. Sprigg
6. Mother's Maiden Name, Mary B. Everhart
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, G. F. Everhart.
9. Father's Occupation, Conductor on B. & O. R. R.
10. Father's Birthplace, Balto. city.

Name of Medical Attendant, or other person who makes this Return. Mrs. J. Lennard.

Address, 339 S. Broadway st.

Remarks, first child named George

C 98 - 00956 3

FEB

THE J. G. GULANY & CO., CITY PRINTERS AND STATIONERS

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person, as aforesaid, report the same within the time specified, it shall become the duty of the person above required, and attendance upon the mother, to report the same, with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 1844

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 3 1890
4. *Place of Birth, (Street and Number)*	270 Alice Anna St.
5. *Full Name of Mother,*	Katherine Hayes
6. *Mother's Maiden Name,*	Katherine Crawford
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Hayes
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Hayes
Address,	726 Fayerweather St.
Remarks,	

1890 020564

shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 85

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 5-14-32

Name: Sadie Reese Ruark

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 31st Jan 1890
4. Place of Birth, (Street and Number) 1208 Light St
5. Full Name of Mother, Agnes Ruark
6. Mother's Maiden Name, Young
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas J Ruark
9. Father's Occupation, Yard Master B & O R R
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yarnell

Address, 516 Fort Ave

Remarks,

C 78 - 0000565

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother shall become immediately thereafter, and within the period above required, and whether in attendance or not, is hereby required to comply with the provisions of this section, and in addition shall report the birth to the Commissioner of Health, and in default of her so doing she shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the same, the undersigned shall hereafter, if shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period hereinafter stated; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 1881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN

No. of Child of Mother, (state whether 1st, [redacted] &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, January 31 th 1890.
4. Place of Birth, (Street and Number) 121 E. West St
5. Full Name of Mother, Mary Thuman
6. Mother's Maiden Name, " Hanke
7. Mother's Birthplace, " Baltimore
8. Full Name of Father, Joseph Thuman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Wunsch

Address, 800 Eadenhall St.

Remarks,

670-000566

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (State whether male or female)*	Boy
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	30th of January 1890.
4. *Place of Birth, (Street and Number)*	2417 East Monument St
5. *Full Name of Mother.*	Maggie Hablein
6. *Mother's Maiden Name,*	Maggie Bayed.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Fredrick Bayed.
9. *Father's Occupation,*	Laborman
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Crescentia Kunkel
Address,	213 North Chapel St. for Justina Kunkel
Remarks,	Healthy.

1890 - 000567

Every person having the charge or management of any lying-in asylum or hospital, or midwifery, or should no other person be in attendance, then the person in charge of the premises where a birth occurs, shall cause to be registered the name, sex, color, date and place of birth of such child, the name, residence, occupation and birthplace of its parents, and such other facts as may be required, and shall report the same to the Commissioner of Health, in the manner and within the time above required, and shall cause a certificate of such registration to be given to the parents of such child; and every person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered in the same manner as other fines and forfeitures are recoverable.

A. CO., CITY AND STATE

RETURN OF A BIRTH

A.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 3d 1870
4. Place of Birth, (Street and Number)	706 Mind Hill Ave
5. Full Name of Mother,	Mary Maacks
6. Mother's Maiden Name,	" Debring
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Charles Maacks
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	A. Jenkins M.D
Address,	2029 N Paca St
Remarks.	

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

C 90 - 000568

RETURN OF A BIRTH A 18832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter, it shall become the duty of the person or other person be in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be, and are hereby declared to be guilty of a misdemeanor, and shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 17 '94
4. *Place of Birth, (Street and Number)*	758 N. Bond
5. *Full Name of Mother,*	Mary Burkman
6. *Mother's Maiden Name,*	" Bode
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	George L. Burkman
9. *Father's Occupation,*	Collar-maker
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	L. L. Goddenbaum
Address,	418 S. Paca st.
Remarks,	

1 6 9 4 6 0 0 5 4 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 18855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 7th

1. Sex, (*state whether male or female*) White
2. Race or Color, (*if not of the white race*) " Wife
3. Date of Birth, Jan. 11th
4. Place of Birth, (*Street and Number*) 802 Barnes St.
5. Full Name of Mother, Hollie Jones
6. Mother's Maiden Name, " Wife
7. Mother's Birthplace, Penn.
8. Full Name of Father, Chas. Jones
9. Father's Occupation, Comission Merchant
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. L. L. Boddentoh

Address, 418 S. Broadway

Remarks,

090-000570

Every case of birth occurring in every month to be reported to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the person or other person required to report the same, as aforesaid, shall neglect or refuse to report the same, the person or parents of such child, as the case may be, in whose family or house such child was born, and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. SELBY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 20th

4. Place of Birth, (Street and Number) 1805 S. Exeter st.

5. Full Name of Mother, Mary Smythe

6. Mother's Maiden Name, " Albrecht

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Smythe

9. Father's Occupation, Store-keeper

10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. L. L. Bondenthorn

Address, 718 S. Pacal st.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

D 90 - 00571

RETURN OF A BIRTH A. 1885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 9th 1890
4. *Place of Birth, (Street and Number)* Falls Road
5. *Full Name of Mother,* Sallie Parson
6. *Mother's Maiden Name.* " Wicks
7. *Mother's Birthplace,* Balto Co Maryland
8. *Full Name of Father,* Nathaniel Parson
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Hampden Md

Name of Medical Attendant, or other Person who makes this Return. Geo H Barnes

Address,

Remarks,

3rd - 000572

Certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the city, the duty of the person or parents of such child to be in attendance upon the mother shall devolve upon the person in charge of the house in which the birth occurs, and it shall be the duty of the Commissioner of Health, in the manner and within the period above prescribed, to require the return of such birth from such person, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 20th 1890
4. *Place of Birth, (Street and Number)* 5th avenue near Roland ave
5. *Full Name of Mother,* Nettie Filghman
6. *Mother's Maiden Name,* Nettie Filghman
7. *Mother's Birthplace,* Hampden Md
8. *Full Name of Father,* Joseph Filghman
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* York Penna

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Baines M.D

Address,

Remarks, They were Cousins

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parent, or parents of such child, to report such birth to the Commissioner of Health, in the manner and within the period above prescribed, and every person or person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

erphy & Co., City Printers and Stationers.

D 5 C 1 0 0 0 5 7 3

RETURN OF A BIRTH A. 1889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 20th 1890
4. Place of Birth, (Street and Number) 210 Carroll St
5. Full Name of Mother, Catharine A. Hunt McConnell
6. Mother's Maiden Name, "
7. Mother's Birthplace, Pa
8. Full Name of Father, Walter Hunt
9. Father's Occupation, Bread Maker
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Dr Smith

Address, 206 3rd ~~Ave~~ Ave Woodberry

Remarks,

890-000574

Any [illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in whose house or tenement such birth occurs, within the period above required, and shall to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons shall neglect or refuse to comply with the provisions of this section shall be sub-

1889. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 27/90
4. *Place of Birth, (Street and Number)*	Union avenue, near Falls Road
5. *Full Name of Mother,*	Martha Dell
6. *Mother's Maiden Name,*	" Irwin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Dell Jr
9. *Father's Occupation,*	Manufacturer
10. *Father's Birthplace,*	Woodbury
Name of Medical Attendant, or other Person who makes this Return.	Geo. Cairns M.D.
Address,	
Remarks,	

1860

6 9 6 - 8 0 5 7 5

...rphy & Co., City Printers and Stationers.

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. To cause the birth of any child shall be attended by a Physician or practitioner of midwifery, such midwife or other person in attendance upon the mother, immediately thereafter is also required to report the birth as herein required, and any such person who shall neglect to report its birth to the Commissioner of Health, as above required within the period, above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 3-28-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Edwin Cairnes Scanlin 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 28th. 1890
4. Place of Birth, (Street and Number) 10th Street (Remington)
5. Full Name of Mother, Minnie R ~~Scanlon~~ Scanlin
6. Mother's Maiden Name, " " Thomas
7. Mother's Birthplace, Balto Co. Md.
8. Full Name of Father, Eugene ~~Scanlon~~ Scanlin
9. Father's Occupation, Machinist
10. Father's Birthplace, Mt Vernon Balto City

Name of Medical Attendant, or other Person who makes this Return. Geo. N. Cairnes M.D.

Address,

Remarks,

EXU 000576

certificate to be sent the first and third day of each and every month to the Commissioner of Health. In case no birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like penalties for such offences to be recovered as other fines and forfeitures are recoverable.

rply & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,*
4. *Place of Birth (Street and Number),*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

E20-000577

...ttim...e Publishing Co., City Printers and Stationers.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. A.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Primipara
1. Sex (state whether Male or Female)	
2. Race or Color (~~if not of the~~ white race)	
3. Date of Birth	Jan 31st 1890
4. Place of Birth (Street and Number)	16 S. Arlington Ave
5. Full Name of Mother	Catharine B. Peterson
6. Mother's Maiden Name	" Shamburg
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Edgar M. Peterson
9. Father's Occupation	Paper Hanger
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	H. Benson M.D.
Address	1047 Hollins St
Remarks	

1890 000573

RETURN OF A BIRTH A 18862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	January 7th 1890.
4. *Place of Birth, (Street and Number)*	628 Mulberry.
5. *Full Name of Mother,*	Annie W Dean.
6. *Mother's Maiden Name,*	Annie W Kitzman.
7. *Mother's Birthplace,*	Port Deposit Md
8. *Full Name of Father,*	Asbury W Dean
9. *Father's Occupation,*	Dentist
10. *Father's Birthplace,*	Western Maryland
Name of Medical Attendant, or other person who makes this Return.	Dr Jno I Pennington M D.
Address,	804 N Carrollton Av
Remarks,	

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth shall become the duty of the person or parents of such child, to report the same to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

E 9 6 - 6 0 0 5 7 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th —
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 9 - 90.
4. *Place of Birth, (Street and Number)*	418 E. Eager St.
5. *Full Name of Mother,*	Annie Lamang Fenerty.
6. *Mother's Maiden Name,*	Annie Lamang.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Bernard Fenerty.
9. *Father's Occupation,*	Police Officer
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other person who makes this Return.	M B Perry MD
Address,	618 E. E Lane St
Remarks,	

+ 690 - 000580

Section 2 of the Code declares it to be the duty of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required by attendance upon the mother, immediately thereafter, file a certificate and within the period above required, and any such person neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 8866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	18 S. Pobbleton st.
4. *Place of Birth, (Street and Number)*	January 11th 1890.
5. *Full Name of Mother,*	Mary E. Bailey.
6. *Mother's Maiden Name,*	Mary E. Hickey.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	George Bailey
9. *Father's Occupation,*	Mechanic.
10. *Father's Birthplace,*	Alexandria Va.
Name of Medical Attendant, or other person who makes this Return.	J. Thos. D. Pennington M.D.
Address,	804 N. Hamilton Av.
Remarks,	

1890 - 000581

shall occur without the attendance of a physician or practitioner of midwifery, or should no one in attendance upon the mother give information and certify thereafter. It shall become the duty of the parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such parent or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th & 6th child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	The 14th February 1890.
4. Place of Birth, (Street and Number)	No 733 Ensor St
5. Full Name of Mother,	Ellen Fulcher
6. Mother's Maiden Name,	Ellen Horgan
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Michael Fulcher
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Ch. Lauer
Address,	No 1057 Hanover
Residence,	Bal Md
	3/20

1890 - 00 05 832

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother herself shall immediately thereafter report the same and the particulars of such birth to the Commissioner of Health. In the manner and within the time prescribed by this section shall be subject to a fine of ten dollars for each offense; and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense; or he covered as other fines and forfeitures are recoverable.

SEC. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 18868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Corinne Bell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 17th 1890
4. Place of Birth, (Street and Number) 1024 N. Tucker st.
5. Full Name of Mother, Grace M. Bell.
6. Mother's Maiden Name, Grace M Tuttle
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Howard R Bell.
9. Father's Occupation, Printer.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Asher Pennington M.D.

Address, 804 N. Carrollton Ave

Remarks,

E 78 - 108563

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the same, the mother of such child shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 1890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 20 1890
4. Place of Birth, (Street and Number) Washington
5. Full Name of Mother, Mary Thiele
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Mathilda Thiele
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kopp

Address, Washington 205

Remarks,

5904 00504

GEO. A. S. BELENY & CO., CITY PRINTERS AND STATIONERS

Every death or birth occurring in any family, or in any institution, or in the practice of any midwife, physician or other person, shall be reported within the time prescribed by law, to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the undertaker employed, or by the midwife, physician or person in charge of such institution, or by the person in whose practice the birth occurred, or by the nearest relative or friend present at the death or birth, or in attendance upon the mother, or by the householder of the house in which such death or birth occurred, or by the owner or agent of such house, or by the keeper of the almshouse, if the death or birth occurred therein. Any undertaker who shall fail to report a death, or to cause the birth of any child to be reported, within the time prescribed by law, and in the manner required by the Commissioner of Health, and any midwife, physician or other person who shall neglect or refuse to report any birth or death at which he was present or in attendance, or of which he had knowledge, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 1870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) Female

3. Date of Birth, Forrest St

4. Place of Birth, (Street and Number) 20 Jan 1890

5. Full Name of Mother, M. Gabriel

6. Mother's Maiden Name, M. Boil

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, J. Gabriel

9. Father's Occupation, Brass Molder

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs G Worden

Address, 936 Greenmount Av

Remarks,

1890 - 000585

shall neglect or omit any of the duties required of him by this section, or shall refuse to give any information in his power, or shall give false information, touching the birth of any child which he is required to report, or shall refuse or neglect to produce any book or paper relating to births in his possession, when required by the Commissioner of Health, shall be guilty of a misdemeanor, and on conviction thereof shall be punished by a fine not exceeding one hundred dollars for each offense.

Every physician or midwife in attendance upon the birth of any child shall deliver without fee to the parent or person having charge of such child a certificate containing the information required to be reported to the Commissioner of Health, and shall immediately thereafter report the same to the Commissioner of Health, with the name and residence of such parent or person, and the date of such birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 January 1890
4. Place of Birth, (Street and Number) N. Gilmore 117
5. Full Name of Mother, Anna Neumann
6. Mother's Maiden Name, Anna Christ
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Heinrich Neumann
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr Reinhard

Address, 720 N Howard Street

Remarks,

L 90 F 8 8 5 8 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...ge, &c., of the full name and residence of its parents, the date and exact place of birth; and the ...ch certificate shall be delivered, duly signed and attested, by the said physician or midwife, or failing ... said actor of each and every month a list of all births which become the duty of the person above required, and ... shall occur without the latter, immediately thereafter, to report to the Commissioner of Health, in the manner and with the particulars of this section shall be ... attendance upon, such birth to the Commissioner of Health, in the manner and with the particulars of this section shall be ... child is reported. Any physician or midwife who shall fail to comply with the provisions of this section shall be ... and any person or persons who shall fail to comply with any of the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable ...

RETURN OF A BIRTH A 1887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 22 1870
4. Place of Birth, (Street and Number) Madai alley 5 1/2
5. Full Name of Mother, Barbara Veminza
6. Mother's Maiden Name, Vojtek
7. Mother's Birthplace, Bohimen
8. Full Name of Father, John Vojtek
9. Father's Occupation, labor
10. Father's Birthplace, W Bakeimen

Name of Medical Attendant, or other person who makes this Return. Mary Kostka

Address, Washington 205

Remarks,

1870-022587

Shall refuse or neglect without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioners of Health in the manner and within the period above required, and after such notice upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioners of Health in the manner and within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. DOLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 22nd 1890.

4. Place of Birth, (Street and Number) 727 Mulberry St. W.

5. Full Name of Mother, Ellen P. Spangler

6. Mother's Maiden Name, " " Smith

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Charles C. Spangler

9. Father's Occupation, Clerk.

10. Father's Birthplace, Carroll County Md.

Name of Medical Attendant, or other Person who makes this Return. J. W. White M.D.

Address, 1039 N. Broadway.

Remarks, 890-000586

890-000588

Be it enacted, &c., That it shall be the duty of the parent or parents of each child to be born in Baltimore City, or in default of the parent or parents, of the person in charge of the house in which such child shall be born, within the period of ten days after the birth of such child, to report the birth to the Commissioner of Health, in the manner and with the particulars required by the provisions of this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH A 1887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, 22 [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

[illegible]

[illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons in charge of the house or tenement in which the birth occurs, within the period above required, and such person or persons shall hereby be required to report in like manner and with like penalty to the Commissioner of Health, comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CARTER-NAME ADDED 9-4-57

RETURN OF A BIRTH A 18875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Isabel Carter Todd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether mate or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 25th 1921
4. Place of Birth, (Street and Number) 2200 Maryland Ave
5. Full Name of Mother. Mrs Todd
6. Mother's Maiden Name, Mrs Bartlett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Todd
9. Father's Occupation, Clergyman
10. Father's Birthplace, Don't Know

Name of Medical Attendant, or other person who makes this Return. T. A. Ashby M.D

Address, 1125 Madison Ave

Remarks,

690 - 000598

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 1887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 25 1887
4. Place of Birth, (Street and Number) Port alley 626
5. Full Name of Mother, Wathilda Denicking
6. Mother's Maiden Name,
7. Mother's Birthplace, Germen
8. Full Name of Father, Joseph Denicking
9. Father's Occupation, cabinet maker
10. Father's Birthplace, Germen

Name of Medical Attendant, or other person who makes this Return. Henry Kuhn

Address, Washington 203

Remarks,

3906-00571

Every midwife, and every person other than a physician or practitioner of healing, or a nurse in a hospital, who shall cause the birth of any child to be registered, or who shall make return of the birth of any child, or who shall be in attendance upon the mother, immediately after the birth of such child, or who shall be in charge of the house or premises where such birth occurs, shall within the first ten days of each month, report to the office of the Commissioner of Health, in the manner and within the period above required, and in the form prescribed by the Commissioner of Health, the name of the person or parents of such child, where such person is known to such midwife, nurse or other person, and in default thereof shall be liable to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. SLOAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 25 1890
4. Place of Birth, (Street and Number) Bond St 532
5. Full Name of Mother, Sarah Linzey
6. Mother's Maiden Name,
7. Mother's Birthplace, Germen
8. Full Name of Father, Williams Linzey
9. Father's Occupation, Tailor
10. Father's Birthplace, Germen

Name of Medical Attendant, or other person who makes this Return. Mary Hospital

Address, Washington 205

Remarks,

5467 00592

...day of each month to the Office of the Commissioner of Health, or shall be in any other manner neglected or refused, or shall not be in attendance upon the mother, immediately after the birth, or other person be in shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such attendance upon the mother, immediately after the birth, or other person be in child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 26th 1890.
4. Place of Birth, (Street and Number) 1114 Saratoga St
5. Full Name of Mother, Sarah E Riston.
6. Mother's Maiden Name, Sarah E Coons
7. Mother's Birthplace, Baltimore Co Md.
8. Full Name of Father, William Riston
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. John A Pennington M.D.

Address, 508 N Eden St

Remarks,

1890 - 008593

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 1869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st January 1869
4. Place of Birth, (Street and Number) 521 S. Wall Street
5. Full Name of Mother, Mary Pushen
6. Mother's Maiden Name, Mary Pasenski
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Pushen
9. Father's Occupation, Pedlar
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Jno. G. Thurmer

Address, No. 103 Monroe Street

Remarks,

1890 - 000594

Any city or town and every month to the office of the Commissioner of Health. Physician, midwife or other person in attendance upon any case of birth shall occur without the attendance of a physician or practitioner of the city, of the person or parents of such child, within ten days after the occurrence of such birth, report in writing to the Commissioner of Health, in the manner and within the period above required, such birth, and the sex, color and parentage of such child, and the name, residence and occupation of the parents, and the place where such birth occurred; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race, or color, (if not of the white race) White
3. Date of Birth, Jan 26th 1890 9.15 A. M.
4. Place of Birth, (Street and Number) 1031 Lexington Street
5. Full Name of Mother, Honora Agnes Whalen
6. Mother's Maiden Name, H. A. Curry
7. Mother's Birthplace, England
8. Full Name of Father, James Whalen
9. Father's Occupation, Enptalement Horse
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return James E. Donnelly M.D

Address, 1701 E Baltimore Street

Remarks,

L 20 - 000575

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother; immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GUILANY & BRO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 1881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 26 the 1890
4. Place of Birth, (Street and Number) 501 Vicent Alley
5. Full Name of Mother, Lisyeth Husfeld
6. Mother's Maiden Name, L. Graw
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Husfeld
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs W Mannel Midwife

Address, 923 Fonna Ave

Remarks,

BYU-0005596

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother immediately thereafter, if such child shall become the duty within the period above required, and with such penalty, to certify to the birth of such child, as required by the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Sec. 4. Be it further enacted, That it shall be the duty of each and every month of the year, the Commissioner of Health, to make a return to the Register of Vital Statistics of the City of Baltimore, of all births which shall occur within the City of Baltimore, during the preceding month, which return shall be made in such manner and form as the Register of Vital Statistics shall direct, and shall contain such information as the Register of Vital Statistics shall require; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GUY J. D. KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 18871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 27th 1890
4. Place of Birth, (Street and Number) 2nd Ave Woodberry
5. Full Name of Mother, Johanna Taylor
6. Mother's Maiden Name, " Lovell
7. Mother's Birthplace, Maryland
8. Full Name of Father, Thomas Taylor
9. Father's Occupation, Merchant
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, D W Smith M.D.

Address, 206 3rd Ave Woodberry

Remarks,

1890-000597

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person give the information required by this section, then the midwife in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, each and every of them, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 1880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 21st January 1880
4. Place of Birth, (Street and Number) 129 Harrison St.
5. Full Name of Mother, Sarah Moore
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father, Henry Moore
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Wm. A. Fahrenwald

Address, No. 103 N. Pleasant St.

Remarks,

1880 - 005973

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons in such attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons in such case to report the birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 18804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 January 1870
4. Place of Birth, (Street and Number) 1131 N. Eutaw St.
5. Full Name of Mother, Sarah Cole
6. Mother's Maiden Name, Sarah Jane Hall
7. Mother's Birthplace, Virginia
8. Full Name of Father, Alex Cole
9. Father's Occupation, Painter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. C. Arthur M.D.

Address, 103 Mitchell St.

Remarks,

T E V 6 - 6 0 5 9 9

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other return of such birth be made as above required, it shall become the duty of the person in charge of the premises where such birth occurs, within the same period above required, and attendance upon the mother, to report the birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 28 1890
4. *Place of Birth, (Street and Number)* Canton ave 2001
5. *Full Name of Mother,* Jula Zajic
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohiomen
8. *Full Name of Father,* Franka Zajec
9. *Father's Occupation,* Tabr
10. *Father's Birthplace,* Bohiemen

Name of Medical Attendant, or other person who makes this Return. Mary Hospital

Address, Washington 205

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter, make the return of such birth, the mother herself, if able, shall within the period above required, and child to report its birth to the Commissioner of Health, and in case she shall hereafter fail to comply with the provisions of this section shall be subject to the same penalties as are provided in the case of other persons who violate the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1 C Y 0 Y 0 0 0 0 0 0

RETURN OF A BIRTH A. 1886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 28 86
4. Place of Birth, (Street and Number) 626 E. Baad St.
5. Full Name of Mother, Sophie Gendreski
6. Mother's Maiden Name, Kowalska
7. Mother's Birthplace, Poland
8. Full Name of Father, Ignate Gendreski
9. Father's Occupation, Labor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary E. Boyle

Address, 807 S. Wolfe St.

Remarks,

L V 8 X 0 0 0 6 6 8 1

third day of each and every month to a register of the Commissioner of Health. In case the birth of any child shall occur without the city, or a physician or practitioner of midwifery, or should no other person be in attendance, it shall become the duty of the father, mother or parent of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 29 1890
4. Place of Birth, (Street and Number) Washington 205
5. Full Name of Mother, Anna Fledesch
6. Mother's Maiden Name, Zebelensky
7. Mother's Birthplace, Bohemen
8. Full Name of Father, John zebelensky
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemen

Name of Medical Attendant, or other person who makes this Return. Mary Kopta

Address, Washington 205

Remarks,

1 6 7 8 - 0 0 0 0 0 2

child day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the nurse or other person who was required, and as soon as possible thereafter shall in writing report to the Commissioner of Health the particulars required by this section. Any person offending against the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 29th 1890
4. Place of Birth, (Street and Number) No 1314 Goldbrook St
5. Full Name of Mother, Minie Wooden
6. Mother's Maiden Name, Minnie Sauer
7. Mother's Birthplace, Hanover Germany
8. Full Name of Father, Wm H Wooden
9. Father's Occupation, Painter.
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return. Mrs Wooden
- Address, No 936 Freemont Ave
- Remarks,

L 6 9 0 F 0 0 3 6 0 3

In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person lie in attendance, the mother herself shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall report the name of such child, if it has been named, and all the particulars required of other persons. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. SALADY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 1889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 30 January 1889

4. Place of Birth, (Street and Number) 8 Mc Elderry Ave

5. Full Name of Mother, Ella Hales

6. Mother's Maiden Name, Holmes

7. Mother's Birthplace, Maryland

8. Full Name of Father, Thomas Hales

9. Father's Occupation, Laborer - a person employed

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. G. Schumann

Address, 103 Aliceanna St

Remarks, 1890-000604

The statute shall be observed. [illegible] of the Commissioner of Health, to [illegible] or should no other person [illegible] third day of each and every month [illegible] or practitioner of [illegible] the person or parents of such child shall occur without the aid of a physician or practitioner [illegible] the person or parents of such child shall occur immediately thereafter, it is the manner and within the period which shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 18891/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 31st 1889

4. Place of Birth, (Street and Number) 931 Linden ave

5. Full Name of Mother, Mrs Frank

6. Mother's Maiden Name, Mary McCarthy

7. Mother's Birthplace, Dont Know.

8. Full Name of Father, — Frank

9. Father's Occupation, Merchant

10. Father's Birthplace, Dont Know

Name of Medical Attendant, or other person who makes this Return. T. A. Ashby M.D

Address, 1123 Madison

Remarks, Forceps Delivery.

H 90 - 000605

... shall report its birth [illegible] ... any such person or persons so shall neglect or refuse ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

J. S. DELANY & CO., CITY PRINTERS AND STATIONERS

A 18892

RETURN OF A BIRT

To the Office of Registrar of Vital Statistics, Board of Health, Balti

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Girl
2. Race or color, (if not of the white race) Colrd.
3. Date of Birth, 1 January 1890
4. Place of Birth, (Street and Number) 858 Stockholm St
5. Full Name of Mother, Charlotty Curry
6. Mother's Maiden Name, Charlotty Johnson
7. Mother's Birthplace, Westmorland Co Va
8. Full Name of Father, Henry Curry
9. Father's Occupation, laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who made Return

Address,

C 90-000606

100604

...shall hereafter fail to comply with the provisions of this section shall be sub... ...nalties for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, January 5th 90.
4. Place of Birth, (Street and Number) 924 N. Dallas st.
5. Full Name of Mother, Mary E. Powell
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Richard Powell
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Emanuel A. Meyer M.D.

Address, 953 N. Gay st.

Remarks,

8 9 0 - 0 0 0 6 0 7

Health. The physician shall contain a list of the births which have occurred under his or her care during the month, and shall set forth in such list so far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color the full name and occupation of its Parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the Parent or nurse in attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health, and the Parent or nurse in attendance upon the mother, immediately thereafter it shall become the duty of the Parent or Parents, or other person having charge of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable by law.

JNO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. [illegible] keep a true and correct [illegible] This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 1890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan. 25th
4. *Place of Birth, (Street and Number)* 527 [illegible] St
5. *Full Name of Mother,* Clara Hill
6. *Mother's Maiden Name,* .... Jackson
7. *Mother's Birthplace,* St Mary County
8. *Full Name of Father,* Charles Hill
9. *Father's Occupation,* Janitor
10. *Father's Birthplace,* St Mary County

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 104 [illegible] St

Remarks,

890-000608

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 27th 1915
4. Place of Birth, (Street and Number) 911 Jason st
5. Full Name of Mother, Mary Hall
6. Mother's Maiden Name, Young
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Hall
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Dr. Admiral Peters

Address, 704 Fremont ave

Remarks,

890 000609

Health. This schedule shall contain a list of all births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been ascertained, the sex, color, the full name and occupation of its parents, the date and place of birth, and every fact required by the Commissioner of Health. The attending physician or midwife shall deliver to the parent or other person having charge of such child, or in whose house the birth occurs, a blank form of certificate, and the third day of each and every month thereafter the physician or midwife shall deliver to the Registrar of Vital Statistics, or to such person as he may designate, a return of all births attended by him or her during the preceding month. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, the duty of reporting such birth within the period above required shall devolve upon the mother, immediately thereafter. It shall become the duty of the parent or other person having charge of such child, or in whose house the birth occurs, to supply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan. 28
4. *Place of Birth, (Street and Number)*	911 Bolton st
5. *Full Name of Mother,*	Annie McFinn
6. *Mother's Maiden Name,*	" " Downs
7. *Mother's Birthplace,*	Howard county
8. *Full Name of Father,*	Samuel McFinn
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Howard county
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	704 Tyson St
Remarks,	

890-000610

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the name (if any), sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician or midwife present at the birth. In case the birth of any child shall occur without the presence of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. On the failure of any person required by this section to report any such birth, or to furnish the particulars required by the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 28/90
4. Place of Birth, (Street and Number) 242 Aisquith St.
5. Full Name of Mother, Julia F. Crnaiby
6. Mother's Maiden Name, " Hamilton
7. Mother's Birthplace, Balto.
8. Full Name of Father, John A. Crnaiby
9. Father's Occupation, Merchant.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Edward F. Willett

Address, 208 Aisquith St.

Remarks,

690-000611

Keith. This schedule shall contain a list of the births which have occurred under the ... or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of each child, if any, born at the said date, the sex, color, the day, month and year of its birth, the full name, age and place of birth of the first and last husband of the mother, the number of children born to such mother, and the number now living. Every such schedule shall be delivered monthly to the office of the Commissioner of Health, and shall be duly signed by the practitioner in attendance at the birth, or by the person or persons required by this section to report the same. The refusal or neglect of any such person to report the birth of any child of which he may have had the care, or the knowledge of which he may have had the means, within the period of ten days after the third day of each month thereafter, shall become and within the period aforesaid shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. And the attendance of a physician upon the mother, or the fact that a child was born dead, shall not relieve any such person of the duty to report its birth to the Commissioner of Health, or to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. GILANT & CO., CITY PRINTERS AND STATIONERS

[illegible] contain a list of the [illegible] which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 18898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1 Child

1. *Sex*, (*state whether male or female*) Knabe
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, Den 18 Feb. 1890
4. *Place of Birth*, (*Street and Number*) No. Durogh St
5. *Full Name of Mother*, Maria Huber
6. *Mother's Maiden Name*, " Stenger
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Ludwig Huber
9. *Father's Occupation*, Zigarmacher
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return. Maria Franz Geyer

Address, Biddle Str No 1933

Remarks,

890-000612

RETURN OF A BIRTH A. 18899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sec. ... schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 1 Child

1. *Sex,* (*state whether male or female*) Mädchen
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* Den 19 Feb. 1890
4. *Place of Birth,* (*Street and Number*) Biddle Str No 2022
5. *Full Name of Mother,* Susanna Brügmeier
6. *Mother's Maiden Name,* " Gem
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jakob Brügmeier
9. *Father's Occupation,* Laber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Maria Anna Mayer Biddle Str No 1933

Remarks,

890-000613

...of Registrar of Vital Statistics...

...of Mother, (state whether 1st, 2d, 3d, &c.) 5

...(state whether male or female) Male

2. ...or Color, (if not of the white race)

3. ...of Birth, March 1st, 190

4. Place of Birth, (Street and Number) 539 E Ann St.

5. Full N... Mother, Louisa Cassidy

6. Mother'... den Name, League

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Cassidy

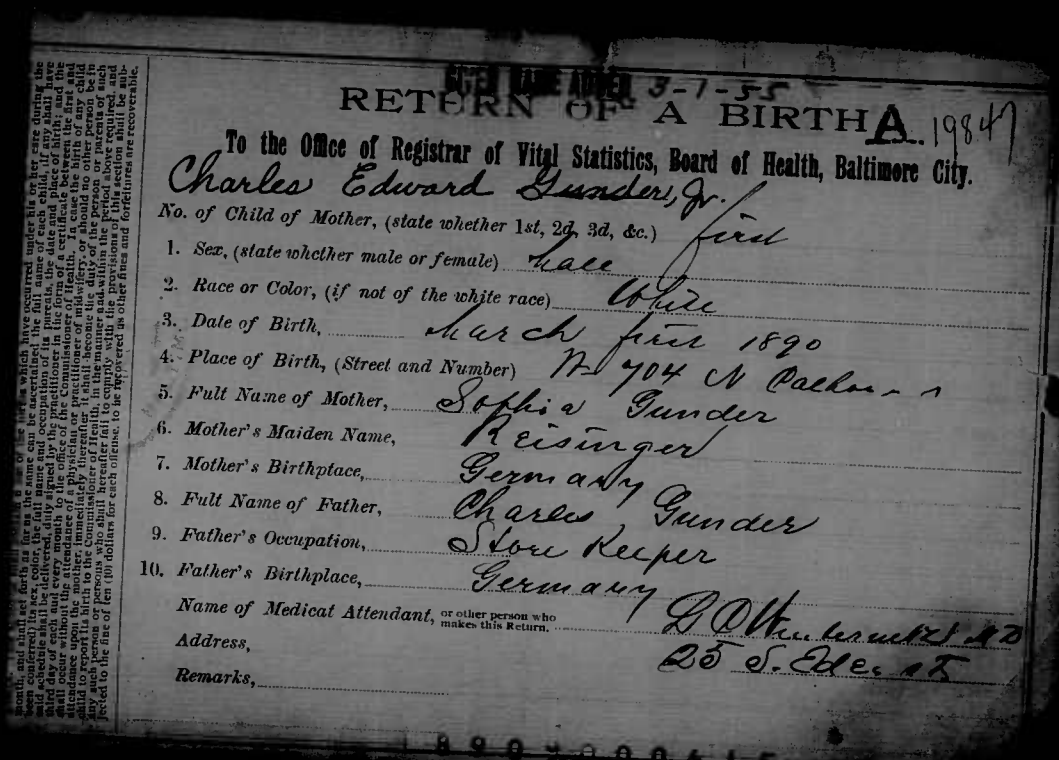
9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. [illegible]

Address, [illegible] East

Remarks,



3-1-55

RETURN OF A BIRTH A. 19847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Edward Gunder, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March first 1890
4. *Place of Birth, (Street and Number)* 704 N Paca
5. *Full Name of Mother,* Sophia Gunder
6. *Mother's Maiden Name,* Reisinger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Gunder
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* Germany

Name of Medicat Attendant, or other person who makes this Return. Dr. Otto Leuthold

Address, 25 S. Eden St

Remarks,

1890 - 000615

Month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name of each child born alive at one birth, the date and place of birth, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person in charge of the house where such birth occurs, or in which the mother resides, or of the mother herself, if able, to report the birth to the Commissioner of Health. In case any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

1984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 1. 1890.
4. *Place of Birth, (Street and Number)* 1409 W. Balto. St.
5. *Full Name of Mother,* Jessie A. Knebler.
6. *Mother's Maiden Name.* Harrison.
7. *Mother's Birthplace,* New York.
8. *Full Name of Father,* Alfred H. Knebler.
9. *Father's Occupation,* Wood Turner.
10. *Father's Birthplace,* Penna.

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith, M. D.

Address, Harlem av. & Calhoun st.

Remarks,

1890 - 000615

The child must be born alive and made as notable to be furnished by the Commissioner of Health. This schedule shall contain a correct statement of all the particulars required under its or her care, during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, born alive, and the name and surname of its parents, the time and place of birth, and such other information as may be required by the Commissioner of Health. Every medical attendant shall deliver, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no such person be in attendance upon the mother, then the nurse, midwife, or some other person present at the birth shall make the return required by this section in the manner and within the period herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 19829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 1 1890
4. Place of Birth, (Street and Number) 412 Orchard St.
5. Full Name of Mother, Mary Robins
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Samuel Jones Robinson
9. Father's Occupation, Salisbury Co
10. Father's Birthplace, Dorset

Name of Medical Attendant, or other person who makes this Return, Hester Eotanes

Address, 509 Preston St.

Remarks,

890 000617

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, or some person present at the third day of each and every month after the birth of any child, and in case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so in child to report its birth to the Commissioner of Health, in default of which the parents, each and any such person or persons shall forfeit and pay the sum of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White race
3. Date of Birth, March 1st 1890
4. Place of Birth, (Street and Number) No 2234 William ave
5. Full Name of Mother, Mrs Wenham
6. Mother's Maiden Name, Miss Gehrig
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr George Wenham
9. Father's Occupation, Plumber
10. Father's Birthplace, Hessen Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Hilts

Address, 127 West Fayette

Remarks,

690-000618

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex. (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	12th March
4. *Place of Birth, (Street and Number)*	621 Bradford Alley
5. *Full Name of Mother,*	Hale Sanders
6. *Mother's Maiden Name,*	Hale Sullens
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Christ Sanders
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Mrs Sarah Sullens
Address,	1029 Canby st
Remarks,	

890 000619

J. D. SULLANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if more than one have been born at the same birth, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the person in attendance upon the mother shall fail to certify to the same, it shall become the duty of the person or parent having any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 19857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Violetta Amalia Gail

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1 March
4. Place of Birth, (Street and Number) 873 St. Gay St
5. Full Name of Mother, Augusta Gail
6. Mother's Maiden Name, " (Geercken) Geercken
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George Gail
9. Father's Occupation, Baker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs L. Ellis

Address, 1302 Baltimore St

Remarks,

890-000620

...ance upon the mother, immediately thereafter of midwifery, or should no other person be in ...child to report its birth to the Commissioner of Health, in the manner and with the details ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be, and ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

890-000620

RETURN OF A BIRTH A 19853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto March 2, 1870.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2d.

1. *Sex.* (*State whether male or female*) Female.
2. *Race or color,* (*if not of the white race*) White.
3. *Date of Birth,* Balto March 1870.
4. *Place of Birth.* (*Street and Number*) 307 Register St.
5. *Full Name of Mother.* Annie Fuchs.
6. *Mother's Maiden Name.* Annie Sonderbeck.
7. *Mother's Birthplace,* America
8. *Full Name of Father.* George Fuchs.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Saunders.

Address, [illegible] Holf St.

Remarks,

1890-000621

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the facts required to be stated in relation to each birth, and the full name and residence of the practitioner in the form of a certificate between the first and last lines of each month to the office of the Commissioner of Health. In case the child is still born the fact shall be stated. Every physician or midwife who shall neglect to comply with the provisions of this section shall forfeit to the use of the city of Baltimore, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	March 1st 1890
4. *Place of Birth, (Street and Number)*	330 Monroe st
5. *Full Name of Mother,*	Mrs Carrie Danninger
6. *Mother's Maiden Name,*	Miss Carrie Ulrich
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Henry Danninger
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Kilton
Address,	2121 west Fayette
Remarks,	

1890 - 000622

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, or should the other person in said city who shall have attended upon the mother, or practitioner of midwifery, or should the other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail, neglect or refuse to perform the duties required, and prescribed by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 19855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1 March
4. Place of Birth, (Street and Number) 1920 S ann St
5. Full Name of Mother, Paulina Drager
6. Mother's Maiden Name, Paulina Olaska
7. Mother's Birthplace, Posen
8. Full Name of Father, Frank Drager
9. Father's Occupation, Workman
10. Father's Birthplace, Posen

Name of Medical Attendant, or other person who makes this Return, Anna Grewakowak

Address, 803 S Dallas St.

Remarks,

1890 000623

month, and shall set forth as far as the same can be ascertained the full name and residence of the parent or parents, the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child born of the mother, and if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child born of the mother. Every birth shall be registered within five days after the same shall occur, and it shall be the duty of the father of such child, or in case the father shall be dead, or absent from the city at the time of the birth, then the mother, and in case she shall be dead, or unable to report, then the physician, midwife, or other person in attendance upon the mother, or the householder of the district where the birth occurred, or the owner or agent of the premises where such birth occurred, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to make such report as is required by this section, shall be subject to the fine or fine and imprisonment for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 19661

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Three children.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	March 1st 1890
4. *Place of Birth, (Street and Number)*	2007 Etting Street,
5. *Full Name of Mother.*	Lucinda Collins,
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace.*	Baltimore County. Md.
8. *Full Name of Father.*	unknow
9. *Father's Occupation,*	" "
10. *Father's Birthplace.*	" "
Name of Medical Attendant, or other Person who makes this Return	Eliza Foster.
Address,	2007 Etting Street.
Remarks,	Good

6 7 8 - 0 0 0 6 2 4

PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th Child
1. *Sex, (State whether male or female)*	Girl
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	1st of March 1890
4. *Place of Birth, (Street and Number)*	402 North Wolfe St.
5. *Full Name of Mother,*	Martha Justen
6. *Mother's Maiden Name,*	Martha Praklus
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Richard Praklus
9. *Father's Occupation,*	Plaster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Crescentia Kunkel
Address,	213 North Chapel St. Sis Justina Kunkel
Remarks,	Healthy.

890-000625

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be returned to the office of the Registrar of Vital Statistics, Board of Health, on the first day of each month. It shall contain the full name of each child, if any shall have been christened, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third days of each and every month to the office of the Registrar of Vital Statistics, Board of Health, and also a like certificate in duplicate shall be delivered to the Collector of Military, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. [illegible] Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Color
3. Date of Birth,	March 1th 1890
4. Place of Birth, (Street and Number)	240 Hiff Street
5. Full Name of Mother,	Lenea Haris
6. Mother's Maiden Name,	Lenea Wells
7. Mother's Birthplace,	Virgina, coty
8. Full Name of Father,	Leven Haris
9. Father's Occupation,	Lavor
10. Father's Birthplace,	Cam bridge,
Name of Medical Attendant, or other person who makes this Return,	Scharlottie Williams
Address,	940 Leaden Hall St
Remarks,	five dollars

890-000626

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every child born alive in the City of Baltimore shall be registered under his or her surname during the first month, and shall get birth or as the same can be ascertained the full name of each child, if any shall have been given, the sex, the color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or, should no other person be in attendance at the birth, the mother immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 19859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 March 2nd 1890
4. Place of Birth, (Street and Number) 214 Parkin st
5. Full Name of Mother, Mary Yerra
6. Mother's Maiden Name, Mary Ferris
7. Mother's Birthplace, Bomish Grey
8. Full Name of Father, Charles Yerra
9. Father's Occupation, Jailer
10. Father's Birthplace, Bomish Grey

Name of Medical Attendant, or other person who makes this Return. Mrs C Seebach

Address, 735 W Pratt St

Remarks,

890-000627

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

Note.—It shall be the duty of every person in charge of any institution, or of the father, mother, or other relative of any child born therein, or in case there be no such person, then of the person in charge of any lying-in asylum, or any midwife, physician, or other person in attendance upon the mother at the birth of any child, to report to the Commissioner of Health, in the manner and within the period above specified, the particulars required to be reported by the parents of such child; and in case there be no such person in charge of any institution, or relative of the child, or midwife, physician, or other person in attendance upon the mother at the birth of any child, then it shall be the duty of the owner, lessee, or agent of the house in which such birth occurs, or of the person in charge thereof, to report to the Commissioner of Health, in the manner and within the period above specified, the particulars required to be reported by the parents of such child. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 19860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race)
4. Date of Birth, March 2 4th 1890
5. Place of Birth, (Street and Number) Baltimore City 1405 Washington Ave
6. Full Name of Mother, Louis Mary Hesser
7. Mother's Maiden Name, Louis Mary Faulkner
8. Mother's Birthplace, Baltimore City
9. Full Name of Father, John Driver Hesser
10. Father's Occupation, Cart Driver
11. Father's Birthplace, Frederick City Md.
12. Name of Medical Attendant, or other person who makes this Return. Jno T. McShaffer M.D.
13. Address, 116 West 5th St.
14. Remarks,

890-000628

Health officer shall refer to Coroner cases of death coming under his observation in which he deems it necessary to hold an inquest, and shall in the case of deaths reported to him by undertakers, midwives or others, require the certificate of a physician, as provided by law, before issuing a permit for burial. Any person who shall refuse to answer any question put to him by the Health Officer, or who shall refuse to sign his name to any statement made by him, when required by the Health Officer, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than one hundred dollars, or imprisoned not more than thirty days, or both, in the discretion of the Court. Any person who shall refuse to answer any question put to him by the Coroner, or who shall refuse to sign his name to any statement made by him, when required by the Coroner, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than one hundred dollars, or imprisoned not more than thirty days, or both, in the discretion of the Court. Any person who shall refuse to answer any question put to him by the Health Officer, or who shall refuse to sign his name to any statement made by him, when required by the Health Officer, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than one hundred dollars, or imprisoned not more than thirty days, or both, in the discretion of the Court. Any person who shall refuse to answer any question put to him by the Coroner, or who shall refuse to sign his name to any statement made by him, when required by the Coroner, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than one hundred dollars, or imprisoned not more than thirty days, or both, in the discretion of the Court.

GEO. J. GELARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 14861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 2nd of March 1890
4. Place of Birth, (Street and Number) 1167 E Lombard st Balt city
5. Full Name of Mother, Sarah Hahn
6. Mother's Maiden Name, Null
7. Mother's Birthplace, Baltimore city Md
8. Full Name of Father, George William Hahn
9. Father's Occupation, Longshoreman
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. M A Davenport

Address, 225 S Ann St Balt city

Remarks, Mother and Baby doing Well

1890 000629

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth the name and residence of each parent, the full name of each child, if any shall have been born, the number and occupation of its parents, the date and place of birth; and the said return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or to such other person as shall occur without the attendance of a physician or midwife, the person or parents of such child shall report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* March 3 th 1890
4. *Place of Birth, (Street and Number)* 1027 Duncan alley
5. *Full Name of Mother.* Mary Harris
6. *Mother's Maiden Name.* Brown
7. *Mother's Birthplace.* Eastern Shore
8. *Full Name of Father.* Stephen Harris
9. *Father's Occupation.* Oyster Shucker
10. *Father's Birthplace.* Va

Name of Medical Attendant, or other Person who makes this Return Francis Anderson

Address. 1028 Duncan alley

Remarks.

5 - 0 - 000630

...& BRO., CITY PRINTERS AND STATIONERS.

any name shall have been conferred, the name shall be registered. The full name of each child of which a birth is required to be returned shall be given, and in case the parents shall not have determined upon a name at the time the certificate of birth and the said schedule shall be delivered, there shall be returned in lieu of the name of such child the word "unnamed," and the name subsequently conferred shall be returned to the office of the Registrar of Vital Statistics, as soon as the same shall be determined upon. In case the child shall die without having been named, the attendant at the birth, or the practitioner of midwifery, or other person making the return, shall write the word "unnamed" before the name of the parent or parents in such child's return of birth to the Board of Health. In case the child shall be a twin or triplet, or one of a greater number at a birth, the fact shall be stated in the certificate, and the order of birth of each child, as first, second, third, &c., shall be stated in the certificate of birth of each child, and the person who shall wilfully fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

GIVEN NAME ADDED 8-25-52

RETURN OF A BIRTH A. 19863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Edna Mae Easter 3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	march 2nd 1890
4. *Place of Birth, (Street and Number)*	No 3 Randall St
5. *Full Name of Mother,*	Alvearda Easter
6. *Mother's Maiden Name,*	Alvearda Collins
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Easter
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Horning
Address,	No 1517 Byrd St
Remarks,	

890 000631

month, and shall set forth as far as the same can be ascertained the full name of such child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the full name and residence of the person who shall have been in attendance at the birth. Such certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of the month next succeeding the date of birth. Such certificate shall be delivered, duly signed by the person who shall have been in attendance at the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person who was in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child, and each of them, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 2 March

4. Place of Birth, (Street and Number) 906 Warren St

5. Full Name of Mother, Mary Schoolden

6. Mother's Maiden Name, Mary Wahrla

7. Mother's Birthplace, germany

8. Full Name of Father, Benjamin Franklin Schoolden

9. Father's Occupation, Boiler maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Katherine Minif

Address, Instal Gall Bank 800 an Piranff

Remarks,

890 - 000632

month, and shall set forth as far as the same can be ascertained the full name of each child born alive during the month, and all the particulars required by the preceding section to be recorded in relation to each child; and every such return shall state whether any child has been registered in such city during the month, and if any, how many; and the full name of each such child. Every such return shall be signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall become the duty of the person or parents of such child, within ten days after the birth, to report the particulars required by this section to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 th of March 1890
4. Place of Birth, (Street and Number) 904 Washington Street
5. Full Name of Mother, Barbara Stahl
6. Mother's Maiden Name, Summer
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Stahl
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm L Schuth

Address, 528 North Washington

Remarks,

1890 - 000633

shall, one month after birth as far as the same can be ascertained the full name of each child, if it have been named, the sex, color, date and place of birth, the name, residence and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or shall be in any other way delayed, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth. March 2d 1870

4. Place of Birth, (Street and Number) No 611 Spring Garden Alley

5. Full Name of Mother. Fayrella Singleton

6. Mother's Maiden Name, Fayrella Middleton

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, James T Singleton

9. Father's Occupation, Caterer

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. A Melby Jones

Address, No 927 York St.

Remarks,

890 - 000634

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

BALTIMORE CITY HEALTH DEPARTMENT

month, and shall set forth as far as the same can be ascertained the full name of each child born alive at one birth, the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered with the affidavit of the physician or midwife in charge, certifying to the correctness of the same, to the Commissioner of Health, on or before the third day of each and every month thereafter. Any physician or midwife in charge of any child born alive without the attendance of a physician or midwife, or should no other person report the birth of such child to the Commissioner of Health, in the manner and within the time above required, the mother, immediately thereafter, shall be required to comply with the provisions of this section. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 1987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child.

1. *Sex, (state whether male or female)* Male. first

2. *Race or Color, (if not of the white race)* Mulatto Race

3. *Date of Birth,* 2 day in March

4. *Place of Birth, (Street and Number)* 1427 Fairmount Ave

5. *Full Name of Mother,* Clara E Turner

6. *Mother's Maiden Name,* Clara Smith

7. *Mother's Birthplace,* in Baltimore

8. *Full Name of Father,* Howard Smith

9. *Father's Occupation,* is driving

10. *Father's Birthplace,* in Baltimore

Name of Medical Attendant, or other Person who makes this Return, Hester Parsons

Address, 422 Caroline st

Remarks,

1907 00635

...ertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case no birth of any child shall occur within the period above required, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A. 1988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 2. 1890
4. Place of Birth, (Street and Number) 1131 Hull St.
5. Full Name of Mother, Rosa Schmidt
6. Mother's Maiden Name, Maurer
7. Mother's Birthplace, Germany
8. Full Name of Father, August Schmidt
9. Father's Occupation, Engineer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Magarett Ertel

Address, No 1619 Cuba St

Remarks,

been conferred) the name as far as the name can be ascertained the full name of each child, if any shall have said schedule shall be sufficient. The full name and residence of the parents, the date and place of the marriage, the third day of each and every month duly attest by the practitioner in charge of the case, or the midwife present at the birth, or the undertaker who shall have charge of the burial of any child for which no attendance was rendered, a certificate of the cause of death, which certificate shall state the time of attendance, and the best information obtainable as to the cause of death. And it shall be the duty of the person in charge of any house in which a birth occurs, or in which a child shall die without the attendance of a physician, or of the parents, if they reside in the house, or of the nearest relative present at the birth or death, or in attendance upon the mother, or the undertaker who shall have charge of the burial of any child for which no attendance was rendered, a certificate of the cause of death, which certificate shall state the time of attendance, and the best information obtainable as to the cause of death. And it shall be the duty of the person in charge of any house in which a birth occurs, or in which a child shall die without the attendance of a physician, or of the parents, if they reside in the house, or of the nearest relative present at the birth or death, or in attendance upon the mother, or the undertaker who shall have charge of the burial of any child to report its birth or death, immediately thereafter to the Commissioner of Health, in the manner and with the particulars required by this section; and every such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890 - 090636

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1st

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), Colored

3. Date of Birth, March 3rd 1899 Friday

4. Place of Birth (Street and Number), ~~Lizzie A Thomas~~ 1431

5. Full Name of Mother, Lizzie A Thomas

6. Mother's Maiden Name, Baltimore City

7. Mother's Birthplace, David Warren

8. Full Name of Father, Soldier

9. Father's Occupation, Baltimore County

10. Father's Birthplace, Jane Warren

Name of Medical Attendant, or other person who makes this Return. No 1219 Monroe St

Address,

Remarks,

0 2 0 - 0 0 0 6 3 7

...re Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A. 19870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3 March
4. Place of Birth, (Street and Number) 713 S Bond st
5. Full Name of Mother, Mary A Gruntkoske
6. Mother's Maiden Name, Mary Stemskoska
7. Mother's Birthplace, Posen
8. Full Name of Father, John Gruntkoski
9. Father's Occupation, Workman
10. Father's Birthplace, Posen

Name of Medical Attendant, or other person who makes this Return. Ann Grundawah

Address, 803 Dallas st

Remarks,

890 000639

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the physician or midwife, to the Commissioner of Health. In case the birth of any child third day of such birth, and also in case the birth of any child is not attended by a physician or midwife, it shall be the duty of the father, mother, or householder, within five days after the birth of such child, to report the birth to the Commissioner of Health, in the form and manner required by him, and to furnish the information required by this section, to the best of his knowledge and belief. Any person who shall wilfully refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 19871

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3rd. 190.
4. Place of Birth (Street and Number)	250 S. Bond St.
5. Full Name of Mother	Mary Furman.
6. Mother's Maiden Name	Mary Buckler.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Francis Furman.
9. Father's Occupation	Cap manufacturer.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	J. J. Sullivan, M. D.
Address	111 Spring Road
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

590-000639

RETURN OF A BIRTH

A 19877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3rd 1890
4. Place of Birth, (Street and Number) No 1642 Light St
5. Full Name of Mother, Elmer Brooks
6. Mother's Maiden Name, Elmer Ellsbary
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Brooks
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Hennig

Address, No 15-17 Byrd St

Remarks,

1890 - 000640

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been enforced its requirements, the full name, color, sex and occupation of the parents, the date and place of birth of each child, if any, shall have been ascertained, duly signed and sworn to before the Commissioner of Health, or his deputy, or the person or other person by law required to report its birth, and the same recorded in the office of the Commissioner of Health. If the date between the first and third schedule shall be delivered, duly signed and sworn to before the Commissioner of Health, or his deputy, or the person or other person by law required to report its birth, and the same recorded in the office of the Commissioner of Health. If the date between the first and third shall occur within the period above mentioned, the certificate of such birth shall be delivered, duly signed and sworn to before the Commissioner of Health, or his deputy, or the person or other person by law required to report its birth, and the same recorded in the office of the Commissioner of Health, within the time and within the limits above mentioned. Any attendance upon the attendant to the office of the Commissioner of Health, in the form of a certificate of birth, or should the birth of any child occur within the limits of the city of Baltimore, and the provisions of this section shall not be complied with by the person or other person by law required to report its birth, and the same recorded in the office of the Commissioner of Health, within the time and within the limits above mentioned. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 19873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born March 3rd 1879
4. *Place of Birth, (Street and Number)*	No 2106 Vine Str
5. *Full Name of Mother,*	Mrs Lillian Jeffery
6. *Mother's Maiden Name,*	Miss " " Warfield
7. *Mother's Birthplace,*	Carroll Co. Md.
8. *Full Name of Father,*	Mr Calvin Jeffery
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Howard Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Miller
Address,	2127 West Pratt Str
Remarks,	

1890 - 000641

RECEIVED MAR 8 1880 REGISTRATION DEPARTMENT

Within 5 days after the birth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth. The name of said child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the parent or person in charge of the child shall report its birth to the Commissioner of Health. If there be no other person in attendance upon the mother immediately thereafter it shall become the duty of the nurse or person so attending to report the birth as aforesaid. Any practitioner or person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White. Grace E. Bennett 2/25/20 A.D.T.
3. *Date of Birth,*	March 3d 1890.
4. *Place of Birth, (Street and Number)*	2112 N. Charles St.
5. *Full Name of Mother,*	Kate Bennett.
6. *Mother's Maiden Name,*	Kate Hinds.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	S. Frank Bennett.
9. *Father's Occupation,*	Brickmaker.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	J. G. Powell M.D.
Address,	2124 St. Paul St.
Remarks,	Child - Healthy.

1890 - 000642

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, born alive since the preceding report, its sex, color, the full name and occupation of its parents, the certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month a physician or practitioner of midwifery, or should no other person, such shall become within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GILDAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Seventh

1. Sex (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth March 3rd 1890
4. Place of Birth, (Street and Number) 2031 E. Baltimore St
5. Full Name of Mother Margaret Mc Donough
6. Mother's Maiden Name Margaret Clarke
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father James Mc Donough
9. Father's Occupation Clerk
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dushell,

Address 700 S. Broadway

Remarks

1 6 2 8 - 6 3 0 6 4 3

The Sheriffs and Coroners of the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30 1890
4. Place of Birth, (Street and Number) 6 N. Fulton Ave
5. Full Name of Mother. Stella May Bull
6. Mother's Maiden Name, " Hood
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Irving Bull
9. Father's Occupation, Shoe finding and leather merchant
10. Father's Birthplace, Hartford Co and

Name of Medical Attendant, or other Person who makes this Return — W. W. Wright M.D.

Address, 220 N. Gilmor St

Remarks.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

1890 - 000544

... correct ... its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 19897.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) The 4 Child

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* The 3 of March 1890.
4. *Place of Birth,* (*Street and Number*) No 1118 Emor St.
5. *Full Name of Mother,* Kate Rosenstiel
6. *Mother's Maiden Name,* Kate Murphy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Rosenstiel
9. *Father's Occupation,* Gilter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ch. Lane

Address, No 1059 Harford Ave

Remarks, Bal Md.

890-0006450

GIVEN NAME ADDED - 5/1/70

RETURN OF A BIRTH

A. 19378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ELROY McNULTY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 3rd 1890 1890

4. Place of Birth, (Street and Number) 715 Eager St

5. Full Name of Mother, Kate McNulty

6. Mother's Maiden Name, Kate Devitt

7. Mother's Birthplace, America

8. Full Name of Father, Daniel McNulty.

9. Father's Occupation, Can maker

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. J. B. Saunders M.D. Dr E. Chase Sr

Address,

Remarks,

8 9 0 - 0 0 0 6 4 6

Murphy & Co., City Printers and Stationers.

(if any shall have conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 19879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* whit
3. *Date of Birth,* 4 March
4. *Place of Birth, (Street and Number)* 713 East Prattstreet Baltimore md
5. *Full Name of Mother,* Mary Wuerthner
6. *Mother's Maiden Name,* Mary Kuhlmann
7. *Mother's Birthplace,* Wuelfinger Schweiz
8. *Full Name of Father,* Henry Wuelfinger Wuerthner
9. *Father's Occupation,* Salonkeper
10. *Father's Birthplace,* Schweiz

Name of Medical Attendant, or other person who makes this Return. Johanna Schumann

Address, 327 S. Bondstreet Baltimore

Remarks,

890-000647

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (State whether male or female) Boy.
2. Race or color, (if not of the white race) White.
3. Date of Birth, 4th of March 1910.
4. Place of Birth, (Street and Number) 105 North Castel St.
5. Full Name of Mother, Regina Kunkler
6. Mother's Maiden Name, Regina Amarcine
7. Mother's Birthplace, Germany.
8. Full Name of Father, Joseph Amarcine
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St. per Justina Kunkel

Remarks, Healthy.

890 - 000648

been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 19881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born March 4 th 1870
4. Place of Birth, (Street and Number)	# 1827 W. Baltimore Str
5. Full Name of Mother,	Mrs Mary Voelker
6. Mother's Maiden Name,	Meiss " Schiller
7. Mother's Birthplace,	Bayern Germany
8. Full Name of Father,	Mr Adam Voelker
9. Father's Occupation,	Baker
10. Father's Birthplace,	Bayern Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hahler
Address,	2127 West Balt St.
Remarks,	

BALTIMORE MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

H90 - 000649

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 19887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 4 th 1890
4. *Place of Birth, (Street and Number)* Hull St 1411
5. *Full Name of Mother,* Ella Pringer
6. *Mother's Maiden Name,* Ella Brauen
7. *Mother's Birthplace,* Island
8. *Full Name of Father,* John Prenger
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Baltimore M.D

Name of Medical Attendant, or other person who makes this Return, Mrs Ettel

Address, No 1619 Cuba St.

Remarks,

890-000650

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 19883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth March 5th

4. Place of Birth, (Street and Number) 612 Cumberland St.

5. Full Name of Mother, Mary E. Miller

6. Mother's Maiden Name, Weaver

7. Mother's Birthplace, Md.

8. Full Name of Father, Jos. F. A. Miller

9. Father's Occupation, Clerk.

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Dr. W. P. Newman

Address, 315 W. Monument St

Remarks,

Murphy & Co., City Printers and Stationers.

890 00065 1

...ing the date and place of birth, and the full name, sex, color, the full name and occupation of its parents, the number of the child of the mother, and the date of the marriage of the parents, and the certificate between the first and third day of each month in the Office of the Registrar of Vital Statistics. In case of the birth of any child there shall be delivered, duly signed by the practitioner or midwife in charge of the case, or by the father or mother, or in the absence of the father and mother, by the householder or other person or persons who shall have been present at the birth, a certificate containing the information required above to be reported, and in such manner as may be prescribed by the Commissioner of Health. It shall be the duty of the person in charge of the case to report the birth as above required, and within the time above specified, and in such manner as may be prescribed by the Commissioner of Health. Thereafter it shall be the duty of the person in charge of the case to report the birth as above required, and within the time above specified, and in such manner as may be prescribed by the Commissioner of Health. Any person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 2th 1890
4. Place of Birth, (Street and Number) 1604 Patterson Ave.
5. Full Name of Mother, Sallie Franklin
6. Mother's Maiden Name, Shaw
7. Mother's Birthplace, Balto
8. Full Name of Father, Spencer Franklin
9. Father's Occupation, ~~Stockman~~ Truckman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Truman T. Hillis

Address, 1401 W. Fayette-st

Remarks.

890-000652

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 1886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 6 1890

4. Place of Birth, (Street and Number) 1513 Charles

5. Full Name of Mother, Phebe Clark

6. Mother's Maiden Name, Phebe Parks

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel W Clark

9. Father's Occupation, Glass Cutter

10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, Fredy Cooke

Address, 914 N Charles St.

Remarks,

1890 00653

Every birth shall be registered as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form in this Act prescribed, to the said Registrar within ten days after the birth of any child; and the third day of each and every month thereafter the Commissioner of Health shall cause the birth of any child to be registered which may have occurred within the city and not reported as herein required. Every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner prescribed in this section, which report shall be made in writing and signed by the person making the same; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 1 first 1890

4. Place of Birth, (Street and Number) 2042 Hollins st

5. Full Name of Mother, Anna. Cecila. Walker

6. Mother's Maiden Name, Anna Cecila Kuntz

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Edwin. H. Walker

9. Father's Occupation, Tin and sheet iron worker

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Anson Hunter

Address, 23 N Broadway

Remarks,

890 - 00654

BALTIMORE CITY

...and every month to the undersigned Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate between the 1st and the 10th days of the month following the birth of any child attended upon the mother, since of a physician or practitioner of medicine, in case the birth of any child shall occur without the attendance of such physician or practitioner, the parent or parents of such child is to report its birth to the Commissioner of Health, and with all the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as aforesaid. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as aforesaid. Fines and forfeitures are recoverable.

...Sex, Color, the full name and occupation of the parents, the date and place of birth, and the ...shall be delivered, duly signed by the attendant, within ten days after the birth, and the ...occur within the city limits, a certificate between the 1st and the 10th ...

SUN. J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 19888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 1 1890.
4. Place of Birth, (Street and Number)	1117 Elisabeth Lane.
5. Full Name of Mother,	Katie Imhof.
6. Mother's Maiden Name,	Koehler.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Andrew Imhof.
9. Father's Occupation,	Butcher.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Schwassel Midwife.
Address,	1032 Hanover st.
Remarks,	

been conferred by sex, color, the full name and occupation of its parents, the date and place of birth, and the said address of each child born alive within the limits of the city of Baltimore, which shall be delivered to the office of the Registrar of Vital Statistics, at the Health Department, within ten days after the birth of each child, and the Registrar shall thereupon issue a certificate of such delivery or record, and shall not demand any other or further fee for such certificate or record. In case the birth of any child shall occur without the knowledge of the physician, midwife or nurse in attendance, it shall be the duty of the person in charge of the premises where such birth occurs, to report such birth to the Registrar of Vital Statistics, within ten days after the occurrence thereof, and upon the notification to the Commissioner of Health of the birth of any child, the Commissioner shall cause the premises where such birth occurred to be visited by a physician or inspector of health, in the employ of the Board of Health, who shall make such sanitary inspection and issue such orders as may be necessary for the protection of the health of the inmates of such premises, and such orders shall be complied with by the occupants of such premises. Any person who shall hereafter fail to report the birth of any child, as required by this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offense. Any person who shall hereafter make any false report of the birth of any child, as required by this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than fifty dollars nor more than one hundred dollars for each offense. All fines and forfeitures are recoverable before any justice of the peace in the city of Baltimore.

1890 MAR 3

890 300655

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 10 1990

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 1st March 1890
5. Place of Birth, (Street and Number) 12 Hillsmere Ave.
6. Full Name of Mother, [illegible]
7. Mother's Maiden Name, [illegible]
8. Mother's Birthplace, Russia
9. Full Name of Father, Isac Apfelstein
10. Father's Occupation, Tailor
    Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

890-000656

RETURN OF A BIRTH A. 19890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 2 — 1890.
4. *Place of Birth, (Street and Number)*	1019 James Alley.
5. *Full Name of Mother,*	Maggie Hammel.
6. *Mother's Maiden Name,*	Moltzmann.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Adam Hammel.
9. *Father's Occupation,*	Cooper.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser. Midwife.
Address,	1832 Hanover st.
Remarks,	

1890 - 000657

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time, it shall be the duty of the owner or occupier of the house in which such child is born to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. GILLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, March 2 1890.
4. Place of Birth, (Street and Number) 110 Salope st.
5. Full Name of Mother, Maggie Rendel.
6. Mother's Maiden Name, Schafer. ~~Schafer~~
7. Mother's Birthplace, America.
8. Full Name of Father, Charles Rendel.
9. Father's Occupation, Painter.
10. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return, J. Schwasser. Midwife

Address, 1032 Hanover st.

Remarks,

1890 - 00658

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Fifth (5)
Male
White
March 16
231 Pratt St
Mary Sands
Nurse
Baltimore Md
Thomas Sands
Laborer
Baltimore Md
Dr. L. M. Taylor
524 Canton
Baltimore Md

MAR 17 1892

598-000659

e Publishing Co., City Printers and Stationers.

ance with every death in the City of Baltimore, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or shall happen otherwise than in the presence of the person required by law to report the birth, or in case the attendant shall be prevented by sickness or absence from the city, or other cause, from reporting the birth, it shall become the duty of the parents, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

GIVEN NAME ADDED 3-31-60

RETURN OF A BIRTH

A 19895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Corrigan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 1890 3rd of March
4. Place of Birth, (Street and Number) 787 George Street
5. Full Name of Mother, Mrs Catherine Corrigan
6. Mother's Maiden Name, Catherine Brady
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Patrick Corrigan
9. Father's Occupation, Lpter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Susan [illegible]

Address, [illegible]

Remarks,

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

690-000650

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19894.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th March 1890.
4. *Place of Birth, (Street and Number)*	4 St Anns Ave
5. *Full Name of Mother,*	Blanche M. Bay
6. *Mother's Maiden Name,*	" " Vill Le Brun
7. *Mother's Birthplace,*	Guadaloupe. France
8. *Full Name of Father,*	Samuel F. Bay
9. *Father's Occupation,*	Bank-keeper
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Rachel Bay.
Address,	4 St Anns Ave
Remarks,	Patient is doing well

1890-000661

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 19895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5th 1890
4. Place of Birth, (Street and Number) 1135 W Baltimore St
5. Full Name of Mother, Hannah Fantl
6. Mother's Maiden Name, Hannah Rubin
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Max Fantl
9. Father's Occupation, Merchant
10. Father's Birthplace, Bohemia. Austria

Name of Medical Attendant, or other person who makes this Return. P. S. Fields M D

Address, 642 W Fulton ave

Remarks,

E 90 C 00662

been conferred; its sex, color, the full name and occupation of its parents, and place of birth; and the said midwife shall be delivered, duly signed by the [illegible] in the [illegible] between the first and [illegible] shall occur without the attendance of a physician or midwife, the birth of any child attendance upon the mother, immediately thereafter it shall prepare the [illegible] of the birth of such child, to report its birth to the Commissioner of Health, in the manner and [illegible] which the person [illegible] above required, and [illegible] jected to the fine of ten [illegible] dollars for each offence.

Approved [illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	623 North Broadway Alley
4. *Place of Birth, (Street and Number)*	March 2nd 1896
5. *Full Name of Mother,*	Maggie Lockers
6. *Mother's Maiden Name,*	Maggie Emerson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Lockers
9. *Father's Occupation,*	Laber
10. *Father's Birthplace,*	Eastern Shore
Name of Medical Attendant, or other Person who makes this Return.	Linda Rockford
Address,	432 North Regester St
Remarks,	No Remarks

5 2 0 - 0 0 0 6 6 3

Every Physician or other person who shall attend upon the birth of any child, and every midwife or other person who shall be in attendance upon the mother of such child at the time of its birth, shall become liable to the duty of the person or parents of such child to register the birth of such child, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 19897.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, March 4th. 90.
5. Place of Birth, (Street and Number) #119 S. Appleton St.
6. Full Name of Mother, Alice McKeown
7. Mother's Maiden Name, Alice Buckley
8. Mother's Birthplace, Fayette city Md.
9. Father's Occupation, Brass moulder
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. H.C. Ohle, M.D.

Address, #1203 W. Fayette St

Remarks,

1890 - 000664

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth March 6 1890.
4. Place of Birth, (Street and Number) 606 Sharp st.
5. Full Name of Mother, Louise Lohrmann.
6. Mother's Maiden Name, Liedmeier.
7. Mother's Birthplace, Germany.
8. Full Name of Father, George Lohrmann.
9. Father's Occupation, Bakery.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser Midwife.

Address, 1032 Hanover st.

Remarks,

1890 - 000665

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of the parents, or in case of their death or absence from the city, of the guardian of any child born in the city of Baltimore, or of the person having charge of such child, to report to the Registrar of Vital Statistics, at the office of the Commissioner of Health, the sex, color, the full names and occupation of its parents, the date and place of birth, and the maiden name of the mother, in the form of a certificate between the first and third days of each month, and the certificate shall be signed by the person or parents of such child, or by the attendance of a physician or practitioner of midwifery, or the person having charge of such child, and delivered at the office of the Commissioner of Health. In case the birth of any child shall occur upon the premises where the parents reside, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, as above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 19899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 6, 1890
4. Place of Birth, (Street and Number) 229 Carroll st
5. Full Name of Mother, Laura V. McFadden
6. Mother's Maiden Name, Laura Lambright
7. Mother's Birthplace, Hardwick Co.
8. Full Name of Father, George W. McFadden
9. Father's Occupation, Coppersmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Daniel Denniman

Address, 200 Dawson st

Remarks,

0 0 0 0 6 6 6

JOHN S. SAGAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 19900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.
1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 7th 1890
4. *Place of Birth, (Street and Number)* 1040 N. Eden St.
5. *Full Name of Mother,* Lucie H. Lann.
6. *Mother's Maiden Name,* " Lowndes.
7. *Mother's Birthplace,* Harrisburg Pa.
8. *Full Name of Father,* Gustav. A. Lann.
9. *Father's Occupation,* Merchant.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Edward P. McDevitt

Address, 28 Aisquith St

Remarks,

1890 : 000667

MAR 8 1890 BALTIMORE MD.

The schedule shall be delivered duly signed by the attendant or its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner for the district in which the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child, or other person to the Commissioner aforesaid within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with all costs and forfeitures are recoverable.

GEO. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 7 — 1890.
4. *Place of Birth, (Street and Number)*	1123 Warner st.
5. *Full Name of Mother,*	Anna ~~Lbbra~~ Obrine
6. *Mother's Maiden Name,*	L Ogen.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	John Obrine.
9. *Father's Occupation,*	Dealer in fruit.
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser Midwife.
Address,	1032 Hanover st.
Remarks,	

1890 - 000668

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereof, to the registrar of the district in which the birth occurred, within the first ten days of each and every month; and the registrar shall, within the first ten days of each and every month, transmit the certificate received by him during the preceding month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health may require the mother of such child, within ten days after the birth of such child, to report the particulars of such birth to the registrar of the district in which she resides; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Dark mulatto

3. Date of Birth March 18th 1890

4. Place of Birth, (Street and Number) Harwood St. near Lanvale

5. Full Name of Mother, Mary Tyree

6. Mother's Maiden Name, Stevenson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Louis Tyree

9. Father's Occupation, Laborer Stable

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm Luther M.D.

Address, #242 Luther M.D. 2 E. Lanvale

Remarks,

590-090669

...Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 10903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex, (State whether male or female)	Female.
2. Race or color, (if not of the white race)	White.
3. Date of Birth,	March 8th 1890.
4. Place of Birth, (Street and Number)	2200 Eutaw Place.
5. Full Name of Mother,	Ada Harris.
6. Mother's Maiden Name,	Ada Britton
7. Mother's Birthplace,	Tifon Ohio.
8. Full Name of Father,	B Harris.
9. Father's Occupation,	Proprietor & Manager of Theatres
10. Father's Birthplace,	Montreal Canada
Name of Medical Attendant, or other person who makes this Return,	Robt T Wilson M.D.
Address,	820 Park Ave
Remarks,	

1890 - 000670

Third day of each and every month, a list of the births under the age of 1 calendar month between the first and third days of the preceding month to the Office of the Commissioner of Health. In case the birth of any child shall occur within the limits of the City of Baltimore, and the parents or guardians of such child shall reside elsewhere, or in case the child shall be born in any other place than the residence of its parents, and the parents or guardians of such child shall reside within the limits of the City of Baltimore, it shall be the duty of the person in attendance upon the mother, immediately thereafter it shall be born, and of the father of such child, or in case the father be absent from the City of Baltimore, then of the mother of such child, or in case of her death or inability, then of the guardian of such child, or in case there be no guardian, then of the nearest relative of such child in the City of Baltimore, or in case there be no relative of such child in the City of Baltimore, then of the occupant of the house in which such child shall be born, to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RECEIVED APR 30 1890 REGISTRAR OF VITAL STATISTICS

G. INLAKY & SO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 10 1899

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 8th March
5. Place of Birth, (Street and Number) 405 N. Ann St
6. Full Name of Mother, Sarah Davis
7. Mother's Maiden Name, Sarah Bungan
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, Owen Davis
10. Father's Occupation, Letter Carrier
11. Father's Birthplace, Baltimore Md
12. Name of Medical Attendant, or other person who makes this Return, Mrs Mary Walter
13. Address, 693 N. Caroline St
14. Remarks, 1899 003671

Each and every birth of sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health, shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall be the duty of the father, or in his absence, the mother, or in the absence of both father and mother, the householder or other person in charge of the house in which such birth occurs, or the nurse or midwife present at such birth, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 8 Hour 1890
4. Place of Birth, (Street and Number) Bible Alley 10 1832
5. Full Name of Mother, Anna Schmaltzel
6. Mother's Maiden Name, " Fisk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jakob Schmaltzel
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Maria Anna Hayes Bible Alley 10 1923

Remarks,

EVO 300672

said schedule shall be delivered, duly signed by the physician or midwife in attendance, or if there be none, by the father or mother of such child, within ten days after the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case there be no father or mother, the householder in whose house or on whose premises the birth shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in charge, then the owner, agent or lessee of such house or premises shall report the birth to the Commissioner of Health. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, as above required, and to furnish the information above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 19906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, March 8th 1890
5. Place of Birth, (Street and Number) 1049 Hanford av.
6. Full Name of Mother. Mary E. Anderson
7. Mother's Maiden Name, " " Bannan
8. Mother's Birthplace, Baltimore
9. Full Name of Father, William E. S. J. Anderson
10. Father's Occupation, Contractor
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Edward Pendleton

Address, 2nd and Lancaster sts.

Remarks,

1890 - 000673

BALTIMORE MD. 1890

...said midwife shall be delivered, duly signed by the practitioner or midwife, stating the name and place of birth; and the third day of each and every month to the office of the Commissioner of Health, in the manner required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the parents of such child to report the birth to the Commissioner of Health, in the manner required, and in case of neglect to report such birth to the Commissioner of Health, in the manner required, and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other cases by suit or warrant before any justice of the peace, one-half of which shall be paid to the informer, and the other half to the use of the city, and shall be collected as other fines are collected.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March the 10
4. Place of Birth, (Street and Number) Light Street 615
5. Full Name of Mother, Henrietta Turner
6. Mother's Maiden Name, Henrietta Baker
7. Mother's Birthplace, Oak Talbert Caunty
8. Full Name of Father, Moses Baker
9. Father's Occupation, labour
10. Father's Birthplace, trap Talbert Caunty Md

Name of Medical Attendant, or other person who makes this Return. Garrat Jane Wilson

Address, No 115 Hurey Street

Remarks,

890 - 40.0674

Sec. 4. On every certificate of birth the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the child, if named, shall be entered by the person making the certificate between the first and third day of each and every month, and delivered to the Commissioner of Health. In case the birth of any child shall occur within the limits of any city, town or village where there is a resident physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such physician or practitioner to report said birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as debts of like amount are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 11 1890

No.	*Child of Mother, (state whether 1st, 2d, 3d, &c.)*	Sixth
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	Mar. 2, 1890
4.	*Place of Birth, (Street and Number)*	~~1114~~ Warner St ~~Warner St~~
5.	*Full Name of Mother,*	Martha Pemberton
6.	*Mother's Maiden Name,*	Martha Robinson
7.	*Mother's Birthplace,*	Baltimore City
8.	*Full Name of Father,*	William Pemberton
9.	*Father's Occupation,*	Porter in Store
10.	*Father's Birthplace,*	Baltimore City
	Name of Medical Attendant, or other person who makes this Return.	Orilla Brooks
	Address,	1132 Warner St
	Remarks,	Doing well.

1890 : 000675

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when no such practitioner is present, it shall be the duty of the person or parties in charge of such child to report its birth to the Commissioner of Health, with the particulars required above required, and upon the mother, immediately thereafter, if able, or if not able, upon the person or parties in charge of such child to report its birth to the Commissioner of Health, with the particulars required above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	March 3d
4. Place of Birth, (Street and Number)	No. 6. E. Biddle Street
5. Full Name of Mother,	Nannie Tyson Willson
6. Mother's Maiden Name,	Nannie Tyson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm. Buckler Willson
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return	W. D. Willson
Address,	814 Park Avenue
Remarks,	

6 9 0 - 0 0 0 6 7 6

Any of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the nearest relative present, and also of each person residing in the house where such birth occurs, within the period above required, and such person who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 19910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4th 90

4. Place of Birth, (Street and Number) 402 S. Bond St.

5. Full Name of Mother, Katherine Shlegel

6. Mother's Maiden Name, Market

7. Mother's Birthplace, City

8. Full Name of Father, Frank Shlegel

9. Father's Occupation, Clerk

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Fannie C. Duncan

Address, 1773 Bank St

Remarks,

5 9 0 - 0 0 0 6 7 7

Certificate between the first and third day of each and every month to the office of the Commissioner of Health, a return of all births of any child, born within such month, in which he shall have been in attendance, or a statement that he was not in attendance upon the mother, immediately thereafter. It shall be the duty of any physician or midwife, or other person who shall attend upon the mother, immediately thereafter, or of the father or parents of such child, to make a return of the birth to the Commissioner of Health. The provisions of this section shall be subjected to the fine of Five (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) [illegible]
3. Date of Birth, March [illegible] 1911
4. Place of Birth, (Street and Number) 1225 Mary [illegible]
5. Full Name of Mother, Deborah [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible] Powell
8. Full Name of Father, James [illegible]
9. Father's Occupation, Huckster
10. Father's Birthplace, Salisbury Md

Name of Medical Attendant, or other person who makes this Return. M. [illegible]

Address, 1004 W. Lexington

Remarks,

1890-000678

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly filled out, to the person or persons who shall present the first and third copy of each and every certificate of birth or stillbirth, so delivered, to the office of the Commissioner of Health, or shall cause the same to be transmitted to the Commissioner of Health, within the period and in the manner required by the provisions of this section. No other person shall be entitled to receive any certificate of birth or stillbirth, or shall be allowed to make any return of such birth to the Commissioner of Health, except the person or persons who shall have been employed as physician or midwife in attendance upon the mother at the time of such birth, or in case there shall be no such physician or midwife in attendance upon the mother, then the father of such child or the householder of the house in which such birth occurred, shall be entitled to receive such certificate of birth or stillbirth, and shall make return thereof as required by the provisions of this section. Any person who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered before any court of competent jurisdiction in the name of the State of Maryland, for the use of the Board of Health of Baltimore City; and all fines and forfeitures are recoverable

BOARD OF HEALTH BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7-90
4. Place of Birth, (Street and Number) 57 S. Carrollton Ave
5. Full Name of Mother, Margaret A. Ukhorn Humphreys
6. Mother's Maiden Name, Humphreys
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Joseph Ukhorn
9. Father's Occupation, W. & A. R.R. Engineer
10. Father's Birthplace, Baltimore

Name of [redacted] other person who makes this Return. Mrs. Mary A. Humphreys

Address, 57 S. Carrollton Ave

Remarks, No medical attendant

890-000679

Such correction of the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health, at his office, by the person in charge of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall refuse or neglect to make such report, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 14993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), white race.
3. Date of Birth, March 7th 1890
4. Place of Birth (Street and Number), 108 Cross St
5. Full Name of Mother, Margaretha Groff.
6. Mother's Maiden Name, Margaretha Wirth.
7. Mother's Birthplace, Fabelsdorf. Germany.
8. Full Name of Father, Geo Groff.
9. Father's Occupation, Laborer.
10. Father's Birthplace, by Bamberg Germany.

Name of Medical Attendant, or other person who makes this Return. Anamaria Foeller.

Address, 1713 Hanover St

Remarks, Baltimore City

1890 - 006809

Every birth occurring hereafter in the practice of any physician, midwife or other person in this State, shall be reported in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the city where such birth occurs, and in the counties to the Register of Vital Statistics of the district in which such birth occurs. Should any other person be in attendance upon the case, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

...more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A. 19914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, March the eight 18[illegible]

4. Place of Birth, (Street and Number) # 547 N Biddle St.

5. Full Name of Mother, Mary E. Saunders.

6. Mother's Maiden Name, Mary E. Michael.

7. Mother's Birthplace, Baltimore Maryland.

8. Full Name of Father, William Edward Saunders.

9. Father's Occupation, Public Waiter.

10. Father's Birthplace, Caroline County Va.

Name of Medical Attendant, or other person who makes this Return. Mrs J Hester Catanes.

Address, # 609 Preston Street.

Remarks,

890-000681

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall become the duty of the person in whose house or tenement such child was born, or the owner or agent of the same, to report the birth as above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offense, to be recovered as by law forfeitures are recoverable.

WM. J. G. SLEASY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 1990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), white race.
3. Date of Birth, Sat March 8th 19[illegible]
4. Place of Birth (Street and Number), 1651 Hanover St.
5. Full Name of Mother, Lewise Ruemanafe.
6. Mother's Maiden Name, Lewise Rosse.
7. Mother's Birthplace, Engler Amt Norden Germany
8. Full Name of Father, Wm Ruemenafe.
9. Father's Occupation, Keaps Restaurant.
10. Father's Birthplace, Provinz Hanover Germany.

Name of Medical Attendant, or other person who makes this Return. Amanaria Gaeller

Address, 1803 Hanover St

Remarks, Baltimore City

690-000682

...more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 1916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (State whether ~~male~~ or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 9th 1916
4. Place of Birth, (Street and Number) 1142 West Lombard St
5. Full Name of Mother, Florence Bulman
6. Mother's Maiden Name, Florence McKnew
7. Mother's Birthplace, Baltimore Co. Md
8. Full Name of Father, Alvin T. Bulman
9. Father's Occupation, Traveling Salesman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Amanda L. Brown M.D.

Address, 871 Hollins

Remarks,

690-000683

Every child born alive or dead within the limits of Baltimore City shall be registered, and a certificate between the first and third days of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur within the said limits and the certificate aforesaid shall not be delivered within the time aforesaid, it shall be the duty of the undertaker who shall be employed to inter the body of such child, or the person who shall perform the burial service, or any other person who shall have attendance upon the mother, immediately thereafter to make out and deliver to the Commissioner of Health a certificate of such birth, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 19917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 9th 1890
4. Place of Birth, (Street and Number) No 1720 Hanover St
5. Full Name of Mother. Catharine Kreame
6. Mother's Maiden Name, Catharine Engle
7. Mother's Birthplace, Baltimore city md
8. Full Name of Father, John Kreame
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other person who makes this Return. C. Hinton

Address, No 1644 South Charles St

Remarks, premature 1st child got

890-000684

Every birth must be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other return of such birth be made as required by this section, the mother, within the period above required, and only such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

O. BALLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, March 9/90
4. Place of Birth (Street and Number), 1129 Hanover st
5. Full Name of Mother, Sarah E. Barton
6. Mother's Maiden Name, Sarah E Whittington
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, William L Barton
9. Father's Occupation, Harness maker
10. Father's Birthplace. Baltimore Md

Name of Medical Attendant, or other person who makes this Return. M Lake Hooper M D

Address, 1327 Hanover st

Remarks, born after 7 months of Gestation

1898 - 000685

...ore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 19919.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	Sunday March 4
4. *Place of Birth, (Street and Number)*	1127 Watson Street City
5. *Full Name of Mother*	Susanna Henson
6. *Mother's Maiden Name*	Susanna Gowes
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	James alexander Henson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Louisa Around county [illegible]
Name of Medical Attendant, or other Person who makes this return.	Peter Henson 422 [illegible]
Address	
Remarks	

C 90 - 000686

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A. 19920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Incl. 10th 1890
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 10 90
4. *Place of Birth, (Street and Number)*	107 Barre St
5. *Full Name of Mother,*	Mary Kane
6. *Mother's Maiden Name,*	Sheren
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Kane
9. *Father's Occupation,*	Saloon keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	A. N. Webster M.D
Address,	403 Hanover St
Remarks,	

This Return must be delivered, duly signed by the practitioner in the form of a certificate hereto annexed, at the Office of the Commissioner of Health, Place of birth; and the shall occur within all every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the confinement of the mother, and within the period above specified, and child to report its birth to the Commissioner of Health. It shall become the duty of the person so in charge of the case, to report the birth of such child as aforesaid. In the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & SON, CITY PRINTERS AND STATIONERS

T 8 9 8 - 0 0 0 6 8 7

RETURN OF A BIRTH A. 19921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 10" 1890"

4. *Place of Birth, (Street and Number)* 2011 Dover St

5. *Full Name of Mother,* Czarovitch

6. *Mother's Maiden Name,* Salotka

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Jos Czarovitch

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. H. Webster M.D.

Address, 403 Hanover St

Remarks,

said schedule shall be delivered, duly signed by the practitioner [illegible] of its parents, the date and place of birth; and the third day of each and every month to the office of the Com[illegible] Health, in the form of a certificate between the first and shall occur without the attendance of a physician or [illegible] In case the birth of any child attendance upon the mother, immediately thereafter [illegible] or should no other person be in child to report its birth to the Commissioner of Health, in the manner and [illegible] the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MAR 11 1890

Wm. J. C. Dulany & Co., City Printers and Stationers

1898 - 188688

RETURN OF A BIRTH A. 19922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10th 1890.
4. *Place of Birth, (Street and Number)* No. 143 Harford Ave. Ept.
5. *Full Name of Mother,* Annie C. Harple
6. *Mother's Maiden Name,* Annie C. Bowers
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Isaac L. Harple
9. *Father's Occupation,* Car driver
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. J. H. Hartman M.D.

Address, 1137 York road

Remarks,

third day of each and every month to the office of the Commissioner of Health, ... delivere ... duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890-038659

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 child
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colord
3. Date of Birth,	March 11 1890
4. Place of Birth (Street and Number),	City Druid st 1418
5. Full Name of Mother,	Jane brooks
6. Mother's Maiden Name,	Jane roberson
7. Mother's Birthplace,	Baltimore city
8. Full Name of Father,	Edgard brooks
9. Father's Occupation,	Labor
10. Father's Birthplace,	Va
Name of Medical Attendant, or other person who makes this Return.	Jane morrin
Address,	1319 monroe st
Remarks,	

1890 - 000690

...ore Publishing Co., City Printers and Stationers

...each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the mother, within ten days after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 19924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, March 11th 1891
4. Place of Birth, (Street and Number) 788. Mt Saratoga St.
5. Full Name of Mother, Elizabeth Hatchard
6. Mother's Maiden Name, Elizabeth Langhagen
7. Mother's Birthplace, Marietta Pa
8. Full Name of Father, George Hatchard
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wm. J. P. Bryan M.D.

Address, 662. W. Lexington St.

Remarks,

+ 890 - 00069 1

...delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the father, grandparent, householder, or owner or agent of the house where such child is born, shall be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. GILDEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 14925

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 11th 1890
4. *Place of Birth (Street and Number)*	1147 Ridgely
5. *Full Name of Mother*	Friedericah Fiktrich
6. *Mother's Maiden Name*	Hammer
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	John Fiktrich
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	E. Friedrich M.D.
Address	526 S. Sharp St
Remarks	

1890 - 14925

Thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, birth-place, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

No. 19926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
   Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12th 1890
4. Place of Birth, (Street and Number) 11 S. Central ave
5. Full Name of Mother, Kate Cassidy
6. Mother's Maiden Name, Welsh
7. Mother's Birthplace, Maryland
8. Full Name of Father, Thomas F. Cassidy
9. Father's Occupation, Police
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Aunt Welsh

Address, No 11 S Central ave

Remarks,

1890 - 000693

third day of each and every month to the office of the Commissioner of Health. In case the birth of a first child occur without the city limits, the certificate shall be rendered within ten days after the birth. In case of the attendance upon the mother, immediately thereafter, of a midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person, or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and such report may be verified by the oath of the person making the same. All persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 18 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 9427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	F
2. Race or Color (if not of the white race),	W
3. Date of Birth,	March 1st 1890
4. Place of Birth (Street and Number),	1126 N. Stricker st
5. Full Name of Mother,	Lottie R Meador
6. Mother's Maiden Name,	Crooks
7. Mother's Birthplace,	Md
8. Full Name of Father,	Wm H Meador
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Va
Name of Medical Attendant, or other person who makes this Return.	Dr R. Hinsdale
Address,	1 Mt Royal Terrace - Balto
Remarks,	

each and every month to the office of the Commissioner of Health. It must be filled out in the form of a certificate between the first and third day of the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, as herein required, and any such person or persons who shall neglect or refuse to report such birth as herein required, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered together with costs and forfeitures recoverable.

Publishing Co., City Printers and Stationers

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RETURN OF A BIRTH 19428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 3 90
4. *Place of Birth, (Street and Number)*	258 Fulton Ave
5. *Full Name of Mother,*	Mrs Rosella Novick Yoe
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Frank Yoe
9. *Father's Occupation,*	R.R.
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return	G. G. Mumert M.D
Address,	Pratt & Fulton Sts
Remarks,	

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and third day of each and every month to the officer of the Commissioners of Health, in the manner prescribed by the Commissioners; and if any midwife, or should no other person be in attendance upon the birth, the parent or parents of such child, or other person having charge of it, shall keep such certificate in his, her or their possession, and shall deliver it, within the period and in the manner above specified, to the Commissioners of Health, in the manner above specified, and shall be subject to the same penalties and forfeitures as are recoverable from any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence recovered as aforesaid.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

890-000695

CERTIFICATE CORRECTED 4/20/49

RETURN OF A BIRTH A. 19929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Almira A. MEUSHAW

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Mar 5 1900
4. Place of Birth, (Street and Number)	35 S Pine St MEUSHAW
5. Full Name of Mother,	Mrs Ada Foster MEUSHAW
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Murphy Foster
9. Father's Occupation,	Boiler Maker
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	E. Stillwell M.D.
Address,	Foot Patrick & Ls
Remarks,	

6900-000696

MAR 14 1900

G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th (Seventh)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 6th 1930

4. Place of Birth, (Street and Number) 114 N. Carey Street

5. Full Name of Mother, Hattie V. Smith

6. Mother's Maiden Name, Hattie V. McCafferty

7. Mother's Birthplace, Frederick Md.

8. Full Name of Father, John W. Smith

9. Father's Occupation, Sewing Machine Agent

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Dr. James E. Whiteford,

Address, 819 Aisquith Street, Baltimore, Md.

Remarks,

MAR 14 1930 BALTIMORE MD.

Third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the city limits, the return shall be made within the same time by the person in charge of such attendance upon the mother. Immediately thereafter it shall be the duty of the person or parties required to report such child to report its birth to the Commissioner of Health, in writing, within the period above required, and as nearly as practicable in the form of a certificate hereinbefore prescribed. Any person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any court having jurisdiction of such offenses, and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

6 9 8 - 8 8 6 9 7

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mason H. Woolford

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex. (state whether male or female) male

2. Race or Color. (if not of the white race)

3. Date of Birth. March 7 90

4. Place of Birth. (Street and Number) 818 N Calhoun St

5. Full Name of Mother. Mary H Woolford

6. Mother's Maiden Name, Saubin

7. Mother's Birthplace, Md

8. Full Name of Father. Wm H Woolford

9. Father's Occupation. Commn Merchant

10. Father's Birthplace. Md

Name of Medical Attendant, or other Person who makes this Return J. M. Hundley

Address. 1002 Edmondson Ave

Remarks.

...CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 19932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7th 1890
4. Place of Birth, (Street and Number) 831 Warner St
5. Full Name of Mother, Sarah Hacker
6. Mother's Maiden Name, Hindman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hacker
9. Father's Occupation, Mariner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. H. Webster M.D.

Address, 1103 Hanover St

Remarks,

third day of each and every month, the name of the child, etc. [illegible] shall neglect within the time aforesaid to report its birth to the Commissioner of Health, in the manner required, and any such person or persons [illegible] shall forfeit and pay for each offence, to be recovered, [illegible] Jected to the fine of ten (10) dollars for each offence, to be recovered, [illegible] under fines and forfeitures are recoverable.

BALTIMORE

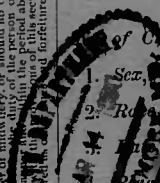
SEP 4 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

C 70 : 000699

RETURN OF A BIRTH A 19933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) girls
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 8th 1890
4. Place of Birth, (Street and Number) Cooper Place
5. Full Name of Mother, Emma Lafferty
6. Mother's Maiden Name, Emma Mullen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Lafferty
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 West Pratt Street Baltimore

Remarks,

1890 - 007788

The Return of a Birth required by this section shall be made in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of making such return shall devolve upon the father or mother of such child, or in case of their inability, the householder or other person in the house in which such child was born, or the nurse in attendance upon the mother, or the undertaker who shall be employed to bury such child, or the coroner who shall hold an inquest upon the body of such child, shall make a return of the birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to make such return as required by this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of making such return shall devolve upon the father or mother of such child, or in case of their inability, the householder or other person in the house in which such child was born, or the nurse in attendance upon the mother, or the undertaker who shall be employed to bury such child, or the coroner who shall hold an inquest upon the body of such child, shall make a return of the birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to make such return as required by this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered, duly forfeitures are recoverable.

GEO. J. GUELICH & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8, 1890
4. Place of Birth, (Street and Number) 613 Jefferson Ave. Waverly, Annex
5. Full Name of Mother, Jessie Weisheit
6. Mother's Maiden Name, Jennie Guy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick A. Weisheit
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin, M. D.

Address, 811 Jefferson Ave, Waverly, Md. Annex

Remarks,

E 9 0 - 0 8 8 7 8 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above specified, and any person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 19935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8, 1890
4. *Place of Birth, (Street and Number)* 6 Frisby St. Waverly, Annex
5. *Full Name of Mother,* Annie Mills
6. *Mother's Maiden Name,* Annie McLaughlin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John F. Mills
9. *Father's Occupation,* Railroader
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin, M.D.

Address, 811 Jefferson Ave. Waverly, Baltimore, Annex.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above specified, and any such report any person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

8 9 0 - 0 0 0 7 0 2

RETURN OF A BIRTH A 19936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 11th 90
4. *Place of Birth, (Street and Number)*	106 - N - Gaun St
5. *Full Name of Mother,*	Julia Kayser
6. *Mother's Maiden Name,*	Julia Feddeman
7. *Mother's Birthplace,*	St Michaels - Talbot Co - Md
8. *Full Name of Father,*	Jas M Kayser
9. *Father's Occupation,*	Carpenter & Builder
10. *Father's Birthplace,*	Harrisonburg - Va
Name of Medical Attendant, or other person who makes this Return.	Robt D Wilson MD
Address,	814 E Baltimore
Remarks,	

1890 - 000703

shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall fail to comply with the provisions of this section shall be subject to a penalty of not less than five dollars nor more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JULIARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, &c.~~) 1st

1. Sex, (~~state whether male or~~ female)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth, March 12th 1911

4. Place of Birth, (Street and Number) 522 N. Mount St.

5. Full Name of Mother, Etta M. Gerber

6. Mother's Maiden Name, Etta M. Gerber

7. Mother's Birthplace, Baltimore City, Md.

8. Full Name of Father, Samuel L. Gerber

9. Father's Occupation, Brick Manufacturer

10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other person who makes this Return. Wm. J. C. Kinsman M.D.

Address, 662. W. Lexington St.

Remarks,

1690 000704

Every physician or midwife in attendance upon the birth of any child shall report to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated. Any person, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 19938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Adelaide Louise Pohlman First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth March 12th, 1890
4. Place of Birth, (Street and Number) 140 N. Lafayette St.
5. Full Name of Mother, Augusta Fredrika Pohlman
6. Mother's Maiden Name, Augusta Fredrika Schneider.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Gustavus Adolphus Pohlman
9. Father's Occupation, Jeweler
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Alice L. Parkhurst M.D.

Address, 1410 Park Ave.

Remarks, [illegible] 1-28-53

1896 000785

Every birth between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the nurse or other person in attendance to make the return required by this section within the period aforesaid; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 19939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	4th child
1. Sex, (*State whether male or female*)	Female
2. Race or color, (*if not of the white race*)	White
3. Date of Birth,	March 12th 1890.
4. Place of Birth, (*Street and Number*)	1316 Mosher St
5. Full Name of Mother,	Alice D Emich
6. Mother's Maiden Name,	Alice D. Ryan
7. Mother's Birthplace,	Petersburg — Va
8. Full Name of Father,	Fred W. Emich
9. Father's Occupation,	Cigar Manufacturer
10. Father's Birthplace,	Balto - Md
Name of Medical Attendant, or other person who makes this Return.	Robt. P. Wilson. M.D
Address,	[illegible]
Remarks,	

8 9 0 0 0 0 7 0 6

shall occur without the attendance of a physician or practitioner of midwifery, or within ten days after the birth of any child without the attendance of a physician or practitioner of midwifery, or if the person or parents of such child to report its birth to the commissioner of health in the manner and within the period above required, and any person who shall knowingly make any false statement in relation to the premises, or any of them, or any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

KULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Marian Barbara Wirth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (State whether male or female) Girl
2. Race or color, (if not of the white race) White
3. Date of Birth, 12th of March 1890
4. Place of Birth, (Street and Number) 2030 Pratt st.
5. Full Name of Mother, Ellen (Souther) Sauders
6. Mother's Maiden Name, Ellen (Würth) Wirth
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Würth (Wirth)
9. Father's Occupation, Wood inspector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Crescintia Kunkel

Address, 213 North Chapel st. per Justina Kunkel

Remarks, Healthy.

890 000707

C. PALANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the duty of the said parent shall devolve required, and child to report its birth to the Commissioner of Health, and to furnish the particulars of this section shall be subject to the fine of ten dollars for each and every offence, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 1994

GIVEN NAME ADDED 8-4-50

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry Irvin Rogers

1. No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) W.
4. Date of Birth, Mar. 17 1900
5. Place of Birth, (Street and Number) 1532 E. Payette
6. Full Name of Mother, Harriet E. Rogers
7. Mother's Maiden Name, " " Smith
8. Mother's Birthplace, D. C.
9. Full Name of Father, Joseph Rogers
10. Father's Occupation, Salesman
11. Father's Birthplace, D. C.

Name of Medical Attendant, or other person who makes this Return. J. L. Nuttle

Address, 226 E. Day

Remarks,

1900-000708

1918. J. D. ENLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to ... certificate between the first and ... shall occur without the attendance of ... the Commissioner ... In case the birth of any child ... attendance upon the mother, immediately thereafter ... an or practitioner of midwifery, should no other person be in ... child to report its birth to the Commissioner of Health in the manner ... it shall become the duty of the person or parents of such ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* (White
3. *Date of Birth,* March 12 1890
4. *Place of Birth, (Street and Number)* 622 W. Fulton Ave
5. *Full Name of Mother,* Katie Lloyd
6. *Mother's Maiden Name,* Floyd
7. *Mother's Birthplace,* St. Marys Co. Md.
8. *Full Name of Father,* Claude Lloyd
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* St. Marys County Md

Name of Medical Attendant, or other person who makes this Return. H. W. Webster Jr.

Address, 403 Hanover St.

Remarks,

1890-000789

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH A. 19943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (State whether male or female)*	Boy
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	13th of March 1890
4. *Place of Birth, (Street and Number)*	No 10 South Washington
5. *Full Name of Mother,*	Louise White
6. *Mother's Maiden Name,*	Louise Antone
7. *Mother's Birthplace,*	Somersets County Eastern Shore
8. *Full Name of Father,*	William C. Antone
9. *Father's Occupation,*	Electrician lighter
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel St. per Justina Kunkel
Remarks,	Healthy

1890 - 000710

HEALTH DEPARTMENT BALTIMORE MAR 14 1890

mouth, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) the sex, color, date and place of birth, the name, residence, occupation of its parents, the date and place of their marriage, and the name and residence of the attending physician or midwife, and if there shall be no physician or midwife present at the birth of any child shall cause the same to be recorded, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and if any midwife, or should no other person be in attendance, shall neglect or refuse to make such return as aforesaid, every such midwife or person so offending shall become liable to a penalty not exceeding ten dollars for each offence; and no certificate for the burial of any child shall be issued by the Commissioner of Health, in the manner and within the period above required, until the attendance upon the birth of such child shall have been certified as aforesaid, and every such midwife or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ... A. 1944

1. *Sex*, (state whether male or female) ... Female
2. *Race or Color*, (if not of the white race) ...
3. *Date of Birth* ... 1st March 1911
4. *Place of Birth*, (Street and Number) ... # 620 Fawn St.
5. *Full Name of Mother*, ... Mary A.
6. *Mother's Maiden Name*, ... Mc Ross
7. *Mother's Birthplace*, ... Carbon Co. Penna.
8. *Full Name of Father*, ... Eugene Green
9. *Father's Occupation*, ... Laborer
10. *Father's Birthplace*, ... U. S. A.

Name of Medical Attendant, or other Person who makes this Return. ... Louise Lehne

Address, ... # 622 Fawn St.

Remarks, ...

Act of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. A certificate between the first and third days of each month shall be delivered, duly signed by the practitioner in the form of a birth of any child shall occur without the attendance of a physician or practitioner of midwifery, and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., Law Printers and Stationers. 6706 00071 1

RETURN OF A BIRTH

A 19965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 14 1911

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th & 6 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3 1870
4. Place of Birth, (Street and Number) 1217 Lexington St
5. Full Name of Mother, Samantha Ober
6. Mother's Maiden Name, Samantha Adams
7. Mother's Birthplace, ~~Penn.~~ Harrisburg Pa.
8. Full Name of Father, Sam Ober
9. Father's Occupation, Farmer
10. Father's Birthplace, Harrisburg Pa.

Name of Medical Attendant, or other person who makes this Return, M R Easley

Address, 2136 Kelly St

Remarks, Living Well

690-000712

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of each midwife, physician or practitioner in the first of in attendance between the first and second visits, or if there be no second visit, then before the expiration of the period [illegible] shall occur without the attendance of a physician or practitioner of midwife or physician [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person [illegible] only such person as may be present at the birth, and in case there is no person present [illegible] jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4th 1870
4. Place of Birth, (Street and Number) 16 Gools Court
5. Full Name of Mother, Susan Conley
6. Mother's Maiden Name, Susan Cooper
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William H Conley
9. Father's Occupation, Sinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. R. Lastrey

Address, 213 E. South St

Remarks, Tony Pell

690 000713

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said officer shall be required, duly signed by the said Commissioner, the form of a certificate between the first and fifteenth days of each month, stating whether any birth has occurred within his district during the preceding month, and if none has occurred, that fact shall be certified; and if any such birth shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after her delivery of the child, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MAY 14 1926

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4th 1890
4. Place of Birth, (Street and Number) 927 Charles St
5. Full Name of Mother, Lizzie Ford
6. Mother's Maiden Name, Lizzie Hope
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Ford
9. Father's Occupation, Tinner
10. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return. M R Caskey

Address, 213 E. Saratoga St

Remarks,

890 - 000714

been conferred by reason of the same can be ascertained the full name of each child. If any child shall have been born during the said schedule shall be delivered. If any midwife or other person who shall neglect to make the return required by this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether mate or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 7 1870
4. *Place of Birth, (Street and Number)*	1836 Jarrues Alley
5. *Full Name of Mother,*	Carrie Platt
6. *Mother's Maiden Name,*	Carrie Huber
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George G Platt
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. K. Easley
Address,	213 E. Fayette St.
Remarks,	Jane Platt

890-000715

been conferred) its sex, color, the full name and residence of each parent, the date and place of birth, and the number of each child, if any shall have been born before it, and the number of children of the mother now living. And every physician, midwife or other person in attendance upon the accouchement of a female shall, within ten days after the birth of such child, report the same, with the particulars required to be reported by the parents, to the Commissioner of Health, in the manner and form prescribed by the rules and regulations of the Board of Health; and every person who shall have the charge of any child for which a certificate of birth is required and shall neglect or refuse to report the same to the Commissioner of Health, in the manner and form prescribed by the rules and regulations of the Board of Health, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 199129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 10th
4. Ptace of Birth, (Street and Number)	1436 E. Madison St.
5. Futt Name of Mother,	Theresa Kimmel
6. Mother's Maiden Name,	Theresa White
7. Mother's Birthptace,	Baltimore
8. Futl Name of Father,	Charles Kimmel
9. Father's Occupation,	Stove Moulder
10. Father's Birthptace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Ulrike Goetzke
Address,	114 S. Bond St.
Remarks,	

C 90 - 002718

month, and shall set forth as far as the same can be ascertained the date of birth, name, sex and color of each child born alive, the name, residence and occupation of the parents, the exact place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case of the birth of any child without the attendance of a physician or midwife, the owner or occupier of the house in which such birth shall occur without the attendance of a physician or midwife, or the person or parents of such child, shall become liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Martin ~~Hueter~~ Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 10th 1890
4. *Place of Birth, (Street and Number)*	108 S. Bond St.
5. *Full Name of Mother,*	Anna ~~Hueter~~ Miller
6. *Mother's Maiden Name,*	Anna Sodack
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael ~~Hueter~~ Miller
9. *Father's Occupation,*	Coal Trimmer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Ulrich Goetzke
Address,	114 S. Bond St.
Remarks,	

MAR 15 1890

890-000717

ment, and shall set forth as far as the same can be ascertained the full name of each child, if any, which has been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the Registrar of Vital Statistics; and it shall be the duty of any such attendant to report the birth of any child which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, giving therein the information above required, and in such manner as the Commissioner of Health may require, and any person who shall neglect or refuse to make such report as aforesaid, shall be subjected to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 10th
4. *Place of Birth, (Street and Number)*	714 Franklin St
5. *Full Name of Mother,*	Lena Krumholz
6. *Mother's Maiden Name,*	Lena Brooks
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Krumholz
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	
Address,	Wellington A Shipley
Remarks,	641 Lombard St

MAR 14 1905

month, and shall set forth as far as the same can be ascertained, the particulars required to be stated in relation to births which have occurred under his or her care during the said month; and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a medical attendant, it shall be the duty of the nearest relative present in attendance upon the mother, immediately after the birth, to report the same to the Commissioner of Health, and it shall be the duty of such relative present in the house at the time of the birth, and also of the father of such child, within the period above required, and of persons who shall knowingly fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as debts of like amount are recoverable.

1896 - 000718

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 10th
4. Place of Birth, (Street and Number) 521 Lexington St
5. Full Name of Mother, Mary Zimmerman
6. Mother's Maiden Name, Mary Wesselman
7. Mother's Birthplace, Germany
8. Full Name of Father, Rudolph Zimmerman
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Hedwig Ondra Meyer

Address, 641 E Pacca St

Remarks,

0 9 5 0 0 0 0 7 1 9

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Primipara
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 13th 1890.
4. Place of Birth, (Street and Number)	331 W. Second St. cor Oak st.
5. Full Name of Mother,	Eleanor Davison
6. Mother's Maiden Name,	Eleanor Walsey
7. Mother's Birthplace,	Pennington N.J.
8. Full Name of Father,	Herbert Davidson
9. Father's Occupation,	Wood Dealer
10. Father's Birthplace,	Dutch Neck N.J.
Name of Medical Attendant, or other person who makes this Return.	Jno Bowell M.D.
Address,	2124 E. Baltimore St
Remarks,	Child Healthy

1890 - 000720

month, and shall set forth as far as the same can be ascertained, all events occurred under his or her care during the birth, and the condition of the mother and child, and the sex, color, name of each child, if any, shall have been conferred. In sex, color, the full name and occupation of its parents, the date of birth, and the place of birth, and the said attendant shall be delivered, duly signed by the practitioner in the form of a certificate between the said the birth of any child shall occur without the attendance of the above-named officer of Health. In case the birth of any child shall occur without the attendance of the above-named officer of Health, in case the birth of any child attendance upon the mother, immediately thereafter shall forthwith make a return of such child, to the Commissioner of Health, to the manner in the period and form required and prescribed in the case of attendance, and shall be liable to the penalties of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 5

1. Sex, (State whether male or female) ~~White~~ Boy
2. Race or color, (if not of the white race) White
3. Date of Birth, March 13 1890
4. Place of Birth, (Street and Number) Found dead on ex C 1194
5. Full Name of Mother, Lizzie A Hartsfield
6. Mother's Maiden Name, Lizzie A Smith
7. Mother's Birthplace, Md
8. Full Name of Father, John M Hartsfield
9. Father's Occupation, Car Driver
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Zimmerman

Address, Hamilton

Remarks,

1890 - 000721

been conferred. The sex, color, the full name and residence of each child, if any such shall be born after the first registration, and the full name and residence of the physician, midwife or other person who shall have been in attendance upon such birth, shall be entered in said schedule, and every such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon such birth, the head of the family or other person in charge of the house where such child is born shall become subject to the penalties of this section, and shall be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. GILLAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 19955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 13th
4. Place of Birth, (Street and Number)	238 S. Register St.
5. Full Name of Mother,	Pauline John
6. Mother's Maiden Name,	Pauline Rotte
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John John
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Ulricke Godyke
Address,	114 S. Bond St.
Remarks,	

1490-000722

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To ... rd of Health, Baltimore City.

A 19416

1. [illegible] Collier
2. born March 5 mail
3. Baltimore Md
4. Elizzie Beth Traverse
5. Elizzie Beth Bolden
6. B Washington Dr
7. John Traverse
8. Brick Maker
9. Baltimore Md
10. Elizzie Eagles Md wife
174 Stirling St

MAR 15 1920

BALTIMORE, MD.

6 9 0 2 0 0 0 7 2 3

...CITY PRINTERS AND...

RETURN OF A BIRTH A. 1995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. Sex, (*State whether male or female*) Female

2. Race or color, (*if not of the white race*) White

3. Date of Birth, March 5th 1890

4. Place of Birth, (*Street and Number*) 1730 E. Lager Of (rear) Bltmore Proper

5. Full Name of Mother, Florence

6. Mother's Maiden Name, Robinson N. Mead

7. Mother's Birthplace, Carolina

8. Full Name of Father, Walter

9. Father's Occupation, S. H. Salmon M.D.

10. Father's Birthplace, South Carolina

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890 000724

... and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the first case of attendance, or midwifery, after the birth of each child, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the parent or parents of such child to report its birth to the Commissioner of Health within the period above required, and in the manner above specified, shall become the duty of the person having charge of such child; and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other forfeitures are recoverable.

© DULANY & CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MAR 17 1890 REGISTRY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 6th 1890

4. Place of Birth, (Street and Number) 428 S. Washington

5. Full Name of Mother, Rosanna Bausch

6. Mother's Maiden Name, Rosanna Cotrell

7. Mother's Birthplace, City

8. Full Name of Father, Fred. Bausch

9. Father's Occupation, Baker

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. F. C. Barnsley

Address, 1713 Bank St.

Remarks,

1890 - 000725

PUBLISHED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Section conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, to the certificate between the first and third day of each and every month to the office of the Commissioner of Health. And in case there is no such attendance upon the mother during labor, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 19959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Second

1. *Sex,* (*state whether male or female*) Twin Females
2. *Race or Color,* (*if not of the white race*) Both Colored
3. *Date of Birth,* March 7, 1893
4. *Place of Birth,* (*Street and Number*) 830 Whalert St
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* Sarah Lane
7. *Mother's Birthplace,* Central Md
8. *Full Name of Father,* James Winslow
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Upper Marlboro

Name of Medical Attendant, or other person who makes this Return, Dr. Jones & Jones

Address, 1124 San Ave. SE

Remarks, Medical Student

been conferred) its sex, color, the full name of each child, if any shall have been given it, the name, age and occupation of its parents, the date and time of birth, the number of each child of the mother, if more than one at a birth, and the name and residence of the attendant or practitioner in attendance upon the mother at the time of birth. It shall be the duty of the person in charge of any institution in which any child is born, or of the attendant upon the mother at the time of birth, if no other person be in attendance upon the mother at such time, and within the period aforesaid, to report such birth to the Commissioner of Health; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be and are hereby declared guilty of a misdemeanor, and on conviction thereof shall be fined for the first offense, and for each offense, to be recovered as other fines and forfeitures are recoverable.

SUN. J. C. DILLARY & CO., CITY PRINTERS AND STATIONERS

C90-000725

RETURN OF A BIRTH A. 19960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 17 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 L

1. Sex, (state whether male or female) Mulatto

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, 11th March 1890

4. Place of Birth, (Street and Number) Lanvale Street No 1264 also Miller.

5. Full Name of Mother, Ella Miller

6. Mother's Maiden Name, Jordan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jems Miller

9. Father's Occupation, Hard Worker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Caroline Street Yard 2 No 424

Remarks,

B 90 - 000727

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Babe
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1870
4. Place of Birth, (Street and Number) Hill St. No. 106
5. Full Name of Mother, Mary Lewis
6. Mother's Maiden Name, Wilt
7. Mother's Birthplace, Germania
8. Full Name of Father, William Lewis
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return.

Address, Caroline Street Fort A. No. 494

Remarks,

1890-000728

been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the name and address of the attendant, if any, signed by the practitioner in the form of a certificate between the first and second days of each and every month to the office of the Commissioner of Health. It shall not be lawful for any other person to make such return without the attendance of a physician or midwife, and it shall become the duty of the person or parents of such child to report all births which shall occur without the attendance of a physician or midwife, and to comply with the provisions of this section in the manner and within the period above required; and any midwife or person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex, (state whether male or female)* Male child

2. *Race or Color, (if not of the white race)* Colored child

3. *Date of Birth,* 11 of March 1879

4. *Place of Birth, (Street and Number)* 920 N Gilmor St

5. *Full Name of Mother,* Emma Jane

6. *Mother's Maiden Name,* Emma Neal

7. *Mother's Birthplace,* Queens Eastern Shore Md

8. *Full Name of Father,* George Jane

9. *Father's Occupation,* Porter in Restaurant

10. *Father's Birthplace,* Bruce Gorge Co Md

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1121 Saratoga St

Remarks, Medical Attendant

MAR 17 1880

1898 000729

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

bear conferred) its sex, color, the full name and occupation of its parents, the full name of such child, if any shall have been given it, the number of children born to the mother, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of certificate herein prescribed, to the parent or parents of such child, or other person in charge of the mother, within ten days after the birth of any child; and the same shall be delivered, duly signed by the practitioner in the form of certificate herein prescribed, to the parent or parents of such child, or other person in charge of the mother, within ten days after the birth of any child shall occur without the attendance of a practitioner, the midwife or other person in attendance upon the mother, immediately thereafter shall report the birth to the office of the Commissioner of Health, and within ten days after the birth of any child shall deliver to the Commissioner of Health, in the manner and with all the particulars required and directed by this section, a certificate of such birth, signed by herself; and any midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence. All other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 1963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) Colored

3. Date of Birth, March 11th 1890

4. Place of Birth, (Street and Number) 632 W. Preston St

5. Full Name of Mother, Christina Clark

6. Mother's Maiden Name. Demby

7. Mother's Birthplace, Fairfield Md

8. Full Name of Father, Perry Clark

9. Father's Occupation, Grain measurer

10. Father's Birthplace, Crisfield Md

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park Ave

Remarks,

1890 - 000730

and schedule shall be delivered, duly signed by the practitioner in attendance, to the person required by law to report the birth, and the same shall be every month to the office of the Commissioner of Health, in which certificate between the first and fifteenth days of each month, the number of births which shall have occurred during the preceding month, and for which no certificate has been delivered, shall be reported. Any physician or practitioner of midwifery, or other person in attendance upon the mother, immediately after the birth of any child, who shall fail to report its birth to the Commissioner of Health, in the manner and within the time herein required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other penalties and forfeitures are recoverable.

E. DULANY & BRO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH B 19964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, March 11th 1890
4. Place of Birth, (Street and Number) 204 Bath St
5. Full Name of Mother, Mary J. Jackson
6. Mother's Maiden Name, " " Shyler
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Benjamin Shyler
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Eutaw Ave

Remarks,

said schedule shall be delivered, duly filled and signed by the physician or midwife in attendance, or by the parent, if there be no physician or midwife in attendance upon the birth, at the office of the Commissioner of Health, in the form of a certificate to be furnished by said Commissioner, within ten days after the birth of each and every such child; and every such physician or midwife in attendance upon the birth, and every parent of such child, shall be required to report its birth to the Commissioner of Health, in the manner and within the time above specified; and every such physician or midwife in attendance upon the birth, and every parent of such child, who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

890 000731

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 19913

A Boland

1. Born Tuesday 11 1890 femal

2. Birth place 813 Madison ave

3. mothers name Alice Jones

4. Alice Vgone

5. mothers birth place petersburg Va

6. father Oliver Jones

7. labor

8.

9. born prince georges co md

10. Elizzie Gth Sayler mid wif
174 Sterling st

Remarks.

B 90 - 000732

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 19966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	March 12th 1896
4. *Place of Birth, (Street and Number)*	503 Eden St
5. *Full Name of Mother,*	Eliza A Todd
6. *Mother's Maiden Name,*	Eliza A Thompson
7. *Mother's Birthplace,*	Virginia County
8. *Full Name of Father,*	William Todd
9. *Father's Occupation,*	Color
10. *Father's Birthplace,*	Marlboro Co. S.C.
Name of Medical Attendant, or other person who makes this Return.	Lubindia Woodard
Address,	132 S. Register St
Remarks,	

1896 MAR 27 BALTIMORE

1896 00 00 733

J. C. DU. ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A1997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 12 1890
4. Place of Birth, (Street and Number) No. 2423 Oak St
5. Full Name of Mother, Mrs. Nannie Grant Martin
6. Mother's Maiden Name, Nannie Grant Mobley
7. Mother's Birthplace, Frederick City, Md.
8. Full Name of Father, Charles Richard Martin
9. Father's Occupation, Fireman
10. Father's Birthplace, Frederick Co. Md

Name of Medical Attendant, or other Person who makes this Return. Eugene F. Smith M.D.

Address, 2211 Maryland Avenue

Remarks, I am positive on every point given. Name of child Dewitt Clinton Martin

ascertained the full name of each child (if any shall have been christened), the sex, color, the full date and place of birth, the name, residence, and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, or by the person making this return, to the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the time required, the parent, nurse, or other person in charge of such child, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

690-00873-4

RETURN OF A BIRTH A. 19968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	Eighth Child
1. *Sex,* (*State whether male or female*)	Male
2. *Race or color,* (*if not of the white race*)	White
3. *Date of Birth,*	March 13
4. *Place of Birth,* (*Street and Number*)	1315 Hoeton St
5. *Full Name of Mother,*	Burley Ray Culp
6. *Mother's Maiden Name,*	Barbara Turner
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles Ray Culp
9. *Father's Occupation,*	Hauler
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Downey
Address,	1635 Fabian St
Remarks, -	None

1890 000735

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

...each certificate shall be delivered, until the same shall be presented to the Registrar or Inspector in the form of a certificate between the first and said schedule shall be delivered, until the same shall be presented to the Registrar or Inspector in the form of a certificate between the first and the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 19969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 and 1 half
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	March 4th
4. *Place of Birth, (Street and Number)*	522 E Adams St
5. *Full Name of Mother,*	Maggie Brown
6. *Mother's Maiden Name.*	Maggie Stepney
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Brown
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return	Lucinda M. Ford
Address,	432 North Wiggins St
Remarks,	

1900 000736

and penalties shall be in addition to all other penalties and forfeitures as are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall neglect or refuse to make such return in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, and the fines and forfeitures are recoverable.

MAR 17 1880 BALTIMORE MD. BALTIMORE DEPARTMENT OF HEALTH

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, March 15
5. Place of Birth, (Street and Number) No 3 Carlton St Balti City
6. Full Name of Mother, Mrs Margret Huse
7. Mother's Maiden Name, Miss Margret Chandler
8. Mother's Birthplace, Born in Baltimore City
9. Full Name of Father, Mr John Wesley Huse
10. Father's Occupation, Drayman
11. Father's Birthplace, Born in Cambridge Md

Name of Medical Attendant, or other person who makes this Return, Caroline Queen

Address, No 1066 Raborg St

Remarks,

1880 - 000737

J. D. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th. Child
1. *Sex, (State whether male or female)*	Boy.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	15th of March 1890
4. *Place of Birth, (Street and Number)*	2212 East Fayette.
5. *Full Name of Mother,*	Laura Baum.
6. *Mother's Maiden Name,*	Laura Strasburger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Samual Strasburger
9. *Father's Occupation,*	Sales man.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Cescintia Kunkel
Address,	213 North Chapel St per Justina Kunkel
Remarks,	Healthy.

1890-000738

Every midwife or nurse, the full name, and occupation of its parents, the date and hour of birth, and the sex and color of each child born alive, and not reported by the physician in attendance, shall within the first ten days of each and every month, make a return of all births occurring during the preceding month, which return shall be delivered, duly signed by the practitioner in the form of a certificate before the end of the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance, the mother, nurse, or other person present at the birth shall report the same to the Commissioner of Health, and it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above named; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 14977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex, (State whether male or female)	Girl
2. Race or color, (if not of the white race)	White
3. Date of Birth,	16th of March 1890
4. Place of Birth, (Street and Number)	602 Port Street
5. Full Name of Mother.	Katie Vogel
6. Mother's Maiden Name,	Katie Wicht
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	John Wicht.
9. Father's Occupation,	Cupper.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Theodosia Kunkel
Address,	213 North Chapel st per Theodosia Kunkel.
Remarks,	Healthy.

590-000739

Each contracting Physician, Midwife or other person who shall neglect or refuse to report and return as herein required any birth at which he or she shall be present or in attendance, or of which he or she shall have knowledge, shall forfeit and pay for each such neglect or refusal the sum of Five Dollars, to be recovered, with costs of suit, for the use of the City, by action of debt in the name of the Mayor and City Register, before any Justice of the Peace of Baltimore City, and the said Justice shall pay over the said forfeiture to the City Register, to be applied to the use of the Board of Health. In like manner shall any Undertaker who shall bury the body of any child for which a certificate of birth has not been returned, forfeit and pay the sum of Five Dollars, to be recovered and applied as aforesaid. And it shall be the duty of the Undertaker in the burial of every child, to require a certificate of birth, and the same shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, and every midwife or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In like manner shall any Undertaker who shall bury the body of any such person or persons who shall hereafter be entered as stillborn, forfeit and pay the sum of Five Dollars, to be recovered, applied and subjected to the fine of ten dollars for each offence, as herein required. Fines and forfeitures are recoverable.

APR 17 1890

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1973

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 16th 1892

4. Place of Birth, (Street and Number) 719 N. Fulton Avenue

5. Full Name of Mother. Mary Emma Bailey

6. Mother's Maiden Name. " " Dunbracco

7. Mother's Birthplace. Queen Anne Co Md

8. Full Name of Father. Leven Bailey

9. Father's Occupation, Dealer in Lumber, sash, doors &c

10. Father's Birthplace. Dorchester Co - Md

Name of Medical Attendant, or other Person who makes this Return W. W. Wright M.D

Address, 220 W. Gilmor St

Remarks,

740

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

... the case of birth, sex, and color of the child or children

... CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Mulatto
3. Date of Birth,	March 14 1890
4. Place of Birth (Street and Number),	936 E. Biddle
5. Full Name of Mother,	Ida Busick
6. Mother's Maiden Name,	Lammers
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Edward Busick
9. Father's Occupation,	paper hanger
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Wm B Billingslea M D
Address,	1206 E. Pratt St
Remarks,	Full name of child - Mable A. Busick

...ore Publishing Co., City Printers and Stationers

1890 000741

RETURN OF A BIRTH A. 19975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Easter 1890
4. Place of Birth, (Street and Number) March 1890
5. Full Name of Mother, Mary Dvorak
6. Mother's Maiden Name, Beran
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Dvorak
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kopitz

Address, Washington 20 E

Remarks,

E 40 - 00742

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 3 1890
4. Place of Birth, (Street and Number) Wolf 1114
5. Full Name of Mother, Mary dovorek
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph dovorek
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kopitar

Address, [redacted] Washington Ave

Remarks,

640 - 000743

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4 1890
4. Place of Birth, (Street and Number) Maurice st 1890
5. Full Name of Mother, Maggie Schwaz
6. Mother's Maiden Name, Zabel
7. Mother's Birthplace, Germer
8. Full Name of Father, Charles Zabel
9. Father's Occupation, Tabor
10. Father's Birthplace, Germer

Name of Medical Attendant, or other person who makes this Return. Mary Burton

Address, Washington 205

Remarks,

1890 00744

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 5 1890
4. Place of Birth, (Street and Number) Bon 2011
5. Full Name of Mother, Sophia Hunns
6. Mother's Maiden Name, Pentacz
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Pentacz
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mercy Kaplin

Address, 70 Lexington 205

Remarks,

and sclerotitis shall be delivered, duly signed by the occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and second days of each month, and between the second and third days of each month, one similar certificate for the preceding month. In case the birth of any child occur within the attendance of a physician or practitioner of midwifery, one shall be required to report its birth to the Commissioner as aforesaid. In case no other person be in attendance within the time required, it shall become the duty of the person in whose house such child is born, or in which it resides, to report its birth to the Commissioner as aforesaid. In case no other person be in any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1890 000745

GIVEN NAME ADDED 7-13-53

RETURN OF A BIRTH A 19979.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Van Frost

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Son

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 th of Mar -1890
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Agnes Frost
6. Mother's Maiden Name, Agnes Harper
7. Mother's Birthplace, Robin Balto. City
8. Full Name of Father, Thomas Frost
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Foster

Address, 1518 Asquith St.

Remarks, Both Well.

1890 000746

said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter. It shall become the duty of the person or persons aforesaid to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GILSARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 6 1890
4. Place of Birth, (Street and Number) Eastern Ave 1811
5. Full Name of Mother, Louise Wahrens
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, [redacted] Wahrens
9. Father's Occupation, [redacted]
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kostka

Address, Washington 205

Remarks,

1890 - 007747

RETURN OF A BIRTH A 19981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 6th 1890
4. Place of Birth, (Street and Number)	411 N. Gilmor St
5. Full Name of Mother,	Clara Anna Purkey
6. Mother's Maiden Name,	C. A. Joh
7. Mother's Birthplace,	Carroll Co Md
8. Full Name of Father,	Emory L Purkey
9. Father's Occupation,	House Painter
10. Father's Birthplace,	Raysville Balto Co Md
Name of Medical Attendant, or other person who makes this Return.	Susan Elmer Cox
Address,	234 Poppleton St
Remarks,	

1890 - 000748

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 7 1890
4. Place of Birth, (Street and Number) Jefferson Av 1909
5. Full Name of Mother, Anna Mojzis
6. Mother's Maiden Name, Haberima
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Haberima
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptis

Address, Washington 265

Remarks,

1890 - 009749

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* XX Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7th
4. *Place of Birth, (Street and Number)* 619 Columbia ave
5. *Full Name of Mother,* Ella Mills
6. *Mother's Maiden Name,* " Schenkel
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Isaac A. Mills
9. *Father's Occupation,* Sinner
10. *Father's Birthplace,* Howard Co.

Name of Medical Attendant, or other person who makes this Return. C. L. Broadenbaugh

Address, 418 S. Paca st.

Remarks,

1890 - 500750

said child in sex, color, the full name and occupation of its parents, the date and place of birth; and the date of each marriage of the parents, and the number of children born to each mother. If any child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health, or shall cause the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall cause no other person to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such report shall be signed by the person who shall have had charge of the case. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. GILBERT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* March 7th
4. *Place of Birth (Street and Number),* 1016 Chester St
5. *Full Name of Mother,* Kate M. Eagleston
6. *Mother's Maiden Name,* Kate M. Carr
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Eagleston
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E. Pierce

Address, 1718 Chester St

Remarks,

Baltimore Publishing Co., City Printers and Stationers

890-000751

Rule shall not set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, and the full name and residence of the parents, and the time when and the place where each child was born, and shall be certified by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the mother be in attendance upon the birth, it shall be the duty of the father or mother or nearest relative present, or in case there be no relative present, then of the owner or occupier of the house in which the birth occurs, to report the same to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 19983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7th 1890
4. Place of Birth, (Street and Number) #409 N. Fremont Ave Balto
5. Full Name of Mother, Emma Sophia Adreon
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Joseph L. W. Adreon
9. Father's Occupation, Foreman of Brush finishing
10. Father's Birthplace, Pocomoke City

Name of Medical Attendant, or other person who makes this Return. Larson Lewis

Address, 23 N. Regester St

Remarks,

1890 00752

said selectmen shall record the full names and occupation of its parents, the date and place of birth, and the sex, color, and number of children of each such person previously born to the mother, and the third day of each and every month thereafter, they shall report the same to the Registrar of Vital Statistics; and the said selectmen shall receive from the Registrar of Vital Statistics a certificate between the first and fifteenth days of each and every month, stating the number of certificates received by him during the month preceding, and no payment shall be allowed to said selectmen for their services as aforesaid until such certificate shall be produced. Any physician or midwife who shall neglect or refuse to report the birth of any child shall incur a penalty of ten dollars, and any physician or midwife who shall neglect or refuse to report the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Registrar of Health, in the manner and within the time above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and penalties under the ordinances are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 8 1890
4. Place of Birth, (Street and Number) Sophia Schinninger
5. Full Name of Mother, Duncan alley 217
6. Mother's Maiden Name,
7. Mother's Birthplace, Germen
8. Full Name of Father, Josph Schinninger
9. Father's Occupation, Labor
10. Father's Birthplace, Germen

Name of Medical Attendant, or other person who makes this Return. Mary Hospital

Address,

Remarks, Washington co 5

1890 - 00753

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly filled up, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the mother, within the period above required, and after the expiration of twenty-four hours, to report the birth to the Commissioner of Health. Any person who shall neglect to report the birth of any child as required by this section, or who shall refuse or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 1998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 8 1890
4. Place of Birth, (Street and Number) Mc donough St 1013
5. Full Name of Mother, Fanny Souplant
6. Mother's Maiden Name, Weber
7. Mother's Birthplace, Bohemien
8. Full Name of Father, Edwardes Weba
9. Father's Occupation, tailor
10. Father's Birthplace, Bohemien

Name of Medical Attendant, or other person who makes this Return. Mary Horton

Address, Washington 205

Remarks,

070-000754

and schedules shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month to the office of the Commissioner of Health, or such other person as he shall designate upon the mother, immediately thereafter. If a child became the duty of the attendant upon the mother, immediately thereafter. If a child became the duty of the attendant or pursuit of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. See rules and regulations for further information.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 8 1890
4. Place of Birth, (Street and Number)	9.8 Arlington ave
5. Full Name of Mother,	Annie M. Barber
6. Mother's Maiden Name,	Annie M Blume
7. Mother's Birthplace,	Baltimor County
8. Full Name of Father,	John T Barber
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimor City
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 d Druid Hill Ave
Remarks,	

shall occur without the attendance of a physician or midwife, it shall become the duty of the Commissioner of Health to cause the child to be visited by a physician or midwife, and the expense of such attendance shall be paid by the father, if able, and if not able, by the mother, immediately after the birth of any child born in the City of Baltimore, it shall become the duty of the father, mother, or other person having charge of such child to report its birth to the Commissioner of Health in the manner and within the time required by the provisions of this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890 00755

GEO. J. G. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th March 1890
4. Place of Birth, (Street and Number) Carlonton ave. No. 414
5. Full Name of Mother, Louesa Lusby
6. Mother's Maiden Name, Simpkins
7. Mother's Birthplace, Burnswick County Va. U.S.
8. Full Name of Father, Jas. F. Lusby
9. Father's Occupation, Supt. Metropolitan insurance Co.
10. Father's Birthplace, Calvert County Md. U.S.

Name of Medical Attendant, or other person who makes this Return, Mrs Louesa Chivral

Address, 2438 Canton ave.

Remarks,

5 7 8 * 0 5 0 7 5 5

Sec. 6. Be it further enacted, That it shall be the duty of the parent, father, mother, guardian, or other person having charge of any child, to report the name, sex, color, the full name and occupation of its parents, the date and place of birth of such child, if any shall have been omitted from the certificate of birth, and the number of children born to the mother, including the child reported, and whether the child reported is the first, second, third or other child born to the mother, which report shall be made within the period above required, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the householder or person over the premises where such child is born to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, March 9th 90
4. Place of Birth (Street and Number), 1808 David Hill Ave.
5. Full Name of Mother, Susie Winner
6. Mother's Maiden Name, " McCarty
7. Mother's Birthplace, Balto. City
8. Full Name of Father, George Winner
9. Father's Occupation, Plumber
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. J. B. Gardner

Address, 424 N. Greene St.

Remarks,

0 0 0 0 0 0 7 5 7

shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, and the said schedule shall be filled up in every particular as far as the facts are known to the person who shall sign the certificate. Every such schedule shall be delivered as aforesaid within thirty-six hours after the birth to which it relates, and every practitioner in midwifery, or other person who shall be in attendance upon the mother thereof, shall be entitled to receive from the person or persons required to register the birth as aforesaid the sum of fifty cents for each and every birth at which he shall be in attendance, and which he shall duly certify and deliver as aforesaid; and every practitioner in midwifery, or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 1999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
2. Sex (state whether male or female),	Female
3. Race or Color (if not of the white race),	
3. Date of Birth,	March 10
4. Place of Birth (Street and Number),	115 Pearl St.
5. Full Name of Mother,	Elizabeth Bell Hammersley
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Balt°
8. Full Name of Father,	John Bell
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balt.
Name of Medical Attendant, or other person who makes this Return.	A. M. Wilson
Address,	1008 Madison Ave
Remarks,	

delivered, duly signed by the practitioner in the house, the date and place of birth; and the said schedule each and every month to the office of the Commissioner of Health. It certificate between the first and third day of Health, whether the birth was duly reported, and if not, why not. Every midwife, practitioner of midwifery, or other person who shall neglect or refuse to make such report, shall forfeit and pay to the use of the City of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RECEIVED MAR 12 1890 REGISTRAR

Publishing Co., City Printers and Stationers

1890 - 000758

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd A 14917

1. Sex. (state whether male or female) Male
2. Race or Color. (if not of the white race) White
3. Date of Birth. March 10th 1890
4. Place of Birth. (Street and Number) 1417 William St
5. Full Name of Mother. Minnie ~~Bond~~ Elliott
6. Mother's Maiden Name. " Bixby
7. Mother's Birthplace. Balto Md
8. Full Name of Father. Geo. A. Elliott
9. Father's Occupation. Letter Carrier
10. Father's Birthplace. Balto Md

Name of Medical Attendant, or other Person who makes the Return. Geo. A. Elliott

Address. 516 E Conner St Balto Md

Remarks.

1890-000759

Should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth. The boards of health of the several counties and cities within the period above required, except in the case of still-births, and shall require the observance of the provisions of this section by any person or persons who shall violate the same, and shall prescribe such other rules and penalties as may be necessary to carry into effect the provisions of this section. Any person or persons who shall violate any of the provisions of this section shall be subject to a fine of five dollars for each offense, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 19993

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &*c.*)	5th
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	March 11th 1890
4. *Place of Birth.* (*Street and Number*)	1417 Eutaw Place
5. *Full Name of Mother.*	~~Mrs~~ Belinda Lelly Houston
6. *Mother's Maiden Name,*	Mrs
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Richard W. Houston
9. *Father's Occupation,*	Druggist
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	N. H. Willenbrock
Address,	421 Eutaw St
Remarks,	

CO., CITY PRINTERS AND STATIONERS.

D - 000760

RETURN OF A BIRTH B. 1999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)

1. *Sex*, (*State whether male or female*)
2. *Race or color*, (*if not of the white race*)
3. *Date of Birth*,
4. *Place of Birth*, (*Street and Number*)
5. *Full Name of Mother*,
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*,
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

B 7 0 - 0 0 0 7 6 1

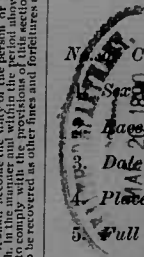
PHILADELPHIA MAR 00 85

...third day of each and every month to the office of the Commissioner of Health, a certificate between the first and ...shall report his birth to the Commissioner of Health. In the event the birth of any child ...attendance upon the mother at the time of birth, the mother and in default of her, the father of such child to report his birth to the Commissioner of Health. In the event the person or parents of such ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

TULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



1. *Number Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)* Third Child
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* March 12 1890
5. *Place of Birth, (Street and Number)* 22 E Randall
6. *Full Name of Mother,* Louisa M Stultz
7. *Mother's Maiden Name,* Louisa M Einolf
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* Wm Stultz
10. *Father's Occupation,* Merchant
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Frank Boyle

Address, 914 N Eden

Remarks,

1890 - 000762

GEO. J. O. SULANY & CO., CITY PRINTERS AND STATIONERS

Every physician or midwife in attendance upon a birth shall ascertain the full name of each child, if any shall have been conferred; its sex; color; the full name and residence and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the parents of the child, at the time of the third day of each and every month to the office of the Commissioner of Health. The date between the first and third days of each month on which the said schedule is to be delivered to the office of the Commissioner of Health, shall be left blank. If the birth occur within the time specified for the delivery of the schedule, the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the said schedule shall be delivered by the parents as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 19995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Wednesday March 12 1890

4. Place of Birth, (Street and Number) 876½ W. Baltimore St.

5. Full Name of Mother, Bertha Moog

6. Mother's Maiden Name, Bertha Mechdter

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, August Moog.

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore City Germany

Name of Medical Attendant, or other person who makes this Return. Susan Pappleton M.D.

Address, 23 N Pappleton St

Remarks, 890-000763

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, the same to be signed by the physician, midwife or other person who shall attend upon the birth, or in the absence of any child attend to report the same, which certificate shall state the date and place of birth, the sex and color of the child, the full name and maiden name of the mother, the full name and occupation of the father, and such other information as may be required by the Commissioner of Health, or the Board of Health, and shall be subject to the rule of ten full dollars for each offense, to be recovered to the use of the city, only signed by the physician, midwife or other person who shall attend upon the birth, or in the absence of any such physician, midwife or other person, to report the same, which certificate shall state the date and place of birth, the sex and color of the child, the full name and maiden name of the mother, the full name and occupation of the father, and such other information as may be required by the Commissioner of Health, or the Board of Health, and shall be subject to the rule of ten full dollars for each offense, to be recovered to the use of the city, and every midwife or other person who shall attend upon the birth of any child within the limits of this section, or a certificate of the birth of such child, and in case no physician, midwife or other person shall attend upon the birth, or should no one of the parents of such child reside within the limits of this section, then it shall be the duty of the person having charge of the premises where such birth occurs to report the same, which certificate shall be signed by the physician, midwife or other person who shall attend upon the birth, or in the absence of any such physician, midwife or other person, and shall be delivered by the person making the same to the Registrar of Vital Statistics, Board of Health, on the third day of each month, and every neglect or refusal to comply with the provisions of this section shall subject the offender to the penalty of ten dollars for each offense, to be recovered to the use of the city, and every midwife or other person who shall attend upon the birth of any child within the limits of this section, or a certificate of the birth of such child, and in case no physician, midwife or other person shall attend upon the birth, or should no one of the parents of such child reside within the limits of this section, then it shall be the duty of the person having charge of the premises where such birth occurs to report the same, which certificate shall be signed by the physician, midwife or other person who shall attend upon the birth, or in the absence of any such physician, midwife or other person, and shall be delivered by the person making the same to the Registrar of Vital Statistics, Board of Health, on the third day of each month, and every neglect or refusal to comply with the provisions of this section shall subject the offender to the penalty of ten dollars for each offense, to be recovered to the use of the city, and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19997

GIVEN NAME ADDED 3-24-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Andrew Skladowski

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex, (State whether male or female)	Male,
2. Race or color, (if not of the white race)	White,
3. Date of Birth,	March 12th 1890,
4. Place of Birth, (Street and Number)	126 S. Sharp st Cor of Pratt st.,
5. Full Name of Mother,	Mary Skladowska,
6. Mother's Maiden Name,	Mary Mucel,
7. Mother's Birthplace,	Lithuania,
8. Full Name of Father,	Andrew Skladowski,
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Lithuania
Name of Medical Attendant, or other person who makes this Return.	Chas B. Zeigler M.D.
Address,	920 N Broadway
Remarks,	

1890 000764

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who would be required to report such birth, the mother of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 19998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 12 1890
4. *Place of Birth, (Street and Number)*	1104 Philpot al
5. *Full Name of Mother,*	Anne Brown
6. *Mother's Maiden Name,*	ll Williams
7. *Mother's Birthplace,*	Balto City Md
8. *Full Name of Father,*	Steven Brown
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	St Mary's Co Md
Name of Medical Attendant, or other Person who makes this Return.	D. Maguire M.D.
Address,	1115 Ostend St
Remarks,	

8 7 8 - 0 0 0 7 6 5

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 19999

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

...of Mother. (state whether 1st, 2d, 3d, &c.)	1
...whether male or female)	female
...olor. (if not of the white race)	colored
...irth.	[redacted] Aug 13th 1890
...Birth, (Street and Number)	5402 Chase St Baltimore Md
...of Mother.	Agnes Simpson
...Maiden Name.	Agnes Norman
...Birthplace.	Lyttleton Baltimore Md
...of Father.	Lucas Simpson
...Occupation,	Laborer
...Birthplace.	Baltimore Co. Md
...Medical Attendant, or other Person who makes this Return	Sarah Smothers
	5402 Chase St

890-000766

890-000766

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

W. Mitchell Price BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex. (state whether male or female) Male
2. Race or Color. (if not of the white race) White
3. Date of Birth, March 12 1920
4. Place of Birth, (Street and Number) 1713 N Lanvale St
5. Full Name of Mother Georgiana N Price
6. Mother's Maiden Name. Myerough
7. Mother's Birthplace. Baltimore
8. Full Name of Father. William B Price
9. Father's Occupation, Telegraph operator
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr H Dillenderfer

Address, 1421 Bolton St

Remarks. GIVEN NAME ADDED 4/28/54

...OF THE PARENTS, AND THE MAIDEN NAME OF THE MOTHER OF SUCH CHILD OR CHILDREN." ...ORDER OF THE BOARD OF HEALTH, ... CHILDREN ...

...CITY PRINTERS AND STATIONERS

B 90 - 000767

RETURN OF A BIRTH A 2001

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6th

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 13th 1890
4. Place of Birth, (Street and Number) 1334 Ensor st
5. Full Name of Mother Estelle T. McKay -
6. Mother's Maiden Name, " " McNeir
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. H. McKay -
9. Father's Occupation, Telegraph Instrument-maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Wm. L. Russell

Address, 800 N Broadway -

Remarks,

...ch, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...CO., CITY PRINTERS AND STATIONERS

0 4 0 - 0 0 0 7 6 8

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	13th of March
4. *Place of Birth, (Street and Number)*	Camden St 330 Balmr
5. *Full Name of Mother,*	Kate Fankham
6. *Mother's Maiden Name,*	Kate Savinnier
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Oscar H Fankham
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catzine Riley
Address,	1126 Russell St
Remarks,	890-000769

certificate between the first and fifth day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur in a hospital, or other institution, the physician or midwife in attendance shall report the birth to the Commissioner of Health, as aforesaid. In case the birth of any child shall occur in a hotel, tenement house or boarding house, the proprietor or lessee of such hotel, tenement house or boarding house shall immediately thereafter shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense or to be recovered as other fines and forfeitures are recoverable.

...by A. Co., City Printers and Stationers.

RETURN OF A BIRTH A 7003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 12/13, 1910
4. *Place of Birth, (Street and Number)* 1503 Aisquith St house
5. *Full Name of Mother,* Sarah Cooper
6. *Mother's Maiden Name,* Sarah Lewis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Cooper
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hoffman

Address, 123 S Durham St

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed, to the person registering the birth, and a like certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case of a birth occurring without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the father, grandparent, householder, or other person present at the birth shall report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A. C. City Printers and Stationers

S 90 - 000770

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Edward Smith — 5th child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 14th of March, 1890
4. Place of Birth, (Street and Number) Stockholm St Baltimore
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Mary Zain
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Jophes Smith
9. Father's Occupation, brick maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Baltimore Riley

Address, 1126 Russell St

Remarks, SINCE DEAD 4/28/54 HG

Tuley & Co., City Printers and Stationers.

1890 000771

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case of a birth of any child shall occur without the attendance of a Physician or Midwife, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14th
4. Place of Birth, (Street and Number) 326 S. Paca
5. Full Name of Mother, Annie Eckermann
6. Mother's Maiden Name, Annie Brinkmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Eckermann
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Hellegonda Clifford

Address, 624 S. Paca St

Remarks,

B 90 000772

said school is shall be delivered, duly signed by the occupant of its parents, the date and place of birth; and the third day of each and every month to the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, such mother immediately thereafter. It shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Black
3. Date of Birth,	14 day March
4. Place of Birth, (Street and Number)	good man alley 1130
5. Full Name of Mother,	Dallas Carter
6. Mother's Maiden Name,	Lillie Passwell
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Carter
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Mercer
Address,	128 York Street
Remarks,	690-000773

and schedule shall be delivered, duly signed by the practitioner in the case of a certificate of birth, and the third day of each and every month to the Commissioner of Health. If any child shall die without a certificate of birth having been delivered to the Commissioner of Health, it shall be the duty of the physician, midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required. Any such person or Persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15 1890
4. Place of Birth, (Street and Number) 515 Sheppard St
5. Full Name of Mother, Anna Chatriene Ray
6. Mother's Maiden Name, " " Matsch
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo Frederick Ray
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 S Caroline St

Remarks,

1890-000774

third day of each and every month to the office of the Commissioner of Health, certificate between the first and shall contain such information as may be required by the Commissioner of Health, certificate between the first and attendance upon the mother. Immediately thereafter it shall become the duty of the person in charge of any child to report its birth to the Commissioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or persons who shall later refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 15/20
4. Place of Birth (Street and Number),	2019 Eoutsth
5. Full Name of Mother,	Laura Sever
6. Mother's Maiden Name,	Laura Rader
7. Mother's Birthplace,	Pa
8. Full Name of Father,	Jas. Severe
9. Father's Occupation,	Printer
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M.D
Address,	129 So Broadway
Remarks,	B 90 - 000775

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 20009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person duly attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report all the facts required to be reported in this section, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 15 1890
4. Place of Birth, (Street and Number) 1100 Jefferson Court
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, Nathan Grant
9. Father's Occupation, Porter
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return. Louis Law

Address, 400 Jefferson St

Remarks, 1890 - 000776

GEO. J. G. GILSON & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Mar. 16, 1891
4. Place of Birth, (Street and Number)	632 Cider alley
5. Full Name of Mother,	Nellie Moore
6. Mother's Maiden Name,	Nettie Stivans
7. Mother's Birthplace,	Balto. City
8. Full Name of Father,	Isaac Moore
9. Father's Occupation,	~~Balto. City~~ Driver
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return.	Abilla Brooks
Address,	1132 Manna St
Remarks,	Dagg 7 7

...day signed by the Practitioner in the form of a certificate, the exact place of birth; and the...death occur without the attendance of a Physician or Practitioner of midwifery, or should an other person be in...child to report its birth to the Commissioner of Health, in the manner and within the time above mentioned, and...pay such person or persons who shall hereafter fail to comply with the provisions of this section the sum of...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 2011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White race
3. Date of Birth, March 16th 1900
4. Place of Birth (Street and Number), 108 Heath St
5. Full Name of Mother, Therese Hellmig,
6. Mother's Maiden Name, Therese Bohm.
7. Mother's Birthplace, Koenigreich Preusen Germany.
8. Full Name of Father, Gust Hellmig.
9. Father's Occupation, Furniture Mf'g'r.
10. Father's Birthplace, Koenigreich Preusen Germany

Name of Medical Attendant, or other person who makes this Return. Hermina Geller

Address, 1763 Hanover St

Remarks, ~~B 0 - 0 0 0 7 7 8~~ Baltimore City
840-000778

...ct. 1—Delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the owner or lessee of the house or tenement where such child is born shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1st
1. *Sex,* (*State whether male or female*)	Male,
2. *Race or color,* (*if not of the white race*)	White,
3. *Date of Birth,*	March 16th 1890,
4. *Place of Birth,* (*Street and Number*)	420 Conway st.,
5. *Full Name of Mother,*	Eva Matulewicz,
6. *Mother's Maiden Name,*	Eva Paparge,
7. *Mother's Birthplace,*	Lithuania,
8. *Full Name of Father.*	Andrew Matulewicz,
9. *Father's Occupation,*	Tailor,
10. *Father's Birthplace,*	Lithuania
Name of Medical Attendant, or other person who makes this Return.	Chas B Leyden MD
Address,	920 N Broadway
Remarks,	890-000779

Every midwife or physician, or other person who shall attend at the birth of any child, shall, within ten days thereafter, make a certificate in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health within ten days after the occurrence of such birth. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SULLAVY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-29-55

RETURN OF A BIRTH A 20013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Jeremiah Henry Teuteberg 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, März 16 1890
4. Place of Birth, (Street and Number) Gazette No 1419
5. Full Name of Mother, Emma Teuteberg
6. Mother's Maiden Name, Wilbath
7. Mother's Birthplace, Tilsit Ost Preussen
8. Full Name of Father, Heinrich Teuteberg
9. Father's Occupation, Stevedor
10. Father's Birthplace, Bremerhaven

Name of Medical Attendant, or other person who makes this Return. Johanne Jacobs

Address, Gazette No 1363

Remarks, Caucasian Point

1890 - 00.07 80

said schedule shall be delivered, duly signed by the attendant or, if there be no attendant, by the father or mother of such child, within three days after the birth, and if the birth occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. Any person who shall neglect to make such report as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	March 16th
4. Place of Birth, (Street and Number)	14 W. Hughes St.
5. Full Name of Mother,	Addie Harris
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Lancaster Co. Va.
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Millie Gross
Address,	239 York St.
Remarks,	

1890 000781

...third day of each month to the office of the Commissioner of Health. In case the birth of such child shall occur upon the premises of a physician, midwife, or other person in attendance upon the mother, immediately after the birth, it shall become the duty of such physician, midwife, or other person to report such birth as required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures, as is now or may hereafter be by law provided for the recovery of fines and forfeitures.

...and the child, if living, or in case of the death of the child, the cause of death, and such other information as may be required by the Commissioner of Health. In case the birth of such child shall occur in a hospital, or other institution, or in the family of a person other than the parent of such child, it shall be the duty of the person in charge of such hospital or institution, or head of such family, to report such birth as herein required, and any person who shall fail to make such report shall be subject to a fine of not less than ten (10) dollars nor more than fifty (50) dollars for each offense.

...signed by the practitioner, or the firm of practitioners, in charge of the case, and the certificate must be filed with the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth. Blank forms will be furnished by the Registrar of Vital Statistics upon application.

...Sec. 3. And be it further enacted, That it shall be the duty of every midwife, or other person, not a physician, in attendance upon any case of birth, to report the same to the Commissioner of Health within ten days after the birth, and on the first day of each month all births occurring during the preceding month, which report shall be signed by the midwife or other person in attendance, and shall contain the name, age, color and residence of the parents, the sex of the child, the date of birth, and such other information as may be required by the Commissioner of Health. In the making of such report the midwife or other person in attendance shall be governed by such rules and regulations as may be prescribed by the Commissioner of Health, and any midwife or other person who shall refuse or neglect to make such report, or who shall knowingly make any false report, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars, or by imprisonment not exceeding thirty days, or by both fine and imprisonment, in the discretion of the court.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* 17 March 1896
4. *Place of Birth, (Street and Number)* 523 N Washington st.
5. *Full Name of Mother,* Mary Young
6. *Mother's Maiden Name,* Voltz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lizzie Young
9. *Father's Occupation,* Cable Road
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs L Schultz

Address, 528 N Washington

Remarks,

1890 000782

Attendance upon the mother, immediately after the birth of any child, is required by law to be rendered by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child, the duty of the person or parents of such child to report its birth to the Commissioner of Health, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890 - 000783

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health Code, Section 4. Every physician, midwife or other person in attendance upon any birth shall, within ten days after the birth, report to the Commissioner of Health the name, sex, color, date and place of birth, and the name and residence of the parents, of every child born, and the number of children born to the mother, and the number of children born alive and now living; and for every neglect to make such report within the time specified, he shall forfeit and pay the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

Section 5. Every physician, midwife or other person in attendance upon any birth shall, within the period above required, report to the Commissioner of Health, in the manner and form prescribed by him, the date and place of birth, and the name and residence of the parents, of every child born, and the number of children born to the mother, and the number of children born alive and now living; and for every neglect to make such report within the time specified, he shall forfeit and pay the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

Section 6. Every person who shall be employed to register the birth of any child, and who shall neglect or refuse to make such report, shall be liable to the penalty imposed by the preceding section.

Section 7. Every person who shall be employed to register the birth of any child, and who shall neglect or refuse to make such report, shall be liable to the penalty imposed by the preceding section.

Section 8. Every person who shall be employed to register the birth of any child, and who shall neglect or refuse to make such report, shall be liable to the penalty imposed by the preceding section.

Section 9. Every person who shall be employed to register the birth of any child, and who shall neglect or refuse to make such report, shall be liable to the penalty imposed by the preceding section.

Section 10. Every person who shall be employed to register the birth of any child, and who shall neglect or refuse to make such report, shall be liable to the penalty imposed by the preceding section.

RETURN OF A BIRTH A. 20017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, March the 17
4. Place of Birth, (Street and Number) light street 615
5. Full Name of Mother, Mary Charly
6. Mother's Maiden Name, Mary steward
7. Mother's Birthplace, nanticoek Virginia
8. Full Name of Father, Jabs steward
9. Father's Occupation, Barber
10. Father's Birthplace, Charlerton

Name of Medical Attendant, or other person who makes this Return, Samuel Jane Wilson

Address, No 115 Lurez street

Remarks,

890-000784

said Act of is shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or inmate of such house where the birth occurs to report the birth to the Commissioner of Health, in the manner and within the period above recited; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 20018

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	Dec 4 1890
4. Place of Birth (Street and Number)	N E Cor Saratoga & Howard
5. Full Name of Mother	Emelia Schumpa-
6. Mother's Maiden Name	Emelia Unge
7. Mother's Birthplace	America
8. Full Name of Father	Chas Schumpa
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Baltimore
Address	113 Vacant
Remarks	

1890 - 000785

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH A20019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 18th 1890 3 a m
4. Place of Birth, (Street and Number) 1001 Milton Pl.
5. Full Name of Mother, Mary Theresa McKenna
6. Mother's Maiden Name. Mary Theresa Allenbaugh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William McKenna
9. Father's Occupation, Moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. A H Taylor M D

Address, 1136 Lexington St.

Remarks.

690-000785

Physicians are required to report the first and third day of each and every month to the office of the Commissioner of Health, in the form of a birth or stillbirth shall occur without the attendance of a physician or practitioner of midwifery or nursing, then it shall be the duty of the midwife, or nurse, or in default thereof, the mother, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of not less than five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-6-55

RETURN OF A BIRTH A 20070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Louisa Elizabeth Fabig 8

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 18 März 1890
4. Place of Birth, (Street and Number) Bose Street 714 Baltimor
5. Full Name of Mother, Mina Fabig
6. Mother's Maiden Name, Mina Krüger
7. Mother's Birthplace, Danzig Germany
8. Full Name of Father F. Fabig
9. Father's Occupation, Beer Brewer
10. Father's Birthplace, Scheussingen Germany

Name of Medical Attendant, or other person who makes this Return. John Henne Stuhrmann

Address, 327 S. Bond Street

Remarks,

1890-000787

(Every birth and death, which shall occur within the limits of Baltimore City, shall be reported to the office of the Commissioner of Health, within the first ten days after occurrence, by the attending physician, midwife or other person in attendance upon the mother, immediately thereafter; and it shall be the duty of every person who shall hereafter build, open or occupy any cemetery or burial ground within the limits of Baltimore City, to keep a record of all interments therein, and to report the same monthly to the Commissioner of Health, in the manner and within the period prescribed for such cases by the rules and regulations of the Board of Health. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	March 18 1890
4. Place of Birth (Street and Number),	104 N. Chapel st.
5. Full Name of Mother,	Anna Warns
6. Mother's Maiden Name,	Anna Thiz
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Herman Warns
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	P. B. Dauschmid
Address,	1729 E. Balto. st.
Remarks,	890-000788

shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth; and the said schedule shall contain the names and residences of all the children born alive of such mother, and the dates of birth of each, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the parents, and in case of their absence from the house, of the nearest relative present, to report the birth to the Commissioner of Health, in the manner and within the period aforesaid, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 20022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 19 1890
4. Place of Birth, (Street and Number) 217 W Conway St
5. Full Name of Mother, Olyie E Ward
6. Mother's Maiden Name, Doelle
7. Mother's Birthplace, New York
8. Full Name of Father, Frank O Ward
9. Father's Occupation, Oysterpacker
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. J Thurdelbrooke

Address, 914 St Charles

Remarks,

1890-000789

MAR 20 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 20th 90.

4. Place of Birth, (Street and Number) 815 Columbia Ave

5. Full Name of Mother, Lena Dunmeyer

6. Mother's Maiden Name, Lena Ohle

7. Mother's Birthplace, Catonsville, Md.

8. Full Name of Father, Charles Dunmeyer

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. H.C. Ohle, M.D.

Address, 120 W. Fayette St.

Remarks,

1890 000790

MAR 21 1890

Any midwife shall be delivered, duly signed by the practitioner in the form of a certificate as above, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. SULLANY & CO., CITY PRINTERS AND STATIONERS

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH B. 700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 21 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 the Mar
4. *Place of Birth, (Street and Number)* 2319 Canton Avenue
5. *Full Name of Mother,* Karoline Osterman
6. *Mother's Maiden Name,* = Siebmeyer.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Friedrich Osterman
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Papenburg (Germ.)

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks, 5½ Month Fetus (Death after 15 Minutes) Bernard Meyer Undertaker 505 N. Washington St

J. G. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH A 20025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 20ed 1890
4. Place of Birth, (Street and Number)	1035 Guttmans alley
5. Full Name of Mother,	Margarete Hübsman
6. Mother's Maiden Name,	Krieg
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Hübsman
9. Father's Occupation,	Huxster
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Schroader midwife
Address,	1032 Hanover st
Remarks,	

1890-000792

MAR 22 1890

...third day of each and every month in the form and manner and the place of birth; and the ...shall occur without the limits of the city, the undertaker or person having charge of the ...attendance upon the mother, immediately after the birth of any child ...child to report its birth to the Commissioner of Health, in the manner and form ...such information as he may require, and to comply with the provisions of said ...jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SEC. 17. ... shall be collected, duly signed by the practitioner in the form ... and the ... shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SEC. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

D. 10026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) White
3. Date of Birth, March 20 1890
4. Place of Birth, (Street and Number) No 1614 S Charles St
5. Full Name of Mother, Elmira Foreman
6. Mother's Maiden Name, Elmira Lafferty
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, Oliver C Foreman
9. Father's Occupation, Fireman on B & O R R
10. Father's Birthplace, Sykesville Howard Co Md

Name of Medical Attendant, or other person who makes this Return. E. Minter

Address, No 1614 S Charles St

Remarks, 1890-000793

Third day of each and every month, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month by the Office of the Commissioner of Health. In case the birth of any child shall occur without the limits of Baltimore City, the duty of making such return shall devolve upon the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GUILANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 700 27

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) 3rd

1. Sex, (state whether male ~~or female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20th 1890
4. Place of Birth, (Street and Number) 1006 Forrest Place Baltimore
5. Full Name of Mother, Winnifred Josephine Farron
6. Mother's Maiden Name, "
7. Mother's Birthplace, Cahirlestraun Co Galway Ireland
8. Full Name of Futher, Patrick James Farron
9. Father's Occupation, Letter Carrier
10. Father's Birthplace, Aughnacloy Co Tyrone Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Tibby

Address, 918 Clifton Place

Remarks,

890-000794

child to report its birth to the Commissioner of Health. In the manner and within the period above mentioned, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

... J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH B 29078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 15th. 1890
4. *Place of Birth, (Street and Number)*	809 E. Eager St.
5. *Full Name of Mother,*	Katie Byrnes.
6. *Mother's Maiden Name,*	Katie Hawkins
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	James Byrnes.
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Bruton M.D.
Address,	Calvert & Preston Sts.
Remarks,	

1890 - 000795

The foregoing is to be delivered, duly signed by the practitioner in the form of a certificate, to the parent, nurse or other person in charge of the mother at the time of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur while the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, such father, mother, nurse or other person in charge of the mother at the birth of such child to report the birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Color
3. Date of Birth, 1 day of march
4. Place of Birth, (Street and Number) Thurmeadley Va
5. Full Name of Mother, Mary Pierce
6. Mother's Maiden Name, Ridley
7. Mother's Birthplace, Lunenburg county
8. Full Name of Father, Nathan Pierce
9. Father's Occupation, Seaman
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mary Hooper

Address, Alley Nelson

Remarks, 218 E Saratoga St

8 9 0 2 0 0 0 7 9 6

If the day of each and every month in the office of the Commissioner in the form of a certificate between the first and fifth days of the month next succeeding the birth, and the failure to make such return shall occur without the attendance of a physician or practitioner of midwifery, the said father, mother or person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. DULANY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 20030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 2 1890
4. *Place of Birth, (Street and Number)* 3 S. Amity St
5. *Full Name of Mother,* Mary Meisheim
6. *Mother's Maiden Name,* Voss
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Meisheim
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Fallon St.

Remarks,

1890 000797

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

B 9 0 2 0 0 0 7 9 8

third day of each and every month, a Return by the Practitioner in the form of a certificate between the 1st and the 5th

RETURN OF A BIRTH A 20037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd March 1874
4. Place of Birth, (Street and Number) 721 E. Fayette St
5. Full Name of Mother, Alice Pinkowitz
6. Mother's Maiden Name, " Pinkowitz
7. Mother's Birthplace, Prussia
8. Full Name of Father, Lewis Pinkowitz
9. Father's Occupation, Peddler
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, C. Klemm

Address, 10 S. Albemarle St.

Remarks,

1890-000799

third day of each and every month, a list signed by the practitioner in the form of a certificate herein required, stating the name and residence of the mother, the sex and color of the child, the time and place of birth, and the name and residence of the attendant. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* [illegible]
3. *Date of Birth,* 3 days march
4. *Place of Birth (Street and Number),* Num 1017 Ruley St
5. *Full Name of Mother.* Emma Ruley
6. *Mother's Maiden Name,* Emma Ruley
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Basil Hall
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mary Harper

Address, A. Lynn Carlson

Remarks, 1218 E. Monument

1890 - 000800

To every person to the office of the Commissioner of Health. In case the birth was attended by a physician or midwife, the certificate must be signed by such physician or midwife. Immediately thereafter it shall become the duty of the father or mother, or in case of the absence or inability of both father and mother, the owner or agent of the premises where the birth occurred, or the head of the family to which the mother belongs, to report the birth to the Commissioner of Health, in the form of a certificate between the first and third days of the month following the birth, and shall likewise report the death of any child without delay, stating the cause of death, as ascertained by such person, and the name, residence and occupation of the parents of such child. Any person who shall neglect to comply with the provisions of this section shall be subjected to the use of restitutionary for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 70030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male Single
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th March 1870
4. *Place of Birth, (Street and Number)* 22 Exeter St.
5. *Full Name of Mother,* Laura Lurgan
6. *Mother's Maiden Name,* " Pitcairn
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Henry F. Lurgan
9. *Father's Occupation,* Broker in Gold & Silver
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, C. Peterson

Address, 103 Albemarle St

Remarks,

1890-000601

Third day of each and every month to the office of the Commissioner of Health. And the first and third days of each month hereafter, if such return of birth and certificate between the first and attendance upon the accouchement, he shall make the return of birth of any child child to report its birth to the Commissioner forthwith. And every person who shall be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. KALMEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 5th 1898
4. *Place of Birth, (Street and Number)*	1221 N. Caroline St.
5. *Full Name of Mother,*	Jamie D. Hamilla Bangart
6. *Mother's Maiden Name,*	Jamie D. Hamilla
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Daniel L. Bangart.
9. *Father's Occupation,*	Oil & Lamp Dealer
10. *Father's Birthplace,*	Balto. Md
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D.
Address,	Calvert & Preston Sts.
Remarks,	

890-000802

birth; and the
the first and
of any child
or any child
parents of such
shall be sub-
are recoverable.

WM. A. G. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 7003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1-

1. Sex, (state whether male or female) M.
2. Race or Color, (if not of the white race) W-
3. Date of Birth March 6-90
4. Place of Birth, (Street and Number) 1914 E Chase
5. Full Name of Mother, Mary Rinyon
6. Mother's Maiden Name, Hooper
7. Mother's Birthplace, Bl-
8. Full Name of Father, Wm Rinyon
9. Father's Occupation, Mechanic
10. Father's Birthplace, Bl

Name of Medical Attendant, or other Person who makes this Return. Jno C Millard

Address, 1207 E Monument

Remarks,

1890-000803

Murphy & Co., City Printers and Stationers.

Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case of a birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, or person in charge of the house where such birth occurred, and they are required to report all such births as aforesaid, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* [illegible]
2. *Race or Color (if not of the white race),* [illegible]
3. *Date of Birth,* [illegible] March
4. *Place of Birth (Street and Number),* 218 [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* Mary
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* Stevador
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mary Hooper

Address, [illegible]

Remarks, 218 E Cross St

1890 000304

Sec. 4. And every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance than the mother, immediately thereafter it shall become the duty of the person or persons in charge of the mother and child to report the case to the Commissioner of Health. In the manner required by the first section of this section, and any such person or persons who shall neglect or refuse to make such report within the time specified in the first section of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male [illegible]
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th March 187[illegible]
4. Place of Birth, (Street and Number) 114 [illegible] St.
5. Full Name of Mother, Eleanora [illegible]
6. Mother's Maiden Name, " Logan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Morris [illegible]
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C. [illegible]

Address, [illegible] St.

Remarks,

1890-000305

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 270 34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 8th 1890
4. *Place of Birth, (Street and Number)*	1213 Valley St
5. *Full Name of Mother,*	Zalanda Smith
6. *Mother's Maiden Name,*	Zalanda Russell
7. *Mother's Birthplace,*	Lynchburg Va.
8. *Full Name of Father,*	Gregory A. Smith.
9. *Father's Occupation,*	Cutter for Merchant Tailor
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton M.D.
Address,	Calvert & Preston Sts.
Remarks,	1890-000806

Third day of each and every month, to the office of the Commissioner of Health. And in case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately after the birth, the person occupying the position of nurse shall be subject to the duty of reporting such birth as required of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. BALAMY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

Above

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Color
3. *Date of Birth,* 8 March
4. *Place of Birth (Street and Number),* Norbeing near alley
5. *Full Name of Mother,* Eliza Howard
6. *Mother's Maiden Name,* Ann Brown
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Howard
9. *Father's Occupation,* Stone cutter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mary A Cofer

Address, Anglican Ave

Remarks, 218 Druid St

1870 - 000307

...and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance at the birth, the mother, immediately thereafter, shall become the duty of the person or persons of each city such person in charge of the Commissioner of Health. In the manner and within the time prescribed in this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Black

3. Date of Birth, Mar 4th 1890

4. Place of Birth (Street and Number), 1402 Barclay St

5. Full Name of Mother, Rebecca Scott

6. Mother's Maiden Name, " Brown

7. Mother's Birthplace, Penna

8. Full Name of Father, Frank Scott

9. Father's Occupation, Laborer

10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. H G. Prentiss. M. D.

Address, 1113 Waverly Ave - Balto. Md

Remarks,

1890 - 000808

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 190447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 9th 1890
4. *Place of Birth, (Street and Number)*	914 Light st.
5. *Full Name of Mother,*	Annie Lassahn
6. *Mother's Maiden Name,*	Hoffman
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Ernst Lassahn
9. *Father's Occupation,*	Storekeeper
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser midwife
Address,	1032 Hanover st.
Remarks,	

1890-000809

APR 22 1890

The duty of each and every month to the office of the Commissioner of Health, in case a certificate between the first and [illegible] shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the midwife in attendance, or in case there is no midwife in attendance, then the duty devolves upon the parent or parents of such child to report its birth to the Commissioner of Health, within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	March 9th 1890
4. Place of Birth, (Street and Number)	1449 Patapsco Street
5. Full Name of Mother,	Rebecca hennessy
6. Mother's Maiden Name,	Rebecca newman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John hennessy
9. Father's Occupation,	Boiler maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Ellennora a anderson
Address,	1434 Patapsco st
Remarks,	Child healthy

1890 - 000810

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female Triplet
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 To Lombard St 10 March 1915
4. Place of Birth, (Street and Number) 111 Lombard St.
5. Full Name of Mother, Jane Emma
6. Mother's Maiden Name, " "
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, 1890-000811

Every midwife and every person who shall assist at the birth of any child, or be present at the birth of any child, shall within ten days after the birth of such child, report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 10 1890
4. Place of Birth, (Street and Number) 916 Dallas St
5. Full Name of Mother, Caroline Rattger
6. Mother's Maiden Name, Kirkner
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Rattger
9. Father's Occupation, Trunk Maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St.

Remarks,

890 000812

MAR 1890

third day of each and every month to the office of the commissioner of health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall become the duty of the person in charge of the house or tenement where such birth occurs, to report the same within the time specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male Colored
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, 11th March 1896
4. Place of Birth, (Street and Number) 110 High St
5. Full Name of Mother, Mrs. Edward
6. Mother's Maiden Name, Sisco
7. Mother's Birthplace, Virginia
8. Full Name of Father, Edward
9. Father's Occupation, Carpenter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 1[illegible] Allendale St.

Remarks,

690 - 000813

MAR 24 1900

shall occur within the city, and every month to the office of the Commissioner of Health, in case there be no such birth within the time aforesaid. And every midwife, or other person not being a physician or practitioner of midwifery, who shall attend upon any woman in labor, shall report its birth to the Commissioner of Health within the time aforesaid, and in case there be no midwife or other person in attendance within the time aforesaid, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the time aforesaid. And every physician or practitioner of midwifery who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 700 47

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd Child
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 10 th 1890
4. Place of Birth, (Street and Number)	35 no. West pl.
5. Full Name of Mother,	Mary C. Connell
6. Mother's Maiden Name,	Hatten
7. Mother's Birthplace,	America
8. Full Name of Father,	Nicholas C. Connell
9. Father's Occupation,	Cannmaker
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	A. Lohmeyer midwife
Address,	1032 Hanover st
Remarks,	

1890 - 000814

third day of each and every month, at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate between the first and shall occur without the limits of the city, the father or mother shall become the duty of the person having the birth of any child attendance upon the mother, immediately thereafter, to make out and deliver to the other person he is child to report its birth to the Commissioner of Health, in the manner and within the time required, and person who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten dollars for each offence, to be recovered, with costs, as debts of like amount are recoverable.

REGISTERED

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. Ward

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 10

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) W. C.
3. *Date of Birth*, [illegible]
4. *Place of Birth*, (*Street and Number*) 111 [illegible]
5. *Full Name of Mother*, [illegible]
6. *Mother's Maiden Name*, [illegible]
7. *Mother's Birthplace*, [illegible]
8. *Full Name of Father*, [illegible]
9. *Father's Occupation*, [illegible]
10. *Father's Birthplace*, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

6 9 0 - 0 0 0 8 1 5

...day of each and every month to the office of the Commissioner of Health, a certificate setting forth the first and ...shall occur without the attendance of a physician or practitioner of midwifery, or in case the birth of any child ...difficulties upon the mother, immediately thereafter it shall become the duty of the person or persons so ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ORS. J. D. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 100019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 March
4. Place of Birth, (Street and Number) 117 Market Space
5. Full Name of Mother, Sarah Louisa
6. Mother's Maiden Name, " Smithey
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, Farmer
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 103 Aliceanna

Remarks,

6900000816

Any one of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance with the mother at the birth, then the mother herself shall report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12 '90
4. Place of Birth, (Street and Number) 232 Lauraus St
5. Full Name of Mother, Mrs. Jane McGraw
6. Mother's Maiden Name, " Webster
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Stephen C McGraw
9. Father's Occupation, Usually Farmer
10. Father's Birthplace, Cumberland md

Name of Medical Attendant, or other person who makes this Return. T C Worthington M D

Address, 8405 Fayette St

Remarks,

890-000817

shall neglect to make such return, or shall make a false return, he shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GELBART & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 12 1898
4. Place of Birth, (Street and Number) 925 Eager St.
5. Full Name of Mother, Lena Kelly
6. Mother's Maiden Name, Finifa
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Kelly
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 605 Fallen St.

Remarks,

890-000818

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 700 347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13. 90
4. Place of Birth, (Street and Number) 1425 Corkscrew Street
5. Full Name of Mother, Mary Belohlavek
6. Mother's Maiden Name, Mary Novak
7. Mother's Birthplace, Bohemia Austria
8. Full Name of Father, Franz Belohlavek
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia Austria

Name of Medical Attendant, or other person who makes this Return. Mrs Ethel

Address, 1619 Orta Street

Remarks,

890-000819

GEO. J. O. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 13th
4. *Place of Birth, (Street and Number)*	Baltimore #1204 Hollbrook
5. *Full Name of Mother,*	Ellen Quinn
6. *Mother's Maiden Name,*	Ellen Murphy
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Quinn
9. *Father's Occupation,*	House mover Hod Truck
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mrs E. A. White
Address,	#942 Harford Ave
Remarks.	1890-000820

A. CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13" 1890
4. Place of Birth, (Street and Number) 111 E. York St
5. Full Name of Mother, Anne Gateley
6. Mother's Maiden Name, McCarmick
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thos Gateley
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, H C V Wilson

Address, 403 Hanover St

Remarks,

890 - 000821

Every physician, midwife or other person in attendance upon any birth is required to make a certificate between the first and third day of each and every month, to the Commissioner of Health, of such births as shall occur within the city during the month next preceding. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the time aforesaid, then it shall become and within the period above required, and the duty of the mother, immediately thereafter, to make and subscribe the certificate and to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons, who shall refuse or fail to comply with the provisions of this section shall be sub-

THE J. S. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth. Mar. 14/90
4. Place of Birth, (Street and Number) 212 S. Ann
5. Full Name of Mother, Minnie P. Contradi
6. Mother's Maiden Name, " " Abell
7. Mother's Birthplace, Ohio
8. Full Name of Father, P. A. Contradi
9. Father's Occupation, Minister
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return. C. L. Morton

Address, 226 S. Broadway.

Remarks,

6 9 0 - 0 0 0 8 2 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...shall be duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. It shall be the duty of each and every midwife or other person who shall assist at the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 24 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 14th 1890
4. *Place of Birth, (Street and Number)*	509 Scott St
5. *Full Name of Mother,*	Christiana Dannettel
6. *Mother's Maiden Name,*	Christiana Geles
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	C. H. Dannettel
9. *Father's Occupation,*	Upholster
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	719 W. Fayette St
Remarks,	

1890 - 000823

Any city and every month to be office of the Registrar of the form of a certificate between the first and shall occur without the attendance of a physician or Health, or in case the birth of any child attendance upon the mother, immediately thereafter. It shall be the duty of the person in charge of such child or mother to notify the Commissioner of Health, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as fines, penalties and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 22 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 15th
4. Place of Birth, (Street and Number)	106 W. Barre St.
5. Full Name of Mother,	Mary R. Jackson
6. Mother's Maiden Name,	Webster
7. Mother's Birthplace,	Balto
8. Full Name of Father,	R. S. Jackson
9. Father's Occupation,	merchant
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	H. W. Webster
Address,	443 Hanover St
Remarks,	

1890 - 000824

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parent of said child to report its birth to the Commissioner of Health, within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 700 54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 21 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Color
3. Date of Birth,	March 16th 1890
4. Place of Birth, (Street and Number)	1021. E. Howard st
5. Full Name of Mother,	Eliza Brumwell
6. Mother's Maiden Name,	Eliza Harris
7. Mother's Birthplace,	Dorchester county Md
8. Full Name of Father,	John H Brumwell
9. Father's Occupation,	Sailor
10. Father's Birthplace,	Dorchester county Md
Name of Medical Attendant, or other person who makes this Return.	Charlotte Williams
Address,	910 Leaden-hall st
Remarks,	five Dollars

1890 - 700 0825

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 70054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Color
3. Date of Birth,	March 16th 1890
4. Place of Birth, (Street and Number)	15 Houses Court
5. Full Name of Mother,	Clared Besick
6. Mother's Maiden Name,	Clared Brown
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	John Wesley Besick
9. Father's Occupation,	Sailor
10. Father's Birthplace,	Chestertown Md
Name of Medical Attendant, or other person who makes this Return,	Mary Ann Dorsey
Address,	510 Burgundy Alley
Remarks,	five Dollars

6 F 0 - 0 0 0 8 2 6

shall occur within the city month to the office of the Commissioner of Health a certificate between the first and attendance upon the mother and child thereafter. It shall become the duty of the person or persons last in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) dark brown skin

3. Date of Birth, 16th of march

4. Place of Birth, (Street and Number) Wm Moreal's 1706

5. Full Name of Mother, Eliza Hutchins

6. Mother's Maiden Name, Eliza Ennis

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, William Hutchins

9. Father's Occupation, a soldier

10. Father's Birthplace, City of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lydia Ann Scarville

Address, 616 Clinton ave

Remarks, 690-000827

be for attendance upon a Physician or practitioner of midwifery, or should no other person register the birth, it shall be the duty of the person in charge of the premises where the birth occurs, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH A 700 61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16 '90
4. Place of Birth, (Street and Number) 756 W Fayette St
5. Full Name of Mother, Mrs Hettie J. Owings
6. Mother's Maiden Name, " " Carter
7. Mother's Birthplace, Chester Co. Penna.
8. Full Name of Father, John G A Owings
9. Father's Occupation, Grain & Seed merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. T C Worthington M D

Address, 840 W. Fayette St

Remarks,

890 000828

...shall be the duty of each and every month to the office of the Commissioner of Health. In the form of a certificate, between the first and ...shall occur without the attendance of a physician or practitioner of medicine, the midwife or nurse in ...attendance upon the mother, immediately after the birth, or the father, if present at the birth, or ...shall be the duty of the person occupying the house at the time of such birth, or of the person ...to report his birth to the Commissioner of Health. It shall become the duty of the person who shall ...any child born in the city of Baltimore, to cause the birth of such child to be registered, and ...in the manner and within the period prescribed by this section, shall, for each and every offense, ...jected to the fine of ten dollars, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. BULLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 22 1890 BALTIMORE DISTRICT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th Child
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 16 th 1890
4. Place of Birth, (Street and Number)	1101 William st.
5. Full Name of Mother,	Margareth Bowers
6. Mother's Maiden Name,	Epps
7. Mother's Birthplace,	America
8. Full Name of Father,	Joseph Bowers
9. Father's Occupation,	Cann maker
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return,	J. Lohmeier midwife
Address,	1032 Hanover st.
Remarks,	

1890 - 000829

Every person having charge of any child born within the limits of Baltimore City shall report the birth of such child every month to the office of the Commissioner of Health. In case the birth of any child shall occur either in the absence of the parents or when they are unable to report, the person in attendance upon the mother, immediately thereafter, shall become responsible for the reporting of such birth, and any such person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered, with other fines and penalties recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd,
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 17th — 1890.
4. Place of Birth, (Street and Number)	1016 Fremont Place
5. Full Name of Mother,	Annie White.
6. Mother's Maiden Name,	Annie Rattray
7. Mother's Birthplace,	Baltimore, Md
8. Full Name of Father,	James G. White
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto. Md
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton. M.D.
Address,	Calvert & Preston Sts.
Remarks,	

1890 - 000830

third day of each and every month, to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate between the first and shall occur without the attendance of a physician or midwife, the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of no other person, he in child to report its birth to the Commissioner of Health, in the manner and within the and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 200 W

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
2. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born March 17th 1890
4. Place of Birth, (Street and Number)	#57 Garrison Lane
5. Full Name of Mother,	Mrs Lennia Emmerick
6. Mother's Maiden Name,	Miss " " Steinbrecht
7. Mother's Birthplace,	Hessen Germany
8. Full Name of Father,	Mr John Emmerick
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Hessen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

MAR 22 1890

8 9 0 - 0 0 0 8 3 1

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, stating such particulars as may be required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a forfeiture to the use of the City of ten dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 200 65

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* Light brown skin

3. *Date of Birth,* 1890 / 15th of march

4. *Place of Birth, (Street and Number)* Shields alg 122

5. *Full Name of Mother,* alice Haines

6. *Mother's Maiden Name,* alice Cark

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* John Henry Haines

9. *Father's Occupation,* a laborer

10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Lydia V Somerville

Address, 616 Lombard ave

Remarks,

8 9 0 - 0 0 0 8 3 2

...y & Co., City Printers and Stationers.

GIVEN NAME ADDED 10-15-54

RETURN OF A ~~BIRTH~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Howd Anne Kimball

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 March 1870
4. Place of Birth, (Street and Number) South Edward St No 1731
5. Full Name of Mother, Emilie Kimball
6. Mother's Maiden Name, Roemer
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Reuben Kimball
9. Father's Occupation, Woolman
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return.

Address, Hanover Norway bet H & I No 434

Remarks,

1890 - 000833

...ry day of each and every month to the office of the Commissioner in the form ... shall occur without the attendance of a physician or practitioner of ... attendance upon the mother. Immediately thereafter it shall become the duty ... any such person or persons who shall have neglected to report such birth ... Jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

...ertificate between the first and ... case the birth of any child ... person or persons each ... ed above required, and ... sections of this section shall be sub-

MISS. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Decem

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18 1890
4. Place of Birth, (Street and Number) 1706 Fort Ave Balt
5. Full Name of Mother, Mrs Anna M Warmant
6. Mother's Maiden Name, Anna Franke
7. Mother's Birthplace, Germany
8. Full Name of Father, Leo M Warmant
9. Father's Occupation, Artist
10. Father's Birthplace, Portland

Name of Medical Attendant, or other person who makes this Return. Mrs E Hill

Address, 1619 Cuba St Balt.

Remarks,

1890 000834

Every midwife, physician or practitioner of midwifery, or other person having charge of or assisting in any case of birth, shall report such birth to the Commissioner of Health in the city of Baltimore, within the first and second week of each month, and in case there be no midwife, physician or practitioner of midwifery, or should no other person be in attendance, then it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 70068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18th
4. Place of Birth, (Street and Number) #2024 Division St
5. Full Name of Mother, Elsie Griffith
6. Mother's Maiden Name, " Lasure.
7. Mother's Birthplace, Balto City
8. Full Name of Father, L. H. Griffith
9. Father's Occupation, Salesman
10. Father's Birthplace, Anne Arundel Co Md.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

B 9 0 - 0 0 0 8 3 5

shall fail to do so, and every month to the office of the Commissioner of Health a certificate between the first and tenth days of the month next succeeding the birth of any child born within the city, stating the name, sex and color of such child, and the name and residence of the parent or parents of such child to report its birth to the Commissioner of Health, shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GILDAY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 7006

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 19
4. Place of Birth (Street and Number)	[illegible]
5. Full Name of Mother	Kate [illegible]
6. Mother's Maiden Name	Kate Gunther
7. Mother's Birthplace	Baltimd
8. Full Name of Father	[illegible]
9. Father's Occupation	Manufacturer
10. Father's Birthplace	Baltimd
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	[illegible]
Remarks	

890 - 000836

It shall be the duty of any Midwife, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1898
4. Place of Birth, (Street and Number) 757 Saratoga St W.
5. Full Name of Mother, Mrs. Mary N Bauer
6. Mother's Maiden Name, " L. Snider
7. Mother's Birthplace, Balto Md
8. Full Name of Father, F. Robert Bauer
9. Father's Occupation, Balto P O Dpt.
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. T C Worthington M D

Address, 840 W. Fayette St

Remarks,

890 - 000837

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) M.
2. Race or Color, (if not of the white race) W
3. Date of Birth 3/19/90
4. Place of Birth, (Street and Number) Walbert Ave
5. Full Name of Mother, Kate E Mooney
6. Mother's Maiden Name, Grady
7. Mother's Birthplace, England
8. Full Name of Father, Richard Mooney
9. Father's Occupation, Stone Mason
10. Father's Birthplace, MC

Name of Medical Attendant, or other Person who makes this Return. J Wm Hillcoat MD

Address, 1207 E Monument

Remarks,

590-000838

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto annexed, to the Registrar of Vital Statistics, or such other person as may be appointed to receive the same, on the first Tuesday of the month next following the birth of any child; and no person required to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other debts and forfeitures are recoverable.

Jean Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 20072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex, (State whether male or female)	Boy.
2. Race or color, (if not of the white race)	White
3. Date of Birth,	19th of March 1890.
4. Place of Birth, (Street and Number)	408 North Castle st.
5. Full Name of Mother,	Lizzie Reese
6. Mother's Maiden Name,	Lizzie Dounce
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Dounce
9. Father's Occupation,	Laborman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Healthy 8 9 0 - 0 0 0 8 3 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred; its sex, color, the date and place of its birth, the full name, residence and occupation of its parents, the date and place of marriage of the parents, and whether this is the first and said schedule shall be verified by the practitioner in the form of an affidavit. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents, or other person having charge of such child, shall report the case to the Commissioner of Health, in the manner and within the time above required, and attendance upon the mother, the Commissioner of Health, in the manner and within the time above required, and child to report its birth to the Commissioner of Health, as herein set forth, shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. C. HUBLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Helen Irene Lare

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 19th 1890
4. *Place of Birth, (Street and Number)*	604 N Fremont st
5. *Full Name of Mother,*	Elizabeth E Lare
6. *Mother's Maiden Name,*	" Commerford
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Frank R. Lare
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	A.M. Wright M.D.
Address,	220 N. Eutaw st
Remarks,	3-17-53 A.M.

890 - 000840

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, March 19 1890

4. Place of Birth (Street and Number), 700 S. Durham St

5. Full Name of Mother, Ida Tapkins

6. Mother's Maiden Name, Ida Coster

7. Mother's Birthplace, Balto. Md

8. Full Name of Father, Henry Tapkins

9. Father's Occupation, Driver

10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. N. L. Dashiell M.D.

Address, 700 S. Broadway

Remarks, Born Mar 19 8 A.M.

The Baltimore Publishing Co., City Printers and Stationers 890-000841

Section 8 of the law requires distinctly the date of birth, sex, and color of each child born alive, and the number of children born to the mother, whether living or not, to be entered by the Physician, Midwife or other person who shall make a true and faithful return of the births which have occurred under his or her care during the month. The name of each child shall be entered in the family record, and the name of the father shall be entered as the informant. The full name of the child shall be entered in the return, if it has been named. The full name of the parents of each child shall be entered in the return, if the same can be ascertained. The full name of each child, if it has been named, shall be entered in the family record, and this shall be done before the return is rendered. The return of each birth shall be made within ten days after the birth occurs. The return shall set forth as far as the same can be ascertained the full name of each child born alive, whether it be living or dead at the time of the return, the sex, color, the full name and residence of the parents, the certificate between the first and third day of shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without each return made by a physician or practitioner of midwifery, or should no other person be present at the birth to the return of a physician or practitioner of midwifery, or should no other person be present at the birth to make return as herein required, it shall become the duty of the nurse in attendance, if any there be, and if not, then of the nearest relative present, to report the birth to him or her, immediately thereafter. It shall become the duty of the nurse in attendance, if any there be, and if not, then of the nearest relative present, to report the birth to the Commissioner of Health, in the manner provided in this section. Any person or persons who shall neglect or refuse to make return as herein required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	20th March 1890
4. *Place of Birth, (Street and Number)*	639 Mulberry st
5. *Full Name of Mother,*	Sara Susan Hagman
6. *Mother's Maiden Name,*	A. A. Feldmann
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Hagman
9. *Father's Occupation,*	Baker (Keeper)
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	H. Feldmann M.D.
Address,	1511 Park ave Baltimore
Remarks,	

690 - 000842

ascertained the full name of each child (if one shall have been conferred), its sex or color, the full name and occupation of its parents, the date and place of birth, and the full address of the residence of the parents, in the form of a certificate hereinafter provided, and shall deliver, duly signed by the practitioner in the form of a certificate hereinafter provided, to the Registrar of Vital Statistics, or such other person as the Board of Health may designate, a return of such birth, or shall cause the same to be so delivered; and it shall be the duty of each and every month to the Clerk of the Board, or such other person birth of any child shall occur without the attendance of a Physician, it shall become the duty of the person or parents of such child to be in attendance upon the mother, immediately after the birth, to report in the manner and within the period above required, and any such person report its birth; and it shall be the duty of the Board of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20th 1890
4. *Place of Birth, (Street and Number)* H 1010 E Pratt
5. *Full Name of Mother,* Eva M Threatt
6. *Mother's Maiden Name,* Carroll
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph P. Threatt
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* ~~Baltimore~~ Petersburg Va.

Name of Medical Attendant, or other person who makes this Return. L. G. Wiedemitz M.D.

Address, 25 S. Eden

Remarks,

1890-000843

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, 21 day of March
4. Place of Birth, (Street and Number) 152 Eutaw Avenue
5. Full Name of Mother, Louise Gottfried
6. Mother's Maiden Name, Strauss
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Gottfried
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. L. Schultz

Address, 528 N. Washington Ave

Remarks,

6900000844

...been registered its sex, color, the full name and occupation of its parents, the date and place of birth, and whether such child is the first, second, third or other issue of such mother at a single birth. The certificate herein required shall be delivered, duly signed, by the physician, midwife or other person in attendance upon the case, to the parents of such child, or to the nearest relative or friend of the family in the city where the birth occurs, within ten days after the occurrence thereof, and every such physician, midwife or other person who shall neglect or refuse to deliver such certificate as herein required, shall forfeit and pay a sum not exceeding fifty dollars for each offense. In case the birth of any child shall occur without the attendance of any physician, midwife or other person legally authorized to register births, it shall become the duty of the person or persons with whom the mother of such child resides to procure the certificate required, and attend to the registration of such birth, in the manner and within the time prescribed in this section, and any such person or persons who shall neglect or refuse to do so shall be subjected to the fine of ten (10) dollars for each offense, to be collected as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 70078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Mar 22/90
4. Place of Birth, (Street and Number) 906 Grove St.
5. Full Name of Mother, Rebecca L. Dorsey
6. Mother's Maiden Name, " Collins
7. Mother's Birthplace, D.C.
8. Full Name of Father, Richard Dorsey
9. Father's Occupation, Brick Maker
10. Father's Birthplace, D.C.

Name of Medical Attendant, or other person who makes this Return. J. J. Collins

Address, 2261 I. D. Ave.

Remarks,

890 000845

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, and the full name and occupation of its parents, the date and place of birth; and the said return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or in case no birth of a child shall occur within the attendance of a practitioner during any month, then a return to that effect shall be made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall forfeit and pay for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 23rd. 1890
4. Place of Birth (Street and Number),	S. W. Cor. Lombard & Bethel Sts.
5. Full Name of Mother,	Annie C. Wagner -
6. Mother's Maiden Name,	Annie C. Wedelager.
7. Mother's Birthplace,	Baltimore. Md -
8. Full Name of Father,	C. W. H. Wagner -
9. Father's Occupation,	Liquor Dealer
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	N. L. Bashiell. Jr. M.D.
Address,	704 S. Broadway
Remarks,	Born - 12.30 A. M -

890-000846

Baltimore Publishing Co., City Printers and Stationers

CERTIFICATE CORRECTED 5-7-521 Jo080

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dorothy Elizabeth Kessler
for

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 2d 1890
4. Place of Birth, (Street and Number) 1319 Hilman St.
5. Full Name of Mother, Amelia Kepler Kessler
6. Mother's Maiden Name, Platt.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Philip Kepler Kessler
9. Father's Occupation, Fireman on Steamboat
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

C 90 I- 000847

Every child born within the limits of Baltimore City shall be registered, and the parent, householder, manager of any lying-in asylum, midwife, or other person having charge of such child, shall report the birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and before such report is made no certificate or permit for the burial of such child shall be issued by the Registrar of Vital Statistics, Board of Health, Baltimore City, except in case of stillbirth, when a certificate of such stillbirth shall be issued by the Registrar of Vital Statistics, Board of Health, Baltimore City, upon the request of the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 70087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 2 - 90
4. Place of Birth, (Street and Number)	1809 E. Fayette St
5. Full Name of Mother,	Julia F. Franklin
6. Mother's Maiden Name,	" Engelhardt
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Samuel B. Franklin
9. Father's Occupation,	Boilermaker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	92 McDonough St.
Remarks,	690 000848

SEC. 1. Be it ordained by the Mayor and City Council of Baltimore, That hereafter it shall be the duty of the physician in attendance upon any case of birth occurring within the limits of Baltimore City, or in case there be no physician in attendance, then the midwife, nurse or other person present at the birth, to ascertain the full name of each child, of any sex, born alive, as far as the same can be ascertained, the full name and occupation of its parents, the color, the usual place of birth, and the date and hour of birth of each child, and to make out and deliver, or cause to be made out and delivered, within ten days after the birth, to the office of the Registrar of Vital Statistics, Board of Health, a certificate between the first and third day of each month, in the form of a return of births, which shall be signed by the practitioner in attendance, or by the midwife, nurse or other person who shall have been present at the birth, and in case there be no such person, then the father or mother of such child, or the householder of the house in which such birth occurred, shall report the same within the time aforesaid, and in default of such report being made by the father or mother, householder, midwife, nurse or other person, as aforesaid, the physician in attendance shall make such report within the time aforesaid, and in default of such report being made by the physician in attendance, he shall forfeit and pay for each offence a sum not exceeding fifty dollars, to be recovered as debts of like amount are now recovered by law; and it shall be the duty of the Registrar of Vital Statistics to report to the Mayor and City Council, at the end of each month, the names of all persons who shall have failed to make such report, and the Mayor and City Council shall cause suit to be instituted against each person so reported, and prosecuted to effect.

SEC. 2. And be it ordained, That it shall be the duty of the Registrar of Vital Statistics to furnish blank forms of returns to all physicians, midwives, nurses and others required to make returns of births, and to instruct them in the method of making such returns; and it shall be the duty of the Registrar of Vital Statistics to report to the Mayor and City Council, at the end of each month, the names of all persons who shall have failed to report the birth of any child as required by this ordinance, and the Mayor and City Council shall cause suit to be instituted against each person so reported, and prosecuted to effect.

SEC. 3. And be it ordained, That any person who shall hereafter fail to report the birth of any child as required by this ordinance, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are now recovered by law; and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 27 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	4th March 1320 N Dallas st
4. Place of Birth, (Street and Number)	1320 N Dallas st
5. Full Name of Mother,	Mary E Siebert
6. Mother's Maiden Name,	" " Holland
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John H Siebert
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gregory
Address,	940 N. Gay st
Remarks,	

890 - 000849

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been given, the sex, color, the full names and nationalities of the parents, the date of birth, and the said particulars shall be delivered to the proper registrar in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the mother of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such mother, or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

GEO. J. CULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20083.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~1103 E. Pratt st~~ March 4. 1890.
4. Place of Birth, (Street and Number) 1103. E. Pratt str
5. Full Name of Mother, Annie Kaiser
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis Kaiser
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Caicilie Bornstein

Address, 122 S. Exeter str.

Remarks, 1890 000850

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in the absence of such attendant, then the parent or parents of such child, or the person or persons in charge of the house or premises at the time of the birth, shall within the period above required, report such birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,*
4. *Place of Birth (Street and Number),*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 0 - 0 0 0 8 5 1

Baltimore Publishing Co., City Printers and Stationers.

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of the Commissioner of Health, as soon as practicable after the passage of this Ordinance, to ascertain the full name of each child, if any shall have been born, and the full name of the parents, the date and place of birth, and the said other facts and statistics as are required to be registered by this Ordinance, between the first and tenth days of each and every month, by the attendant physician or midwife, if there be such in attendance, and if not, by the nearest relative or householder in the city, or the agent of any such relative or householder, or by the person in charge of any institution in which such birth shall occur, or by the undertaker employed in the burial of the dead body of any child respecting which no certificate of birth has been registered, and any such person who shall refuse or neglect to furnish such information as he may possess, or who shall knowingly furnish false information, shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st E 2083

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4 - 1890
4. Place of Birth, (Street and Number) 1530 Baker St,
5. Full Name of Mother, Carrie Virginia Warner
6. Mother's Maiden Name, Whitten
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward H. Warner
9. Father's Occupation, Coal dealer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, John Scott M.D.

Address, 701 N Carrollton Ave

Remarks,

1890 - 000852

been conferred), its sex, color, the full name and occupation of its parents, the date of birth of each child, and such other particulars as may be required by the forms of certificates prescribed by the Commissioner of Health. In case the first one living child of each and every month to the office of the Commissioner of Health, on the blanks furnished for that purpose, a certificate containing the name, color, sex and date of birth of each child born alive during such month, and the full name and residence of the parent or person having charge of such child, and the date of the death of each child that shall have died during such month without having been previously reported, and shall also report the name and residence of the person who performed the duty of attendance upon the mother immediately before the birth of the child, and in case no person performed such duty, he shall report the fact. Every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and five said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician, midwife or nurse, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	First Child
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	White Race
3. *Date of Birth,*	4th of March
4. *Place of Birth,* (*Street and Number*)	760 St Peter St.
5. *Full Name of Mother,*	~~Mrs Ella E. Mack~~ Ella Mack
6. *Mother's Maiden Name,*	Ella J. Krogger
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Mr John H. Mack
9. *Father's Occupation,*	Cigar Manufactory
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Bange
Address,	711 Cross St
Remarks,	8 9 0 - 0 0 0 8 5 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 91087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 27 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 5 1890
4. *Place of Birth, (Street and Number)* Eagle st 182
5. *Full Name of Mother,* Annie E Welch
6. *Mother's Maiden Name,* Annie E Spencer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Welch
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, 2022 Wilkens Ave

Remarks,

890-0000854

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) M.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5th.
4. Place of Birth, (Street and Number) 1102 S. Eaton Street
5. Full Name of Mother, Florence Leonard
6. Mother's Maiden Name, Florence Leonard
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John R. Hardy.
9. Father's Occupation, Train Dispatcher
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 Cross St

Remarks, 890-000855

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	6th March 1890
4. Place of Birth (Street and Number),	[illegible] on St
5. Full Name of Mother,	Laura Bauer
6. Mother's Maiden Name,	Laura Seidel
7. Mother's Birthplace,	Germany
8. Full Name of Father,	August Bauer
9. Father's Occupation,	Baker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Wm. A. Fisk Mitchell
Address,	907 Hollins St.
Remarks,	

8 9 0 - 0 0 0 8 5 6

Baltimore Publishing Co., City Printers and Stationers.

CERTIFICATE CORRECTED 1-23-52 GIVEN NAME ADDED 7-25-52

RETURN OF A BIRTH A 200 90

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Margaret Murray

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6 1890
4. Place of Birth, (Street and Number) 239 Dolphin St.
5. Full Name of Mother, Mrs Margaret Murray
6. Mother's Maiden Name, Margaret Martin
7. Mother's Birthplace,
8. Full Name of Father, Mr Michael Murray
9. Father's Occupation, Stonemason
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. D. Gilchrist M.D.

Address,

Remarks, 890 1214 Longwood Ave.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician, midwife or other person in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of any child born without the assistance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons neglecting or refusing to make such report shall be subject to the fine or ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

SEE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 70041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 March 1910.

4. Place of Birth, (Street and Number) 1311 Crow St. Balto.

5. Full Name of Mother, Johanna Hammer

6. Mother's Maiden Name, " Zeuter

7. Mother's Birthplace, B Germany.

8. Full Name of Father, John Hammer.

9. Father's Occupation, Iron Worker.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs B Engel

Address, 711 E 22nd St

Remarks, 1890-000858

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of said schedule, to the officer of the Commissioner of Health of the district in which the birth occurs within the third day of each and every month; and in case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall become the duty of the father, mother, or other person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the time herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered in the same manner as other fines and forfeitures are recoverable.

GEO. J. C. RELAFF & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 7. 1890
4. Place of Birth, (Street and Number) 509 S. Albemarle st
5. Full Name of Mother, Cecilie Clark
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Clark
9. Father's Occupation,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 129 S. Exeter st

Remarks,

890-000859

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been concerned) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the line of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 8. 1890.
4. *Place of Birth, (Street and Number)* 513 Ensor st.
5. *Full Name of Mother,* Rachel Adler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Lewis Adler
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter st.

Remarks,

890-000860

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 27 1895

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 8, 1895
4. Place of Birth, (Street and Number)	Lanvale st 327
5. Full Name of Mother,	Lizzie Bender
6. Mother's Maiden Name,	Lizzie Trossbaum
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Bender
9. Father's Occupation,	Lubber
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	2022 Whitmore Ave
Remarks,	

890-000861

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of such child, if any shall have been conferred; and every midwife or other person who shall assist at the birth of any child, and every undertaker who shall bury the dead body of any child, shall, within ten days after the birth or burial of such child, make a return thereof to the Commissioner of Health. In case the birth of any child shall occur without the assistance of any physician or midwife, or should no other person be required by this section to make such return, then it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

GEO. J. O. SULAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 100943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	8th March
4. *Place of Birth, (Street and Number)*	1813 Willow st
5. *Full Name of Mother,*	Annie Logue
6. *Mother's Maiden Name,*	" Kelley
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James Logue
9. *Father's Occupation,*	Iron Moulder
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gro...
Address,	940 N Gay st
Remarks,	

1890 - 000862

...ed to set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered by the practitioner in the form of a certified statement to the first and third day of each and every month, to the officer of the Commissioner of Health. In case the birth of first and all future children occurs without the attendance of a physician or practitioner of the healing art, then and in that case it shall be the duty of the mother, immediately thereafter, to report the birth of the child to the Commissioner of Health. If she shall become delinquent in the performance of this duty, or should no other person be in attendance, it shall be the duty of the person or parents of such child to report the birth as herein required, and within the time specified. Any person who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 200096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 8th
4. Place of Birth, (Street and Number)	1237 Bayard st
5. Full Name of Mother,	Mrs Ella Hall
6. Mother's Maiden Name,	Ella Jennings
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Emanuel H. C.
9. Father's Occupation,	Brakesman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Bange
Address,	
Remarks,	1890 000863

29 1890

months, and shall not cease as far as the same can be ascertained, the full name of each child, if any shall have been born alive, the sex, color, the full name and occupation of the parents, the date and place of birth; and the number of children of the mother living at the time of a certificate between the first child been entered, shall be delivered, duly signed by the Commissioner of Health. In case the other person be in shall occur without the attendance of a physician or practitioner of either of the person or parents of such attendance upon its birth to the Commissioner of Health to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Twins
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	9 March
4. Place of Birth, (Street and Number)	923 N. Ann st
5. Full Name of Mother,	Mary P Carr
6. Mother's Maiden Name.	M. " Hines
7. Mother's Birthplace,	Calvert co
8. Full Name of Father,	Virgel Carr
9. Father's Occupation,	Pattern maker
10. Father's Birthplace,	Calvert co
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	926 N. Gay st
Remarks,	

890-000864

Section 1. And be it further enacted, That the name to be ascertained the full name of each child, if any shall have been conferred, shall be recorded; the full name, residence and occupation of its parents, the date and place of birth; and the said record shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter directed, to the Registrar of the district within which the birth occurred, within ten days after the birth of any child; and the third day of each and every month to the office of the Commissioner of Health, or, should no other person be in attendance upon the mother, the father or mother of such child shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall cause the same to be recorded; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by the proper officer, and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 9, 1890.
4. Place of Birth, (Street and Number) No. 1532 Aisquith Street.
5. Full Name of Mother, Isabel Addison.
6. Mother's Maiden Name, Isabel Cunningham.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank D. Addison.
9. Father's Occupation, Paper Hanger.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Chas. A. E. Cassell M.D.

Address, 1741 Hanford ave

Remarks,

1890 - 000865

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the order of birth of such child if born alive or dead. Such certificate shall be delivered, duly signed by the practitioner in charge of the case, or if there be no such practitioner, by the person who shall be in attendance at the birth, within ten days thereafter. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother at such birth, then the father or mother of such child shall, within ten days after the birth, make and sign the certificate required, and shall forthwith deliver the same, duly signed by him or her, to the Commissioner of Health, in the manner and with the particulars required of practitioners of midwifery. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

11-23-53 A. 20099.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Mary Helen 7th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 10th March 1890
4. Place of Birth, (Street and Number) 1214 N. Fallsford ave
5. Full Name of Mother, Catherine Beachner
6. Mother's Maiden Name, " Barnau
7. Mother's Birthplace, Balto
8. Full Name of Father, John Beachner
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Geary

Address, 940 N. Gay st

Remarks,

890-000866

Sec. 4. (As amended by Ordinances approved April 7, 1892, and April 9, 1894.) Be it ordained, That the name of each child, if any shall have been conferred, shall be recorded, and the full name and occupation of its father, and the maiden name of its mother, shall be ascertained, if possible, by the Commissioner of Health, and the certificate between the first and third days of each month to the Commissioner of Health, or other person authorized by him to receive the same, and the Commissioner of Health, or the person or persons of such attendance upon the mother immediately thereafter, shall become and within the period above required, and shall neglect to make such return, or shall refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 10 - 90
4. *Place of Birth, (Street and Number)*	605 N. Caroline St
5. *Full Name of Mother,*	Catherine Michel
6. *Mother's Maiden Name,*	" Weis
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Michel
9. *Father's Occupation,*	Teamster
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	92 McDonough St
Remarks,	890-000867

...schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...rd day of each and every month to the office of the Commissioner of Health. If no such child ...all occur without the attendance at the birth of a practitioner, it shall be the duty of the person or parents of such ...child to report its birth to the Commissioner of Health. In the manner and within the period above required, and ...any such person or persons, who shall hereafter fail to comply with this provision, shall be subject to and ...ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-30-5[illegible] 20101

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Cohen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 11. 1890.
4. *Place of Birth, (Street and Number)* 820 E. Baltimore th
5. *Full Name of Mother,* Lena Cohn
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Simon Cohn
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Caecilie Bernstein

Address, 122 S. Eutaw th

Remarks, 890-000868

(Given name added 3-30-5[illegible] 20101)

(Given name added 3-30-5[illegible] 20101) Every physician or midwife in attendance upon a case of birth shall report the same to the Commissioner of Health, stating the name and sex of the child, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. The first and second copies of such certificate shall be delivered, duly signed by the practitioner in the case, to the parents of the child, or to the person in charge of the premises where the birth occurred, within thirty-six hours after the birth of such child, and every month thereafter. It shall become the duty of the person in charge of each office of a practitioner of midwifery, or should no other person be in charge of the premises, of the person who shall have been present at the birth, to report to the Commissioner of Health, on or before the fifth day of each and every month, the number of births which shall have occurred without the attendance of a physician during the preceding month, and such other particulars as may be required by the Commissioner of Health; and the failure to make such report shall be subject to the penalties provided for the failure to report births. Every physician or midwife in attendance upon a case of birth shall report the same to the Commissioner of Health, in the manner and within the time prescribed by this section, and the failure to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 11 - 90
4. Place of Birth, (Street and Number) 2027 E. Eager St
5. Full Name of Mother, Maggie Valliant
6. Mother's Maiden Name, " Gilman
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward A. Valliant
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks, 890-000869

been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth; and the said certificate shall have been delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the child of any such shall occur without the attendance of a physician or practitioner, or should the other facts be not attendance upon the child, the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 12th 1890.
4. *Place of Birth, (Street and Number)*	515 East St.
5. *Full Name of Mother,*	Estella Carrington
6. *Mother's Maiden Name,*	Estella Johnson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	~~George~~ Carrington
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Demerara
Name of Medical Attendant, or other Person who makes this Return	Edward G. Mackenzie M.D.
Address,	324 N. Biddle St
Remarks,	890-000870

890-000870

any nurse shall have been employed, its sex, color, the full name and occupation of its parents, the date and place of birth, and the full address of the parents at the time of the birth of such child, and the name and address of the medical attendant, if there was one present at the birth, or of the person who delivered the mother. In case the mother shall die without the child, or the child without the mother, immediately thereafter, it shall then become the duty of the person who was present at the birth, or who delivered the mother, to report the particulars required of the parents of such child to report its birth to the Board of Health. In cases of plural births, and in the birth of any child after the first, a separate report shall be made of each birth. Any person or persons who shall neglect or refuse to make the report required by this section within the period above required, except in the cases of those whose duty it shall be to report the particulars of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& Co., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 2107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first - one

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March twelfth
4. Place of Birth, (Street and Number) Baltimore - 526 Conway st
5. Full Name of Mother, Maryanne Martin
6. Mother's Maiden Name, Maryanne Patterson
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Martin
9. Father's Occupation, wheelright
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Boage 7th Ward

Address, ~~James Martin 526 Conway st Baltimore~~ City

Remarks, 890-000871

SEC. 2. The Board of Health shall cause to be printed on each of said blanks the following words, viz: "Any person who shall neglect or refuse to report to the Registrar of Vital Statistics the birth of any child born after the first day of January, eighteen hundred and seventy-eight, within the time prescribed by the ordinance of which this section is a part, or who shall neglect or refuse to report to the Registrar of Vital Statistics the birth of any child born before the first day of January, eighteen hundred and seventy-eight, within the time prescribed by the rules and regulations of the Board of Health, shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable."

SEC. 3. The Board of Health shall cause to be printed on each of said blanks the following words, viz: "Any physician or midwife who shall neglect or refuse to report to the Registrar of Vital Statistics the birth of any child born after the first day of January, eighteen hundred and seventy-eight, within the time prescribed by the ordinance of which this section is a part, or who shall neglect or refuse to report to the Registrar of Vital Statistics the birth of any child born before the first day of January, eighteen hundred and seventy-eight, within the time prescribed by the rules and regulations of the Board of Health, shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEC. 4. The Board of Health shall cause to be printed on each of said blanks the following words, viz: "Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEC. 5. The Board of Health shall cause to be printed on each of said blanks the following words, viz: "Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEC. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	13th March
4. Place of Birth, (Street and Number)	1336 E Madison st
5. Full Name of Mother,	Mary J Jolly
6. Mother's Maiden Name,	Harriman
7. Mother's Birthplace,	Balto. Co
8. Full Name of Father,	George Jolly
9. Father's Occupation,	Shipping Clerk
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Green
Address,	940 N. Bay st
Remarks,	

890-000872

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 20106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 13 1890
4. Place of Birth, (Street and Number)	Lennox st 1513
5. Full Name of Mother,	Emma Martin
6. Mother's Maiden Name,	Emma Tompsons
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Edward J Martin
9. Father's Occupation,	Tinner
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	2022 Wilkens Ave
Remarks,	690-000873

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner in the form of a certificate to be furnished by him. Such certificate shall be delivered, duly signed and verified, to the Commissioner of Vital Statistics within the first and third days of each and every month, and every physician or midwife who shall neglect or refuse to deliver such certificate, or who shall wilfully withhold any of the particulars required by this section, or who shall knowingly register any false particulars, or who shall be guilty of any willful misfeasance or malfeasance in the discharge of the duties of the office of the Commissioner of Vital Statistics, or who shall violate any of the provisions of this section, shall be subject to the fine of not less than fifty dollars nor more than one hundred dollars for each offense. If any midwife or physician shall fail to make a return of the birth of any child as required by this section, the Commissioner of Vital Statistics shall cause the same to be registered, and shall cause a certificate of such birth to be delivered to the parent or parents of such child, or to the person having the custody of such child, and shall cause a record of the same to be made in a book to be kept for that purpose. In the manner and within the time prescribed by the Commissioner of Vital Statistics, every midwife or physician who shall attend upon the birth of any child, and every householder in whose house any child shall be born, when no midwife or physician shall be in attendance upon the birth of such child, shall report the birth of such child to the Commissioner of Vital Statistics. Any midwife or physician who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of not less than twenty-five dollars nor more than one hundred dollars for each offense, and every such person or persons who shall knowingly register any false particulars, or who shall be guilty of any willful misfeasance or malfeasance in the discharge of the duties of the office of the Commissioner of Vital Statistics, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W. Lite
3. Date of Birth, March 13. 1890
4. Place of Birth, (Street and Number) Lombard st 1420
5. Full Name of Mother, Mary Hildebrant
6. Mother's Maiden Name, Mary Sidlow
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Hildebrant
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, 2022 Bellona Ave

Remarks,

1890 000874

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, then the said certificate shall be signed by the father or mother of such child, or in case there be no father or mother capable of performing the duty, by the person or parents of such child in charge of such child, or the occupant of the house in which such birth occurs, or any other person having knowledge of the facts, and it shall be the duty of the person or parents of such child or occupant of such house, or other person having knowledge of the facts, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* March 13th 1890
5. *Place of Birth, (Street and Number)* 408 N. Mount St.
6. *Full Name of Mother,* Octavia Carr
7. *Mother's Maiden Name,* Donaldson
8. *Mother's Birthplace,* S. A. Co., Md.
9. *Full Name of Father,* James A. Carr
10. *Father's Occupation,* Machinist
11. *Father's Birthplace,* Stafford Co., Va.

Name of Medical Attendant, or other person who makes this Return. John McP. Mudd
701 N. Carrollton Ave.

Address,

Remarks, 1890-000875

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the physician in the form of a certificate which will be furnished by the office of the Commissioner of Health, to any physician who will apply for it. And every such physician shall within three days after the birth of any child which he shall have attended, or which he shall have been requested to attend, and shall occur within the limits of Baltimore City, deliver to the parent or parents of such child, or in case of the absence of a physician or practical midwife, or should no other person be in attendance within three days after the birth of any child which shall occur within the limits of Baltimore City, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time in this section shall be subject to the penalties of this section hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. ELIASON & CO., CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James B. Elliott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born March 13th
4. Place of Birth, (Street and Number) No. 537 Lee Street
5. Full Name of Mother, Adalaide Elliott
6. Mother's Maiden Name, Adalaide Melvin
7. Mother's Birthplace, Son Barry and Warner Balto Md
8. Full Name of Father, Thomas Frazer Elliott
9. Father's Occupation, House Painter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 Cross St

Remarks,

890 - 000875

In connection with sex, color, the full name and occupation of its parents, the date and place of birth, and the full christian name given to every child born within the limits of Baltimore City, and the full date of every birth, shall be delivered, duly signed by the practitioner in the form of a certificate hereunto annexed, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above stated; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 14 1890
4. *Place of Birth, (Street and Number)*	Pratt st 1814
5. *Full Name of Mother,*	Tresia Conley
6. *Mother's Maiden Name,*	Tresia Hurbert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Tomas Conley
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Richmond Va.
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	2022 Wilkens Ave
Remarks,	890-000877

...and the said certificate shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month by the officer or practitioner in charge. In case the birth shall occur without the attendance of a physician or practitioner or midwife, the owner or occupant of the house in which the child is born shall cause a certificate of such birth to be made and signed by the person or persons present at the birth, within the period above required, and in such case the certificate shall be signed by the person making the same. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 9011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 14th
4. *Place of Birth, (Street and Number)*	2054 E Madison st
5. *Full Name of Mother,*	Mary R Gluck
6. *Mother's Maiden Name,*	" Morris
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Joseph Gluck
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Greaves
Address,	940 N. Eaton st
Remarks,	

890 - 000878

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of every physician or midwife in attendance upon any case of birth, and of the parents or guardians of the child born, or of the householder of the premises where such birth occurs, if there be no parent or guardian capable of acting, to report to the Registrar of Vital Statistics, at the office of the Board of Health, the name of the child, if any shall have been conferred; its sex; color; the full name and occupation of the parents, if married; the date and place of birth; and the said physician or midwife shall be entitled to receive from the Registrar, on the presentation of a certificate between the first and third days of each month, in the form of a certificate to be furnished by the Commissioner of Health, to use the birth or any child born during the preceding month, a fee of twenty-five cents for each birth so reported; and any physician or midwife who shall fail to report any birth, as aforesaid, within the period above required, without the attendance of a physician or practitioner of midwifery, or skilled nurse or parents of such child, or householder, as aforesaid, shall forfeit and pay the sum of five dollars; and any person who shall be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall neglect or refuse to report its birth to the Commissioner of Health, in the manner aforesaid, or any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1890 - 000879

Associated the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said whole shall be delivered, duly signed by the practitioner in charge, or the certificate between the first and third days of each month to the Commissioner of Health. In case of a birth of any child shall occur without the attendance of a physician, the Collector of Vital Statistics, or should no other person be in attendance upon the mother, immediately thereafter shall report the birth to the Collector of Vital Statistics, or should no other person or persons who shall hereafter fail or refuse to report such birth as required by the provisions of this section, shall be subject to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14th 1890
4. Place of Birth, (Street and Number) 739 Ramsey Balto Md
5. Full Name of Mother, Amney Braddock
6. Mother's Maiden Name, " " Hankins
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm H Braddock
9. Father's Occupation, R Road B&O
10. Father's Birthplace, Avlon Bco

Name of Medical Attendant, or other person who makes this Return. Mrs Range

Address, 711 Cross St

Remarks, 1890 - 000880

conferred (in sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedules shall be duly signed by the practitioner in charge of the case, or by such other person as shall have attendance upon the mother. It shall become the duty of the parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above required, and any neglect, refusal or failure to comply with the provisions of this section shall render the parent or person who shall hereafter fail to comply with the provisions of this section liable, upon conviction thereof, to a penalty of not less than five dollars nor more than ten dollars, to be recovered as other fines and forfeitures are recoverable, subject to the fine of ten (10) dollars for each offense.

ROB. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carl Christian Moerken

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 1889, 14th Day of ~~May~~ Mar.

4. Place of Birth, (Street and Number) 1125 Monroe-st Baltimore city

5. Full Name of Mother, Margarethe (~~Moerken~~) Moerken

6. Mother's Maiden Name, Margarethe Momberger

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, Henry (~~Moerken~~) Moerken

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Mengeringhausen Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Boarge

Address, 711 Cross St

Remarks, CERTIFICATE CORRECTED 9-11-52.

0 9 0 0 0 0 8 8 1

And correct in sex, color, the full name and occupation of its parents, the date and place of birth; and the said blanks will be correctly filled by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case a child is born where no physician or midwife is in attendance, or where no other person is required by this section to report the birth, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 15. 1890.
4. Place of Birth, (Street and Number) 1523. Gough str.
5. Full Name of Mother, Mary Anthor
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ben. Anthor
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter str

Remarks, 1890 - 000882

Sec. ... Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said collector shall enter the same in a book to be kept by the Commissioner in the form of a certificate between the first and second columns thereof, and shall, within ... days after the same is entered, deliver to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A No 116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth.	March 16th 1890
4. Place of Birth, (Street and Number)	628 N. Lexington St
5. Full Name of Mother.	Betty Hirsch
6. Mother's Maiden Name.	Roenorsky
7. Mother's Birthplace,	London England
8. Full Name of Father.	Morris M. Hirsch
9. Father's Occupation,	Liquor Dealer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	S. H. Selden M.D.
Address,	S.E. Cor. Caroline & Eager Sts
Remarks,	1890 - 000883

And schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required by this section to certify to the same, the owner or occupier of the house in which such child is born shall immediately thereafter it shall become the duty of the first person above required, and attendance upon the mother and child, to certify to the same, and to transmit the certificate of the birth to the Commissioner of Health, in the manner and subject to the penalties of this section shall be subject to any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. COLLAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20117.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 16th 1890
4. Place of Birth, (Street and Number) 501 President st
5. Full Name of Mother, Katrina Karlo
6. Mother's Maiden Name,
7. Mother's Birthplace, Italy
8. Full Name of Father, Antonia Karlo
9. Father's Occupation,
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

590-000884

Each Return to be filled in with black ink, and must state the full name and occupation of its parents, the date and place of birth; and the sex, color, &c., of the child; and must be signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report all the facts to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately after the birth of any child, shall be deemed sufficient to require a return from such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 20118

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar. 16th 1890.
4. *Place of Birth, (Street and Number)* 918 N. Ann st.
5. *Full Name of Mother,* Irene Birkhead Griffith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Charles H. Birkhead
9. *Father's Occupation,* Cutter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Dr. Taylor 36 E.

Address, 1201 E.

Remarks,

1890 - 000885

The Register of Births shall state the date and place of birth, and the sex and color of each child born alive in the City of Baltimore, and the name, residence, occupation and birthplace of the parents, as far as ascertainable, and such certificate shall be delivered, duly signed by the parent thereof in the form of a certificate to be prescribed by the Commissioner of Health. In case the parents of such child are unable to write, or are absent from the City of Baltimore, or shall sign other than their true names, or refuse to sign, or in case of the death or absence from the City of Baltimore of the father, then the certificate may be signed by the mother; and in case of the death or absence from the City of Baltimore of both parents, then the certificate may be signed by the person in charge of the house in which the birth occurred, or by the physician, midwife or nurse in attendance upon the mother; immediately thereafter it shall be the duty of the person so signing such certificate to report the facts of such birth to the Commissioner of Health, and within ten days thereafter to deliver to him such certificate, which shall be in addition to the certificate required to be delivered to the Register of Births. It shall be the duty of the Commissioner of Health, in the enforcement of the provisions of this section, to appoint such registrars as he may deem necessary, and to prescribe their duties and compensation; and all persons who shall be appointed registrars shall take an oath faithfully to perform the duties of their office. Any person who shall neglect or refuse to perform any of the duties required of him by the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 20119

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16 - 1890
4. Place of Birth, (Street and Number) 1509 N. Mulberry St.
5. Full Name of Mother, Carrie Weyforth
6. Mother's Maiden Name, Waby
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas. Dodt Weyforth
9. Father's Occupation, Fireman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. John Goff M.D.

Address, 701 N. Carrollton Ave

Remarks,

1890 - 000886

and whether it is a boy, or girl, the full name and occupation of its parents, the date and place of birth, and the full name and residence of the physician or midwife in attendance, if any shall have been present at the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the person in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. [illegible] & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16/90
4. Place of Birth, (Street and Number) Sarafras. Stud — N. 1103
5. Full Name of Mother, Ct. Orbie E. Sparks
6. Mother's Maiden Name, Orbie E Powers
7. Mother's Birthplace, Washington Co Maryland
8. Full Name of Father, Joseph A. Sparks
9. Father's Occupation, Railroading
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 711 Cross St

Remarks, B 90 - 000887

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Children

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, March 18 1890
4. Place of Birth, (Street and Number) Baltimore Cross & Sos
5. Full Name of Mother, Celia Jo johnson
6. Mother's Maiden Name, King
7. Mother's Birthplace, Rock Island
8. Full Name of Father, Jacca johnson
9. Father's Occupation, Coal Shoveler
10. Father's Birthplace, Rock Island Ireland

Name of Medical Attendant, or other person who makes this Return. Sarah Swan

Address, 27 China

Remarks,

1890 - 0000888

PUB. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred its sex, color, the full name and residence of its parents, the full name of such child, if any shall have been given it, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, to the person who is required to report the birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required to report the birth, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890 0000889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every person who shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which, to the best of his knowledge and belief, have occurred during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, the name and occupation of its parents, the date and place of birth, and the full name and residence of the midwife or other person in attendance at each birth. And every such schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health on the first day of each and every month to the office of the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health; and no other person shall be required to perform the duties of this section in any case where a birth shall occur without the attendance of a practitioner. It shall become the duty of the person or parents of each child hereafter born, where there shall be no attendance of a practitioner, to make return of the birth in the manner and within the time prescribed by the rules and regulations of the Board of Health; and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 70173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	March 18th 1890
4. Place of Birth, (Street and Number)	# 418 East Federal St
5. Full Name of Mother,	Annie Griffin
6. Mother's Maiden Name,	Annie Smith
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Thomas Griffin
9. Father's Occupation,	Conductor P. W. & B. R.R.
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return.	Dr. Louis Slater
Address,	# 628 N. Calvert St
Remarks,	

1890 - 000890

...ten concerned, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to make the return herein required, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. SULARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH No 124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18, 1890
4. Place of Birth, (Street and Number) McHenry st 1838
5. Full Name of Mother, May R Tomas
6. Mother's Maiden Name, May R Lunaman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Tomas
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L Kelley

Address, 2022 Milburn Ave

Remarks,

B90-000891

been conferred) its sex; color the full name and occupation of its parents, if married; and the name of each child, if any shall have been born before; and the number of children of the parents living and dead. And the said physician, midwife or other person shall, within five days after the birth, deliver or cause to be delivered, to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, a like certificate, and within the period above required, and such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. KELMAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH D. 20126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 19-90
4. Place of Birth, (Street and Number)	309 N. Eutaw Ave
5. Full Name of Mother,	Josephine Zulauf
6. Mother's Maiden Name,	Hagerty
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Louis B. Zulauf
9. Father's Occupation,	Policeman
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	92 McDonough St
Remarks,	

8 9 0 - 0 0 0 8 9 2

...shall be signed by the practitioner in the form of a certificate between the first and tenth day of each and every month to the office of the Commissioner of Health, in the manner and within the time prescribed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth of the child, it shall become the duty of the person or parents of such child to report the same within ten days thereafter. If shall become the duty of the person or parents of such child to report the same within ten days thereafter. If any person required by this section shall neglect or refuse to make such report as herein required, he shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

MIDDLE NAME ADDED 3-21-56

RETURN OF A BIRTH

A 20126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Lawson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14. 1890
4. Place of Birth, (Street and Number) 1150 Ridgely St
5. Full Name of Mother, Elmyer Lawson
6. Mother's Maiden Name, Elmyer Benner
7. Mother's Birthplace, Maryland
8. Full Name of Father, Henry Lawson
9. Father's Occupation, Saloon keeper
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Mrs. Boyle

Address, 711 Cross St

Remarks,

690-000893

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife shall deliver, duly signed by the practitioner in the form of a certificate, the date and place of birth; and the said midwife shall every month, in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, the mother herself shall be required, and it shall be the duty of each midwife or other person in attendance, to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 20127

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	B
1. *Sex,* (state whether male or female)	Female
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	March 21, 1890
4. *Place of Birth,* (Street and Number)	522 Lanham ST
5. *Full Name of Mother.*	Louisa Iggegan
6. *Mother's Maiden Name,*	Louisa Lonigan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Valentin Iggegan
9. *Father's Occupation,*	Lebenman
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Ellen Smith
Address,	913 Eastern ave
Remarks.	890-000894

CO., CITY PRINTING AND STATIONERY

RETURN OF A BIRTH A. 20178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 20 - 90
4. Place of Birth, (Street and Number) 914 N. ~~Gloster~~ St Washington
5. Full Name of Mother, Susan E. Harris
6. Mother's Maiden Name, " Pentz
7. Mother's Birthplace, Balto
8. Full Name of Father, John M. Harris
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Clewell

Address, 92 McDonough St

Remarks,

890 - 000895

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 20
4. Place of Birth, (Street and Number) Balt. 160 Gross St
5. Full Name of Mother, Kaite Grebe
6. Mother's Maiden Name, Willershausen
7. Mother's Birthplace, Balt.
8. Full Name of Father, Henry Grebe
9. Father's Occupation, Laber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bonz

Address, 711 Gross St

Remarks,

1890 - 000896

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month next succeeding the birth of each child. It shall be the duty of every midwife to see that such certificate is made out and delivered as aforesaid, and no midwife shall secure without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 20 130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21 st 1890
4. Place of Birth, (Street and Number) 127 N. Amity St
5. Full Name of Mother, Mary C. Buxtaund
6. Mother's Maiden Name, " " Smith
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Jos. Buxtaund
9. Father's Occupation, Cutter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Shuster

Address, 23 d Poppleton St

Remarks,

890-000897

and schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Registrar of Vital Statistics, within ten days after the birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within ten days after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who must furnish the blank required for such purpose. Any such person or persons, who shall hereafter fail to comply with the provisions of this section, will be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Ella Nora Weaver

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20th, 1890
4. Place of Birth, (Street and Number) 611 S Paca st
5. Full Name of Mother, Lucy C. Weaver
6. Mother's Maiden Name, Lucy C. Myers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Weaver
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wellington Shafer

Address, 611 S Paca St

Remarks,

890-000398

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife, if any, present at the birth, and the third thereof shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and 10th day of each month to the Registrar of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the parent or nurse in attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such parent or person who shall wilfully neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. No 132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 21-90
4. Place of Birth, (Street and Number) 916 Stuler St
5. Full Name of Mother, Ann. M. Julius
6. Mother's Maiden Name, " " Davis
7. Mother's Birthplace, Va
8. Full Name of Father, Henry Julius
9. Father's Occupation, Teamster
10. Father's Birthplace, Ga

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 92 W. Donoghe St

Remarks,

1890 - 000899

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and ...child, or without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 70133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, March 21. 90
4. Place of Birth, (Street and Number) 2005 Fairmount Ave.
5. Full Name of Mother, Mrs. Louisa Dukeland Dill
6. Mother's Maiden Name, Mrs. " Dukeland
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, George Walter Gray Dill
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, C. G. Cook M. D.

Address, 2000 E. Balt. St.

Remarks, Forceps delivery

1890 000900

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (~~state whether male or~~ female)
2. Race or color, (~~if not of~~ the white race)
3. Date of Birth, 3-21-90.
4. Place of Birth, (Street and Number) 23(½) Dover E. of Sharp st
5. Full Name of Mother, Mary Olshinsche
6. Mother's Maiden Name, Gondejiec
7. Mother's Birthplace, Russia
8. Full Name of Father, Vincent Olshinsche
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. R. M. Washman

Address, 172 W. Lexington

Remarks, National Labor

890-000901

(Each Coroner, his Sex, Color and Name and occupation of his parents, the date and place of birth; and the name, sex, color and residence of the physician or midwife present at the birth, if any; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent of each child born, or in case there is no parent living in the house at the time of the birth of any child third day of each and every month, a like schedule of the births which may have occurred during the month preceding; and in default of such evidence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) ~~Wh~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21 st
4. Place of Birth, (Street and Number) 1006 So Sharp St
5. Full Name of Mother, Louisa Weller
6. Mother's Maiden Name, Louisa Apple
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis Weller
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Kellyonder Clafe

Address,

Remarks, 8 9 0 6 0 0 0 0 Lombard

been rendered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the attending physician or midwife, if there was one, within five days after the birth, on the blank form of a certificate between the first and fifth days of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no certificate of such birth be rendered as aforesaid within the time above required, the parent or parents of such child shall immediately thereafter, if such become aware of the fact within the period above required, and attendance upon birth to the Commissioner of Health, in order to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 213

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

...of Mother, (state whether 1st, 2d, 3d, &c.)	4th
...whether male or female)	Male
...olor, (if not of the white race)	White
...irth,	21st day of March
...Birth, (Street and Number)	407 N. Poppleton St.
...e of Mother,	Jenny Badger
...Maiden Name,	Jenny Norris
...Birthplace,	Baltimore, Md.
...e of Father,	Benjamin C. Badger
...ccupation,	Carpenter
...Birthplace,	Homestead Baltimore County
...Medical Attendant, or other person who makes this Return,	Susan Sturdevant 23 N. Poppleton St.

890-000903

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	March 22 1890.
4. *Place of Birth, (Street and Number)*	24 Argyle Ave;
5. *Full Name of Mother.*	Mary A. C. Tucker
6. *Mother's Maiden Name.*	" " Wilson
7. *Mother's Birthplace.*	Maryland
8. *Full Name of Father.*	Geo. W. Tucker.
9. *Father's Occupation.*	Merchant.
10. *Father's Birthplace.*	Maryland
Name of Medical Attendant, or other Person who makes this Return	Dr. J. B. Sellman, M.D.
Address.	3 East Biddle St.
Remarks.	890 - 000904

Any Physician, Midwife or other person who shall neglect or refuse to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, any birth at which he or she was present or in attendance, within the period above required, shall be subject to a fine of five dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., (17) PRINTERS AND STATIONERS.

RETURN OF A BIRTH

2013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 day of March 1890
4. *Place of Birth, (Street and Number)* Baltimore 434 E. Cross St
5. *Full Name of Mother,* Elizabeth A Montgomery
6. *Mother's Maiden Name.* Cummins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Montgomery
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who make this Return. Mrs E Donaldson

Address, 1224 Johnson St Extended

Remarks, Mother and child are doing well

890-000905

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A No 139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~state whether male or~~ female)
2. Race or color, (~~if not of~~ the white race)
3. Date of Birth, March 22nd 1890.
4. Place of Birth, (Street and Number) No 515 Brune St
5. Full Name of Mother, Bertie Hammond
6. Mother's Maiden Name, Primrose
7. Mother's Birthplace, d'o
8. Full Name of Father, Walter G Hammond
9. Father's Occupation, Produce Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return V. Ridgway Andrl M D

Address, 1123 E Balto St

Remarks,

890-000906

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 22 of March

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 22
4. Place of Birth, (Street and Number) 1330 Cornelled
5. Full Name of Mother, Minliend gaine
6. Mother's Maiden Name, Minliend Hazzard
7. Mother's Birthplace, Howard County
8. Full Name of Father, Robert gaines
9. Father's Occupation, Laber Work
10. Father's Birthplace, Exter County vir

Name of Medical Attendant, or other person who makes this Return. Savina Mills

Address, 819 stockholm st

Remarks, She got long Considering well.

1890 - 000907

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or, should no other person be in attendance upon the mother at the birth, the midwife or nurse in attendance shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. BALANY & CO., CITY PRINTERS AND STATIONERS

BIRTH DATE ADDED 3-1-55

RETURN OF A BIRTH

No. 141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Virgie Edna Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 22 — 1890
4. *Place of Birth, (Street and Number)* 1115 W. Lombard St.
5. *Full Name of Mother,* Maggie A Bunning Leitler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Chas Bunning
9. *Father's Occupation,* Express Man
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Bangle

Address, 711 Cross St

Remarks, 1890-000908

thirty day of each and every month of a physician or practitioner of midwifery, or such other person be in attendance upon the mother, immediately thereafter. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23, 1890.
4. Place of Birth, (Street and Number) No. 1620 Hanford ave
5. Full Name of Mother, Maggie Smith
6. Mother's Maiden Name, Maggie Kisarg (King)
7. Mother's Birthplace, Baltimore
8. Full Name of Father, — Smith
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Asa A. Caswell, M.D.

Address, 1741 Hanford ave

Remarks, Can get but little information about the father Child living

590 - 000909

Every person who shall make any false statement concerning the date and place of birth, and the name and occupation of its parents, the date and place of birth, and the sex of any child, in the certificate required by the preceding section of this ordinance, or who shall refuse to make such certificate shall be delivered, duly signed by the practitioner in the form of a certificate hereinbefore required, to the office of the Commissioner of Health, at the expiration of the first, second or third day of each and every month as the case may be, and in case there be no birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother cognizant of the facts herein required to be reported, then the certificate and return of such birth to the Commissioner of Health, in the manner and within the time herein specified, shall be made by the parent or parents of such child residing in the house at the time of its birth, and in case both parents shall be dead or absent from the house, then by the occupier thereof. It shall become the duty of the person or parents of such child or occupier of the house, as the case may be, to report the particulars required to be reported in any certificate of birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 20143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Campbell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored Race
3. Date of Birth,	March 23 d 1890
4. Place of Birth, (Street and Number)	234 Hanover St
5. Full Name of Mother,	Martha ~~Campbell~~ Campbell
6. Mother's Maiden Name,	Martha ~~Voles~~ Tolle
7. Mother's Birthplace,	Lancaster County Pa
8. Full Name of Father,	Robert ~~Campbell~~ Campbell
9. Father's Occupation,	Laborer Lancaster jr.
10. Father's Birthplace,	Lancaster County Pa
Name of Medical Attendant, or other person who makes this Return.	Lucinda Gardner
Address,	132 North Regester
Remarks,	CERTIFICATE CORRECTED 4-13-53

1890 - 00 20 910

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if it shall become the duty of the person above required, and any such person so neglecting shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable.

PRS. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* March 23. 1890.
4. *Place of Birth (Street and Number),* 702 Sterling St.
5. *Full Name of Mother,* Annie. Chase.
6. *Mother's Maiden Name,* Annie. Chase
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Alfred. Taylor.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. J. Howard McP.

Address, 202 Aisquith St.

Remarks, Female Child born prematurely. Died two hours after birth, of Exhaustion.

890-000911

Sworn: Its sex, color, the full name and occupation of its parents, the date and place of birth, and the said return is in all respects true and correct, to the best of his knowledge and belief. And the said return is made out and signed by the practitioner in the form of a certificate, before any child shall receive without such oath and every penalty to the office of the Commissioner of Vital Statistics, before any child shall receive without the attendance of a physician or midwife, or before any child shall be interred without a burial permit from the Commissioner of Vital Statistics, or before any person be in attendance upon the mother of such child, or any other person be in attendance upon the mother of such child to report the birth to the Commissioner of Health, in the manner and within the period above specified, and any person neglecting or refusing to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sun Printing & Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A. 70145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 27 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	23 March
4. Place of Birth, (Street and Number)	1633 E Jefferson st
5. Full Name of Mother,	Rebecca Mc Cleary
6. Mother's Maiden Name,	" Coleman
7. Mother's Birthplace,	Balto
8. Full Name of Father,	William Mc Cleary
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mr Julia Gurney
Address,	940 N. Eden st
Remarks,	

590 000912

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every midwife or other person who shall act as such, whether a physician or not, shall cause the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of the mother, to be certified on the certificate of birth, and shall deliver the same within the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father, or, in case of his absence, of the mother, to report the birth of such child to the Commissioner of Health, in writing, and with the particulars required; and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 21146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 23d, 1890
4. Place of Birth, (Street and Number) No. 1427 E. Biddle St.
5. Full Name of Mother, Mrs. Mary Isabella O'Neill
6. Mother's Maiden Name, Miss Mary I. Wellener
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Mr. Charles I. O'Neill
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Wm H. Clendinen, M.D.

Address, 1700 East Fayette St.

Remarks.

1890 - 000913

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A n 159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth, March. 20/90
4. Place of Birth, (Street and Number) No. 17. 16 Gould. Lane.
5. Full Name of Mother, Liggie Phillips.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, John. Fitzpatrick.
9. Father's Occupation, Colored
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Dennis Jeannie.

Address, No 17. 14. Light St.

Remarks, Yours. Respectfully.

890-000914

J. C. GALAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 23 März 1898
4. Place of Birth, (Street and Number) Lyhee St 16 2004
5. Full Name of Mother, Loise Lange
6. Mother's Maiden Name, Marshalge
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Lange
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return.

Address, Maria Emma Mayer Fiddle St 1933

Remarks,

1890-000915

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in person or left at the office of the Commissioner of Health. In case the first and third days of each and every month to the office of the Commissioner of Health. In case there be no practitioner in attendance upon the mother, the midwife or physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the father or mother shall within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the particulars above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH D. 20149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 23 - 1890
4. Place of Birth, (Street and Number) 245 N. Amity St.
5. Full Name of Mother, Mary Green
6. Mother's Maiden Name, Anderson
7. Mother's Birthplace, Balto
8. Full Name of Father, William Green
9. Father's Occupation, Porter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 701 N. Carrollton Ave

Remarks,

1890 - 000916

Every birth of sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Births, and if any such child shall die before the same is registered, a certificate of the cause of death shall be in like manner delivered, duly signed as aforesaid, by the practitioner in attendance, or if there be no such practitioner, by the midwife present at the birth, or by the person who shall perform the burial service over the body of such child, or by the undertaker employed to bury the same; and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every such person or persons, who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12th 1890
4. Place of Birth, (Street and Number) 1022 N. Carey st
5. Full Name of Mother, Amita L. Munter
6. Mother's Maiden Name, " Benoit
7. Mother's Birthplace, Chili South America
8. Full Name of Father, Bernad Munter
9. Father's Occupation, Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jas E. Gibbons M.D.

Address, 833 Edmondson ave

Remarks, 1890-000917

said schedule shall be delivered, duly signed by the occupant of or person in charge of the house in which the birth occurred, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health in the manner and within the time required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh (11th)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16th 1890.
4. Place of Birth, (Street and Number) 1134 Barclay St.
5. Full Name of Mother, Sallie E. Hammel
6. Mother's Maiden Name, Carter
7. Mother's Birthplace, Pa.
8. Full Name of Father, John E. Hammel
9. Father's Occupation, Car. Conductor
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return. J. B. Hartzell M.D.

Address, 1137 York road

Remarks,

1890 0009 18

said schedule will be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in such occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother herself shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 20157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: John George Kuszmaul

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female F
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16th - 1890.
4. Place of Birth, (Street and Number) 837 York road
5. Full Name of Mother, Leah L. Kuszmaul
6. Mother's Maiden Name, Leah L. Lavrey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John A. W. Kuszmaul
9. Father's Occupation, Letter-Carrier
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. S. Hart M.D.

Address, 1187 York road.

Remarks,

1890 - 000919

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the city limits, or if the child be not under the care of a physician or midwife in attendance upon the mother, immediately thereafter it shall be the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 24th
4. Place of Birth, (Street and Number) No. 7 Lehman St
5. Full Name of Mother, Anna E Watson
6. Mother's Maiden Name, Anna E Bader
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph J Watson
9. Father's Occupation, Miller
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1890 - 000920

Every child born within the limits of Baltimore City hereafter shall be registered, and the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician, midwife or other person in attendance at the birth of such child shall be reported to the office of the Commissioner of Health, in the manner and within the period above required, and in such form as the Commissioner of Health may prescribe. If a child be born in a house and no physician or midwife be in attendance at the birth of such child, the householder of such house shall report the birth to the Commissioner of Health, in the manner and within the period above required, and in such form as the Commissioner of Health may prescribe. If the parents of such child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in such form as the Commissioner of Health may prescribe. If the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, March 20, 90
4. Place of Birth, (Street and Number) 22 E Eutaw St
5. Full Name of Mother, Ida Rose Fisher
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father, Jacob B Nellis
9. Father's Occupation, Barber
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Dr. Lillie M.D. Paul Fisher Jr.

Address,

Remarks,

1890 - 000921

J. D. LULLY & CO., CITY PRINTERS AND STATIONERS

been entered: its sex, color, the full name and occupation of its parents. The certificate between the first and second schedule shall be delivered with a receipt signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered with a receipt signed by the practitioner in the form of a certificate between the first and second

RETURN OF A BIRTH A 20153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20th 1890
4. Place of Birth, (Street and Number) 63 N. Carrollton ave
5. Full Name of Mother, Anna Mary Sawkins
6. Mother's Maiden Name, " " Hoffman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Eugene Sawkins
9. Father's Occupation, Paper Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. E. Gilchrist M. D.

Address, 833 Edmondson ave

Remarks, 1890 000922

said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the day and the third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no other person be required by law to report such birth, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GILDAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21st 1890
4. Place of Birth, (Street and Number) 1035 N. Carey st
5. Full Name of Mother, Rosa R. Fleet
6. Mother's Maiden Name, Baird
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, Washington F. Fleet
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Geo E. Pfoua M. D.

Address, 833 Almondson ave

Remarks,

1890 - 000923

said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Commissioner of Health, within the first day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the periods of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) Mulatto

3. Date of Birth, March 20

4. Place of Birth, (Street and Number) 818 Hollyday St

5. Full Name of Mother, Mrs Mary E Lewis

6. Mother's Maiden Name, Edmonds

7. Mother's Birthplace, Md

8. Full Name of Father, Mr Lewis

9. Father's Occupation, Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return Dr E Ellwood Lee

Address, Post Street & Fair

Remarks, 890-000924

J. G. SHLANY & CO., CITY PRINTERS AND STATIONERS.

Upon Coroner to sex, color the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and the number of such children then living, and such other information as may be required by the Commissioner in the form of a certificate to be furnished by him. And in case no physician or midwife was present at the birth of any child said schedule shall be delivered, duly signed by the person who was present at the birth, to the office of the Commissioner of Health; or should no other person be in attendance, then the mother shall herself make out and deliver said schedule. And within the first third day of each and every month a like schedule shall be delivered to the Commissioner of Health by the person or parents of each child born within the city during the preceding month, and in case no physician or practitioner of the city of the person or parents of such child shall occur within the period above specified, it shall be the duty of the mother, if able, to make out and deliver said schedule to the Commissioner of Health in the manner and within the period above specified. And in case no physician or midwife was present at the birth of any child, it shall be the duty of the mother immediately thereafter, if able, to make out and deliver said schedule to the Commissioner of Health in the manner and within the period above specified. And any person or persons, midwife or mother fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 20158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21st 1890.
4. Place of Birth, (Street and Number) 213 Independent St.
5. Full Name of Mother, Margret A. Fowler
6. Mother's Maiden Name, Margret A. McGuffin
7. Mother's Birthplace, Maryland
8. Full Name of Father, Francis P. Fowler
9. Father's Occupation, Carpenter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return J. Hunt M.D.

Address, 1137 York ave Md

Remarks,

1890 : 000925

Said Return shall be made, signed by the practitioner in the form of a certificate between the first and third day of each and every month, of all births which shall have occurred in his practice during the month next preceding, and the said Return shall state the name and occupation of its parents, the date and place of birth; and if any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons in charge of such child, or of the parents or guardians of such child, to report the birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Color
3. Date of Birth,	March 22 nd 1890
4. Place of Birth, (Street and Number)	818 S. Eutaw st
5. Full Name of Mother,	Ida Gardner
6. Mother's Maiden Name,	Ida Williams
7. Mother's Birthplace,	Lancaster Va
8. Full Name of Father,	Charley Gardner
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Northumberlands
Name of Medical Attendant, or other person who makes this Return.	Charlotte Williams
Address,	910 Leadenhall st
Remarks,	five dollars

1890 - 00 0926

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 23
4. Place of Birth, (Street and Number) Baltimore, 1126 Myrtle
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890 000927

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother, within the period above required, and any such person or persons shall have the same time within which to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex. (State whether male or female)*	Females
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth.*	March 23 1890
4. *Place of Birth, (Street and Number)*	1933 Bonney St
5. *Full Name of Mother.*	Julia S
6. *Mother's Maiden Name.*	Lee
7. *Mother's Birthplace.*	Baltimore
8. *Full Name of Father.*	James Julius
9. *Father's Occupation.*	Engine
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah J Harrington
Address.	1929 Bonney St
Remarks.	Twins 1890-000928

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the head of the family or other person in charge of the house in which such birth occurs shall become the duty of the said or other person to give any such birth notice to the Commissioner of Health, in the manner and within the period above required, and shall be subjected to the fine of ten dollars for each offence. To secure a compliance with the provisions of this section shall be subjected to the fine of ten dollars for each offence. To be recovered as other fines and forfeitures are recoverable.

© GUILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 2016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24th 1890
4. Place of Birth, (Street and Number) 1726 W. Franklin st
5. Full Name of Mother, Elizabeth Ann Lassen
6. Mother's Maiden Name, " " Showacre
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John William Lassen
9. Father's Occupation, Horticulturalist
10. Father's Birthplace, Prince George County Maryland

Name of Medical Attendant, or other person who makes this Return, Chas E. Gibbons M.D.

Address, 825 Edmondson ave

Remarks,

1890 000929

said schedule shall be delivered, duly signed by the practitioner in the case, or the person, or some one of the persons, present at the birth, stating the time and place of birth; and the third day of each and every month, to the office of the Commissioner of Health, as certificate between the first and fifteenth days of the month next succeeding the birth, unless the same shall have been delivered before the time last aforesaid. And it shall be the duty of the attendant of a physician or midwife, or in the absence of such attendant, the duty of the mother, immediately thereafter to report the birth of any child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Monday, March 2 - th 90
4. Place of Birth, (Street and Number) 128 S. Linn St.
5. Full Name of Mother, Susanne Gardner
6. Mother's Maiden Name, " James
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Gardner
9. Father's Occupation, Gas Fitter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Alice Goetzke

Address, 114 S. Bond St

Remarks,

1890 - 000930

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by said schedule. Said information shall be given in the form and manner and within the time prescribed by said schedule, and shall be delivered, duly signed by the practitioner in the form required by said schedule, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 2016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth child

1. *Sex, (state whether male or female)* ~~Male~~ Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th March 1890 Baltimor
4. *Place of Birth, (Street and Number)* 1733 McHenry Ste
5. *Full Name of Mother,* Mary Collins
6. *Mother's Maiden Name,* Mary Robison
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Collins
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary A. Feeney

Address, 414 S Stricker Street

Remarks, Mother and child are doing well

1890-000931

WM. A. S. MARNY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 2nd 1895
4. *Place of Birth, (Street and Number)*	Baltimore Md 269 Parkin
5. *Full Name of Mother,*	Josefina Polaski
6. *Mother's Maiden Name,*	Josefina Kowalska
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Polaski
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Jos Medzy Dr
Address,	117 S Pine St Baltimore Md
Remarks,	Mother and child well

1890 - 000932

ENG. J. S. SULLIVAN & SON, CITY PRINTERS AND STATIONERS

...(conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and ... said schedule shall be duly signed by the practitioner in charge, or certificate between the first and ... third day of every month to the office of the Registrar of Health. In case the birth of any person be in ... attendance upon the mother, immediately thereafter. It shall become the duty of the parents of such ... child to report its birth as herein required, and in default of the parents, then each person present at the ... birth, and any such person who shall hereafter fail to comply with the provisions of this section shall be ... subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and ... penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 20166

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) Second

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* March 24, 90

4. *Place of Birth,* (*Street and Number*) 60 E. Fulton St

5. *Full Name of Mother,* Louella Schaefer Eisenhardt

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Louis H. Schaefer

9. *Father's Occupation,* Cook

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Chas. H. Fisher

Address,

Remarks,

1890-000933

Murphy & Co., City Printers and Stationers.

The full name of each child, if any shall have been suffered, (1) its sex, color, the full name and occupation, residence and place of birth, and the full name and occupation of the mother of each child born alive, whether it lives and breathes or not, shall be delivered, duly signed by the person or parents of such children, to the Registrar of Vital Statistics. In case the child is still-born, the attendant or the physician or the midwife of the person or parents of such children shall make such return. And every person who shall wilfully neglect or refuse to make such return of the birth of any child, or shall wilfully make a false return thereof, shall be subject to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, &c.)

1. *Sex*, (~~state whether~~ male ~~or female~~)
2. *Race or Color*, (~~if not of the~~ white ~~race~~)
3. *Date of Birth*, March 24th 1905 A.M.
4. *Place of Birth*, (*Street and Number*) 1206 St James St
5. *Full Name of Mother*, Jinnie Frankle
6. *Mother's Maiden Name*, " Albert
7. *Mother's Birthplace*, Russia
8. *Full Name of Father*, Isidore Frankle
9. *Father's Occupation*, Cigar Maker
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return — Mrs. J. Sherkow M.D.

Address, 1102 E Balto St

Remarks,

1890 - 000934

born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White.
3.	*Date of Birth,*	Monday March 24th/40
4.	*Place of Birth, (Street and Number)*	2208 Canton Avenue
5.	*Full Name of Mother,*	Henrietta Engler
6.	*Mother's Maiden Name,*	" Linzky
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Gottlieb Engler
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return.	Ulrich Goetz
	Address,	114 S. Bond Street
	Remarks,	1890-000935

been confirmed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the first and the 10th of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or if the duty of the person or parents of such child to report the birth as herein required, it shall become the duty of the person in charge of the house in which the birth occurs, or in which the mother is domiciled, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable

WM. J. G. BLAKEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 20169.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clara Adelaide Zinkand

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 24th 1890
4. Place of Birth, (Street and Number) 827 W. Lombard St.
5. Full Name of Mother, Emma F. Zinkand
6. Mother's Maiden Name, Lange
7. Mother's Birthplace, Balto
8. Full Name of Father, Emil C. Zinkand
9. Father's Occupation, ~~Germany~~ ~~Liquor~~ Liquor Dealer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. H. W. Hetner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

GIVEN NAME ADDED

10 5 05 20 9 3 6

and expense shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DELANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20172

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colo
3. *Date of Birth,*	24 March 1890
4. *Place of Birth, (Street and Number)*	226 Wayne Ave
5. *Full Name of Mother,*	Jennie Bloom
6. *Mother's Maiden Name,*	Jennie Black
7. *Mother's Birthplace,*	Calvert Co, Md
8. *Full Name of Father,*	Patrick Colson
9. *Father's Occupation,*	Foreman
10. *Father's Birthplace,*	Calvert County Md
Name of Medical Attendant, or other Person who makes this Return.	Nellie Pfeiffer
Address,	1 New York Building
Remarks,	890 - 0 King 28-7

Number of Child, whether 1st, 2d, 3d, &c., and whether born alive or still-born; if a twin or triplet, state whether born first, second or third, as the case may be; if still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

BIRTH WAS RECORDED 3-10-60

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irene Yorkman

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 th
1. *Sex*, (state whether male or female)	Female
2. *Race or Color*, (if not of the white race)	Colored
3. *Date of Birth*,	March 24, 1890
4. *Place of Birth*, (Street and Number)	23 ½ Durham Street
5. *Full Name of Mother*	Mary Jane Yorkman
6. *Mother's Maiden Name*	Mary Jane Butler
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Samuel A Yorkman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Susan Harper
Address,	23 ½ Durham St.
Remarks,	

8 9 0 - 0 0 0 9 3 8

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without medical attendance, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 20172

GIVEN NAME ADDED 10-22-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Lillie Mary

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White race.
3. Date of Birth,	March. 24/70
4. Place of Birth, (Street and Number)	Nos 1008. James. Alley.
5. Full Name of Mother,	Mary. Schellhorn.
6. Mother's Maiden Name,	" Wagner.
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Henry. Schellhorn.
9. Father's Occupation,	Cabinet Maker.
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Annie Jeems.
Address,	12.14 Eight St.
Remarks,	Yours Respectfully.

890-008939

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth. March 24th 1890

4. Place of Birth, (Street and Number) 1337 Druid Hill Ave

5. Full Name of Mother, Cora L Schmidt

6. Mother's Maiden Name, Watts

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Henry Chotard Schmidt

9. Father's Occupation, Plumber

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. H. J. Carrick

Address, 816 Myrtle Ave

Remarks, Farmerly 669 Franklin St

1890 - 000940

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 30177

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mother, (state whether 1st, 2d, 3d, &c.) 8d.

Whether male or female) male.

Color, (if not of the white race) White

24. of March.

213. S. Calhoun St.

Maria Weidenhammer.

— Nicholas.

Maiden Name,

Baltimore.

Edward Weidenhammer.

Pianomaker.

Germany.

Mrs. Hunter.

23 N. Paca Street

C90-00094 1

RETURN OF A BIRTH A 20170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, März 25 - 1890
4. Place of Birth, (Street and Number) Eutaw St 1126
5. Full Name of Mother, Augusta Krause
6. Mother's Maiden Name, Helting
7. Mother's Birthplace, Lippe Detmold
8. Full Name of Father, Herrmann Krause
9. Father's Occupation, Carpenter
10. Father's Birthplace, Berlin - Brandenburg

Name of Medical Attendant, or other person who makes this Return. Johanne Jaeske

Address, Garrett Av 1343 Locust Point

Remarks,

1890-000942

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...as far as the same can be ascertained, the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who shall require the person above required and subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth* March 25th, 1890
4. *Place of Birth,* (Street and Number) 2422 Oak St
5. *Full Name of Mother,* Lillie Dyer Coleman
6. *Mother's Maiden Name,* Lillie Dyer
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Royal B. Coleman
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Eugene F. Cordell, M.D.

Address, 2111 Maryland Avenue

Remarks, Normal Labor

1890-000943

ascertained the full name of each child (if any shall have been omitted), sex, color, the day, month and year of its birth, the full names of its parents, the date and place of birth, and the said schedule shall be delivered to the Commissioner of Health. In case the certificate between the first and third day of each month by a Physician or practitioner of midwifery, or should no other person have attended upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period aforesaid, and every person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Guy Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 20177

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 25th 1890
4. *Place of Birth (Street and Number)* 219 N. Calhoun St.
5. *Full Name of Mother* Gertrude Gover,
6. *Mother's Maiden Name* " Robb,
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Ephraim G. Gover.
9. *Father's Occupation* School Teacher
10. *Father's Birthplace* Waterford, Loudoun Co. Va.

Name of Medical Attendant, or other Person who makes this Return. Charles Getz, M. D.

Address 312 N. Mary St.

Remarks

690 000944

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

A 90178

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Fifth
1. *Sex*, (*state whether male or female*)	female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth.*	March 25th 1890
4. *Place of Birth*, (*Street and Number*)	1007 Arlington Ave
5. *Full Name of Mother.*	Mary Virginia ~~Dolan~~ Murphy
6. *Mother's Maiden Name.*	" " Dolan
7. *Mother's Birthplace.*	Baltimore City
8. *Full Name of Father.*	Owen J Murphy
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace.*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	M W Wright M D
Address,	2220 N Gilmor St
Remarks.	

1890 - 000945

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 20179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d Child
1. Sex, (State whether male or female)	Boy
2. Race or color, (if not of the white race)	White
3. Date of Birth,	25th of March 1890
4. Place of Birth, (Street and Number)	2046 Orlean street
5. Full Name of Mother,	Tina Schmitt
6. Mother's Maiden Name,	Tina Hoffman
7. Mother's Birthplace,	Ednz Ohio
8. Full Name of Father,	Charles Hoffman
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel St. per Crestina Kunkel
Remarks,	Healthy. 6 9 0 - 0 0 0 9 4 6

Every person who shall be required by this section to report a birth and who shall neglect or refuse to report the same as herein required, shall forfeit and pay for every such neglect or refusal the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth, 3.26.90
4. Place of Birth, (Street and Number) 411 N. Green St
5. Full Name of Mother, Virginia Beatrice Whiteford
6. Mother's Maiden Name, Ward
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Louis Whr. Whiteford
9. Father's Occupation, Engineer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Dr. Bashman

Address, 772 Lexington St

Remarks,

1890-000947

Each contrib... the Sex, No. of the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician, midwife or other person present at the birth; and the said schedule shall be delivered, duly signed by the person certifying the same, to the Commissioner of Health at his office in the City of Baltimore within the first ten days of the third month after the birth of any child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health as herein required, and any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

D. 170181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second 2d
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 26th 1890
4. *Place of Birth, (Street and Number)*	No. 152 East Fayette St.
5. *Full Name of Mother,*	Mrs. Catharine Ellen Reiley
6. *Mother's Maiden Name,*	Miss Catharine E. Boland
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Mr. Michael Reiley
9. *Father's Occupation,*	Hotel Keeper
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Wm. H. Clendinen M.D.
Address,	1700 East Fayette Street.
Remarks,	

1890 - 000948

...ENY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 4-3-59

RETURN OF A BIRTH

A 20187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Joseph McKenzie Frusty Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 26, 1898

4. Place of Birth, (Street and Number) Balto city Hanover Street South 306

5. Full Name of Mother, Mary Jane Frusty

6. Mother's Maiden Name, Mary Jane Cook

7. Mother's Birthplace, Virginia

8. Full Name of Father, H Cummings Frusty

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Hester Hanson

Address, South Hanover Street Bet Bank St & Eastern Ave

Remarks,

0 9 0 - 0 0 0 9 4 9

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A. 20183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	26th March
4. Place of Birth, (Street and Number)	612 N. Eden st
5. Full Name of Mother,	Maggie Sefton Kennedy
6. Mother's Maiden Name.	
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Charles Sefton
9. Father's Occupation,	Carriage Smith
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Conroy
Address,	910 N. Gay st
Remarks,	

1890 000950

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] birth contained; its sex; color. The full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled in the form of Certificate, to the person in charge of each house, on the third day of each and every month, to be signed by the practitioner or nurse in attendance. In case of a birth occurring without the attendance of a physician or nurse, it shall become the duty of the person in the house where such child is born, or the mother thereof, if able, to report the birth to the Commissioner of Health, in the manner and within the time above required; and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) W

3. Date of Birth, [illegible] 1890

4. Place of Birth, (Street and Number) 506 Shelburne St

5. Full Name of Mother. Catherine Feltner

6. Mother's Maiden Name. [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father. [illegible] Feltner

9. Father's Occupation, [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. M. L. Dudley

Address, 1007 W. Lexington

Remarks, 1890 00095 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month. To the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or parents of such child are unable to report its birth to the Commissioner of Health, it is the manner and within the period above required upon the mother, immediately thereafter, it shall become the duty of the person in charge of such attendance any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

GUILAW & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH No. 20183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (State whether male or female) Male
2. Race or color, (~~If not~~ of the white race)
3. Date of Birth, March 26-1890
4. Place of Birth, (Street and Number) 221 Retreat St
5. Full Name of Mother, Mrs Amanda Eggart Reed
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H. Eggart
9. Father's Occupation, Car-driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C. Edw McDowell M.D.

Address, 1521 W. Fayette St

Remarks, (first born of twins) 000952

... schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and ... month to the office of the Commissioner of Health, in the manner and within the time required, and ... shall occur upon the mother, immediately upon the birth of such child, a certificate of the facts relating to such ... child to report its birth to the Commissioner of Health, in the manner and within the time required, and ... any such person or persons who shall hereafter fail to comply with any of the provisions of this section shall be ... subjected to the fine of fifty (50) dollars for each offence, to be recovered or other fines and forfeitures are recoverable.

... & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, or father, if living, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In every such case the said schedule must be signed by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. Sex, (State whether ~~male~~ or female) female
2. Race or color, (~~white~~ of the white race)
3. Date of Birth. Feb 26 - 1890
4. Place of Birth, (Street and Number) 221 Retreat St
5. Full Name of Mother. Mrs Amanda Edgars
6. Mother's Maiden Name. " Reed
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H. Edgars
9. Father's Occupation, Car Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C. C. Tuck Durell M.D.

Address, 1521 W. Fayette St

Remarks, 1890 - 000953

BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26 1890
4. Place of Birth, (Street and Number) 1030 N. Wolfe St
5. Full Name of Mother. Minnie Agnes Carmine
6. Mother's Maiden Name, Schultz
7. Mother's Birthplace, Balto
8. Full Name of Father, Walter L. Carmine
9. Father's Occupation, Meter-maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. J B Schwatka M. D

Address, 1003 N. Broadway

Remarks,

1890 000954

PENALTY.—Any person who shall neglect or refuse to make the return required by this section, within the time and in the manner herein prescribed, or who shall make a false return, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment not exceeding thirty days, or both, in the discretion of the court; and any person who shall refuse or neglect to report the birth of any child shall be liable to a penalty of ten dollars, to be recovered before any justice of the peace upon the making of oath by any credible witness that such child was born within the city, and that the person charged with the offence was present at the birth, or was a parent of such child, or was the householder in whose house or lodging such child was born, and that such person refused or neglected to report such birth to the Registrar; and every such person shall, in the manner and within the period above required, report the birth to the Registrar or be subject to the penalties of this section, shall be subjected to the like penalty for each offence, to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Andrew Frederick Warner 10 A 70188

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26 1890
4. Place of Birth, (Street and Number) 1411 Hoffman St.
5. Full Name of Mother, Mary Warner
6. Mother's Maiden Name, Thomsen
7. Mother's Birthplace, Balto
8. Full Name of Father, Fred R. Warner
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. John Scott M.D.

Address, 701 N. Carrollton Ave

Remarks,

1890 - 000955

If convenient, a separate blank should be used for each child born, and the full name and occupation of its parents, the date and place of birth, and the sex of the child should be written in the form as given above. In case of twins, triplets, &c., the first, second, third, &c., child delivered, only should be reported in the first case. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health. In the manner and within the time prescribed in this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 20189

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26 1890
4. Place of Birth, (Street and Number) 622 N. Dement Ave
5. Full Name of Mother, Susan Brady
6. Mother's Maiden Name, Boylan
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward L. Brady
9. Father's Occupation, Builder & Contractor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. John Jeff. Neal M.D.

Address, 701 N. Carrollton Ave

Remarks,

1890 000956

said schedule shall be delivered, duly signed by the practitioner in the case of birth occurring in his practice, and the third day of each and every month to the Commissioner of Health, or should no birth occur in any month, a similar report shall be made by such physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons, who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27 March

4. Place of Birth, (Street and Number) 420 E. Monument St.

5. Full Name of Mother, Annie Cavenaugh

6. Mother's Maiden Name, Annie Griffon.

7. Mother's Birthplace, Ireland

8. Full Name of Father, George Cavenaugh

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Dr. L. Link Medicine

Address, 707 Hollins St.

Remarks,

1890 000957

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur in the absence of a physician or practitioner or midwife, or other person in attendance, it shall be the duty of the father, mother, or other person having charge of such child to report its birth to the Commissioner of Health. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st.* 2*d*, 3*d*, &c.)	Colored Male
1. *Sex.* (*state whether male or female*)	Married
2. *Race or Color,* (*if not of the white race*)	March 2nd
3. *Date of Birth,*	1854 Fremont bet
4. *Place of Birth,* (*Street and Number*)	Matilda Parker
5. *Full Name of Mother,*	Matilda Carter
6. *Mother's Maiden Name.*	Virginia
7. *Mother's Birthplace,*	Reuben Parker
8. *Full Name of Father,*	Laborer
9. *Father's Occupation,*	Virginia
10. *Father's Birthplace,*	Dr. J. Stewart
Name of Medical Attendant, or other person who makes this Return.	19 Fester Street
Address,	
Remarks,	1890-000958

been conferred), the sex, color, the full name and occupation of its parents, the date and place of birth, and the said acts. It shall be the duty of every physician or practitioner of midwifery to report to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately after the birth of any child which he may have attended during labor. It shall be the duty of the person or persons present at the birth of any child which shall occur without the attendance of a physician or practitioner of midwifery to report the birth as above required, and in default of the parents or parent of such child to report all the particulars required to be reported in relation to such child, to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the penalties imposed by this section for neglect of duty. The provisions of this section shall be subject to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-10-30
CERTIFICATE CORRECTED 4-10-30

RETURN OF A BIRTH A 20192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name? Robert B. Eckels Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, March 27 1890
4. Place of Birth, (Street and Number) No 45 E Randall st
5. Full Name of Mother, Emma (Corbett) Eckels
6. Mother's Maiden Name, Emma Yasaway
7. Mother's Birthplace, Baltimore city md
8. Full Name of Father, Alfred N (Corbett) Eckels
9. Father's Occupation, Foreman in Tin shop
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1644 E Charles st

Remarks, 8 9 0 - 0 0 0 9 5 9

Every midwife, nurse or other person who shall assist at the birth of any child, and the physician, if there be one present, shall, within five days after the birth, report the same to the office of the Commissioner of Health, and in case the first child shall die before the report is made, the fact shall be reported; and in case there is no midwife, nurse or physician present, the father or mother of such child, if able to do so, shall report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 27-90
4. *Place of Birth, (Street and Number)*	244 S. Patterson Park Ave
5. *Full Name of Mother,*	Annie M. Blaukner
6. *Mother's Maiden Name,*	" " Wolfe
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Christopher Blaukner
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	92 McDonough St
Remarks,	890-000960

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the Registrar in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of such child occur within the limits of a city where there is no Registrar, or in case no other person be in attendance of a physician or practitioner of midwifery, on the birth of such child, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall wilfully refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto March 28. 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth. Balto March 27. 1890.
4. Place of Birth, (Street and Number) 408 S. Collington Ave.
5. Full Name of Mother Mary Meick.
6. Mother's Maiden Name Mary Schleier.
7. Mother's Birthplace, America
8. Full Name of Father, John Meick.
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Amend,

Address 410. S. Wolfe St.,

Remarks. # 1890 - 000961

been conferred; its sex, color, the full name and occupation of its parents, and the date of its birth; and also whether the child was born in wedlock or not. Upon the presentation of a certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of the premises where such birth occurred, within the period above required, and said schedule shall be delivered, duly signed by the attending physician or midwife, to the Commissioner of Health. In case the birth of any child shall occur in the absence of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of the premises where such birth occurred, within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) Third (3d) E 7019 6

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, March 28th, 1890
4. Place of Birth, (Street and Number) No. 221 North Wolfe St.
5. Full Name of Mother, Mrs. Agnes Thornton
6. Mother's Maiden Name, Miss Agnes Rocke
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. William W. Thornton
9. Father's Occupation, Paper Ruler
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this return. Wm. H. L'Hommedieu, M.D.

Address, 1700 E. Fayette St. Cor. Broadway

Remarks, 896-000962

...each certificate is sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of the physician or midwife, if any, in attendance at the birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate, to the father, if present, or to the mother, or other person having charge of the child, within ten days after the birth, and the said father or other person shall, within thirty days of each birth, report the same for registration to the office of the Commissioner of Health. In case the birth shall occur in a hospital, or other institution, or if no physician or midwife was in attendance upon the mother, immediately thereafter, it shall be the duty of the person in charge of such institution, or of the mother, if able, and if not able, then of the person in charge of the child to report its birth to the Commissioner of Health, in the manner and within the time above prescribed. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.),	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 28th 1890
4. Place of Birth (Street and Number),	1511 Race St
5. Full Name of Mother,	Alice Wagner
6. Mother's Maiden Name,	Alice Wagner
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	George R. Glasser
9. Father's Occupation,	Conductor. Balto. City Passenger R.R.
10. Father's Birthplace.	Shrewsbury Pa
Name of Medical Attendant, or other person who makes this Return.	M. D. Hospital No. 2.
Address,	1327 Hanover St
Remarks,	

890 - 000963

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 20198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	1st
1. *Sex.* (*State whether male or female*)	Female
2. *Race or color,* (*if not of the white race*)	White
3. *Date of Birth,*	Nov 28 1890
4. *Place of Birth,* (*Street and Number*)	1226 Bunson St
5. *Full Name of Mother,*	Mrs Kate Hazen Cole
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Jas Cole
9. *Father's Occupation,*	R.R. Engr
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	E. Sellman M.D.
Address,	1226 Bunson St
Remarks,	890-000964

been conferred) its sex, color, the full name and occupation of its parents, the name and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; or, should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered with other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20199.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 28th 1890
4. Place of Birth, (Street and Number) 834 West Pratt St. Balto.
5. Full Name of Mother, Mary McGranery
6. Mother's Maiden Name, Mary Crown
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John McGranery
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 West Pratt Street Baltimore

Remarks, Child lived one hour.

1890 - 000965

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the name, if any, given to such child, and the number of the certificate of birth; and the Registrar shall be delivered, duly signed by the physician or midwife, or other person in attendance upon such birth, or by the Commissioner of Health. In case the birth shall occur without the attendance of a physician or midwife, or other person in attendance upon such birth, then the father of such child, or the person or parents of such child, if the father be dead, shall make such return within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DELANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-14-57

RETURN OF A BIRTH

A 70200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Helen Eliza Worthington

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, March 29-1890
4. Place of Birth (Street and Number), 1808 Fairmount Ave,
5. Full Name of Mother, Kate Worthington
6. Mother's Maiden Name, " Shminke
7. Mother's Birthplace, City
8. Full Name of Father, Howard Hancock Worthington
9. Father's Occupation, Pilot
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. P. G. Dauzehauer

Address, 1729 E. Balto.

Remarks, 890-000966

ferred, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the practitioner in the form of a certificate between the first and third visit after the birth of such child, if he was in attendance upon the mother. Immediately thereafter the practitioner shall transmit the said schedule in the manner and within the period prescribed by the Commissioner of Health to the office of the Commissioner, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sun Job Printing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 29th 1890
4. *Place of Birth, (Street and Number)*	N. Fulton Ave - # 1010
5. *Full Name of Mother*	Lillian Stoffnegen
6. *Mother's Maiden Name*	Lillian Thomas
7. *Mother's Birthplace*	Baltimore City Md
8. *Full Name of Father*	Charles J. Stoffnegen
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	L. L. Sparrow M. D
Address	# 1037 N. Fulton Avenue
Remarks	

8902000967

Form 23. M. H. 1. Until the space for date of birth is filled up, this certificate shall not be delivered, duly signed by the undertaker, in the form of a certificate, to receive the first and third (or each and every fourth) of the fees allowed by law for the registration of births. The birth of any child shall occur without the attendance of a medical practitioner, immediately thereafter, it shall then become the duty of the father, mother, nurse, or other person present at such birth to report the birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of persons in the almshouses, in which case the superintendent of the almshouse shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 male

1. Sex, (state whether male or female) white

2. Race or Color, (if not of the white race)

3. Date of Birth, March 1st 1890

4. Place of Birth, (Street and Number) 821 W Lombard St

5. Full Name of Mother, Annie Williams

6. Mother's Maiden Name, Dove

7. Mother's Birthplace, Baltimore

8. Full Name of Father, A J Williams

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo R Lalamore

Address,

Remarks,

1890 000968

said office shall be delivered, duly signed by the practitioner in the form of a certificate he will receive for the purpose, or an equivalent in place of birth, and the full name of the child, if any shall have been given at the birth of any child; and every midwife or other person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 20258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seven
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 1st 1896
4. *Place of Birth, (Street and Number)*	215 Hickory ave. Balto Md
5. *Full Name of Mother,*	Isabella C. Griffith
6. *Mother's Maiden Name.*	Isabella C. Smith
7. *Mother's Birthplace,*	Frogtberry Balto Co Md
8. *Full Name of Father,*	John William Griffith
9. *Father's Occupation,*	Rail Road Conductor
10. *Father's Birthplace,*	Woolord Howard County Md
Name of Medical Attendant, or other person who makes this Return,	Ellen P. Sullivan
Address,	Hickory ave Balto Md
Remarks,	The Child and mother are well
	as Can be Expected

000969

...third day of each and every month to the office of the Commissioner of Health, on blanks to be furnished by him for that purpose, a certificate of each birth which shall occur within the limits of said district during the month next preceding, and if any birth shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered in the same manner as fines and forfeitures are recoverable.

E. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (State whether male or female). Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 2nd March
4. Place of Birth, (Street and Number) Balt. No 20 Bradford St.
5. Full Name of Mother, Louisa Lasner
6. Mother's Maiden Name, Louisa Levin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, ~~Henry~~ Philip Lasner
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Josephine Hanger

Address, No 2321 E. Fayette St B. Md.

Remarks, 1890 000970

Every physician, midwife or other person in the form of a certificate between the first and third days of each and every month to the officer designated by the Commissioner of Health. In case the child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child shall neglect to give notice of such birth as aforesaid, the duty of giving such notice shall devolve upon any other person who shall become aware of the fact that such child has been born within the period above required, and such person shall immediately thereafter give notice of such birth as aforesaid. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 8-19-49

RETURN OF A BIRTH A. 20205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna L. Meeks

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1"
1. Sex, (state whether male or female)	Female (Male)
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 3rd (Mar 2) 1890
4. Place of Birth, (Street and Number)	714 Portland Pl
5. Full Name of Mother,	Louisa Meeks
6. Mother's Maiden Name,	" Weller
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm H. Meeks
9. Father's Occupation,	Glass Blower
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo R Lehnen
Address,	
Remarks,	

1890 - 000971

said Midwife as shall be delivered duly signed by the practitioner in the case, of the date and Place of birth, and the full date of each certificate, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, within ten days after the occurrence thereof; and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. GLUNZ & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ 2

1. *Sex, (state whether male or female)* ~~White~~ Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* Mch. 7 90
4. *Place of Birth, (Street and Number)* Smithell Cor Gold St
5. *Full Name of Mother,* Elizabeth Warfield
6. *Mother's Maiden Name,* Elizabeth Shipley
7. *Mother's Birthplace,* Howard Co
8. *Full Name of Father,* Frank Warfield
9. *Father's Occupation,* Parish
10. *Father's Birthplace,* Howard Co

Name of Medical Attendant, or other Person who makes this Return. A E Pole

Address, S W Cor Madison Cor W Hamilton

Remarks, City

890-000972

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 2nd 1890
4. *Place of Birth, (Street and Number)*	1507 E Lombard St
5. *Full Name of Mother,*	Minnie Kridenoff
6. *Mother's Maiden Name,*	Diel
7. *Mother's Birthplace,*	Annapolis Md
8. *Full Name of Father,*	Charles Kridenoff
9. *Father's Occupation,*	None – {U.S. Pensioner}
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	E E Clarke M.D.
Address,	1519 E Baltimore St
Remarks,	1890-000973

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. No 2046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Mar 3d 1890
4. Place of Birth, (Street and Number)	1319 S Hanover St
5. Full Name of Mother,	Annie Reynolds
6. Mother's Maiden Name,	" Reed
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Reynolds
9. Father's Occupation,	Bricklayer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Lakeman
Address,	
Remarks,	

1890 - 000974

And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, as aforesaid, and the said day of each and every month to the office of the Commissioner of Health. In case there is no such practitioner in attendance upon the mother, the duty of making such return shall devolve upon the person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 3 1890

4. Place of Birth, (Street and Number) 725 Bourke St.

5. Full Name of Mother, Barbary Pilchusch

6. Mother's Maiden Name, Barbara Wheatow

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Pilchusch

9. Father's Occupation, Whitening clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary L. Sweeney

Address, 72 E Lexington St.

Remarks,

1890-000975

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of my child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person, or parent of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-6-58

RETURN OF A BIRTH A 70210

CERTIFICATE CORRECTED 7-1-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Agnes Adrienne Remmel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 3rd 1890.
4. *Place of Birth, (Street and Number)* #1209 Valley St.
5. *Full Name of Mother,* Lucie ~~Remmel~~ Remmel
6. *Mother's Maiden Name,* Kelley
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* John ~~Remmel~~ Remmel
9. *Father's Occupation,* Gardener.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Miss Hannah Hilgert.

Address, #1351 E. Monument St.

Remarks,

890-000976

Wm. J. C. Dulany & Co., City Printers and Stationers

Every case of birth, sex, color, and the name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the Commissioner of Health, or other person appointed by the Board of Health to receive the same, for every birth which shall occur without the attendance of a physician or practitioner of medicine. It shall be the duty of any child attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be recovered in the manner and forfeitures are recoverable.

RETURN OF A BIRTH A 20211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4th
4. Place of Birth, (Street and Number) 847 S. Broadway
5. Full Name of Mother, Mary Morgan
6. Mother's Maiden Name, Mary Burns
7. Mother's Birthplace, Balto. City
8. Full Name of Father, John A. Morgan
9. Father's Occupation, Liver Dealer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. J. Lucas

Address, 889 S. Broadway

Remarks, Twin child (name) Laura

1890 - 000977

Every case of birth and every death occurring within the limits of Baltimore City shall be reported to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, by the physician or midwife in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 20712

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 5 90
4. *Place of Birth (Street and Number),* #905 Hope alley
5. *Full Name of Mother,* Mary Shuman
6. *Mother's Maiden Name,* Mary Reinhardt
7. *Mother's Birthplace,* Frederick County
8. *Full Name of Father,* Fred. H. Shuman
9. *Father's Occupation,* Diver
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Chas. H. [illegible] M.D.

E. E. Montgomery Jr.

Address,

Remarks,

1890-000978

[illegible] Printers and Stationers.

RETURN OF A BIRTH A 70213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, March 5th 1890.
4. Place of Birth, (Street and Number) 508 W. Fayette St.
5. Full Name of Mother, Laura J. Meisel.
6. Mother's Maiden Name, " " Moore.
7. Mother's Birthplace, Annapolis, Md.
8. Fult Name of Father, William Meisel.
9. Father's Occupation, Bookkeeper.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return. R. J. N. Tall. M.D.

Address, 524 S. Sharp St.

Remarks,

1890 000979

said child shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third days of every month to the office of the Commissioner of Health, in the form of a certificate between the first and shall occur without the employment of a physician or practitioner of midwifery. In case the birth of any child attendance upon the mother, immediately after the birth, it shall become the duty of the person in charge of the case to report its birth to the Commissioner of Health. If the parents or either of them be in any other person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

GEO. J. C. SULLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	March 5 1890
4. *Place of Birth, (Street and Number)*	2542 Alice Anna St.
5. *Full Name of Mother,*	Annie Elliott
6. *Mother's Maiden Name,*	Annie Matter
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Thomas Elliott
9. *Father's Occupation,*	Produce Dealer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Lavayne
Address,	726 Lafayette St.
Remarks,	

1890 000980

and each who shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, be in attendance upon the mother, immediately after the birth, the mother or nurse of such child shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH B 20213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 9th

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* March 5th
4. *Place of Birth,* (*Street and Number*) Cor. Lemmon & Poppleton
5. *Full Name of Mother,* Mary Carle
6. *Mother's Maiden Name,* Mary Heidrich
7. *Mother's Birthplace,* Balto. city
8. *Full Name of Father,* Joseph Carle
9. *Father's Occupation,* Can maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. M. J. Lemmon

Address, 339 S. Madison St.

Remarks, Healthy child (Virginia)

1890-000981

[illegible] its sex, color, the full name and occupation of its parents, the place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH E. 30216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th March
4. Place of Birth, (Street and Number) 1827 Light St
5. Full Name of Mother, Ann Healy
6. Mother's Maiden Name, Anna McDermitt
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Healy
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, C A Tully

Address, 1825 Light St

Remarks, Doing Well

1890 - 000982

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child, within ten days after the birth, to give notice of the particulars required to be reported in this section to the Commissioner of Health, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6, 90.
4. Place of Birth, (Street and Number) 1006 Concord St.
5. Full Name of Mother, Mary King
6. Mother's Maiden Name, McAtally
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Stephen King.
9. Father's Occupation, Laborer
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. J. H. Robinson M.D.

Address, 366 Preston St.

Remarks, 1890 0009983

said schedule shall be delivered, duly signed by the physician in the form of a certificate between the first and fifth days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the mother herself, if able, shall within the period above required, and such other person or persons as may be present, or who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6 th
4. Place of Birth, (Street and Number) Baltimore Sharp st 1910
5. Full Name of Mother, Margaret Nealine
6. Mother's Maiden Name, Brennan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John C. Nealine
9. Father's Occupation, Dairymen
10. Father's Birthplace, B Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Minnick

Address, 800 Leadenhall Street

Remarks,

1890 - 000984

All midwives shall be required, duly signed by the occupant or in the absence of the occupant by the nurse in attendance, to prepare, for each birth occurring in their respective districts, a certificate between the first and third days, with the address of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health within the period above prescribed, and such parent or parents shall, in addition thereto, comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH No. 20279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st ~~2d, 3d,~~ &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 8th
4. Place of Birth, (Street and Number) 1145 Hanover St
5. Full Name of Mother, Mrs Clara Kahn
6. Mother's Maiden Name, Clara Kochlert
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Kahn
9. Father's Occupation, Varnisher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Münch

Address, 810 Leadenhall Street

Remarks,

1890 000985

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the first day of January, Eighteen Hundred and Eighty-Two, it shall be the duty of the midwife, or other person in attendance upon the mother, immediately after the birth of any child, and of each physician in attendance upon the mother, immediately thereafter, to report the birth of such child to the Commissioner of Health, at the office of the Board of Health, in the City Hall, in such manner and with such particulars as the Commissioner of Health may require.

Sec. 2. And be it ordained, That in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in the preceding section.

Sec. 3. And be it ordained, That any person who shall willfully neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH E. 20770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Eberhein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 11 1890.

4. Place of Birth, (Street and Number) #1121 Aisquith St.

5. Full Name of Mother, Kate Eberhein

6. Mother's Maiden Name, Linke

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Eberhein

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. Bohn Hemmeter M.D.

Address, 1380 Hanover St

Remarks,

1890 - 000986

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said scientific shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person in charge of such attendance upon the mother, the mother herself shall make such return. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	March the 8. th
4. *Place of Birth, (Street and Number)*	Charles St. 1035.
5. *Full Name of Mother,*	Rosa Mayer.
6. *Mother's Maiden Name,*	" " Glaser.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Christian Mayer.
9. *Father's Occupation,*	Shoe maker.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Catherine Münch
Address,	800 Leadenhall Street
Remarks,	

1890 - 000987

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A born

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 March 1876
4. Place of Birth, (Street and Number) 14 W. West St. Baltimore Md
5. Full Name of Mother, Mrs. Lizzie Miller
6. Mother's Maiden Name, Mrs Lizzie Jacobs
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Miller
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Catherine Minch

Address, 700 Leadenhall Street

Remarks,

1890 - 000988

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth as herein required, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEE. J. S. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10 March
4. *Place of Birth, (Street and Number)*	1704 N Charles St
5. *Full Name of Mother,*	Mary Ellen Hartman
6. *Mother's Maiden Name,*	Mary Ellen Conway
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Hartman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	C A Tully
Address,	1525 Eight St
Remarks,	Forceps Well

1890 - 000989

Said certificate shall be made out in the manner and within the period above required, and any such person who shall refuse or neglect to make such certificate as herein required, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th 1890
4. *Place of Birth, (Street and Number)* #1132 Wilson St.
5. *Full Name of Mother,* Rose A. Jacobs
6. *Mother's Maiden Name,* Duffy
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Hyman Jacobs
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Hathaway

Address, #1038 E. Monument St

Remarks,

1890 - 000990

Each coulter, in a sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the person in charge of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Th —
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White race
3. Date of Birth,	March 10, 1890
4. Place of Birth, (Street and Number)	# 341 Conway. St
5. Full Name of Mother,	Mrs. Sophia. Hunter
6. Mother's Maiden Name,	Miss. Sophia. Wilkinson
7. Mother's Birthplace,	Balto. Md
8. Full Name of Father,	Howard. E. R. Hunter
9. Father's Occupation,	Agent
10. Father's Birthplace,	Wrightsville. York. Co. Pa
Name of Medical Attendant, or other person who makes this Return.	Catherine Murphy
Address,	800 Leadenhall Street
Remarks,	1890 000991

said schedule shall be delivered, duly signed, by the parents, the date and place of birth; and the name of each and every attendant or other person present at the birth, or within ten days thereafter, shall occur within the city of Baltimore, immediately thereafter. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, on a blank to be furnished by the Commissioner in the form of a certificate between the first and third day of each and every month. Any person who shall be required by this ordinance to report the birth of a child, and shall neglect or refuse to make such report in the manner and within the period above required, and any physician or practitioner of midwifery, or the person or parents of such child, who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 11, 90.
4. *Place of Birth, (Street and Number)*	805 Forrest St.
5. *Full Name of Mother,*	S. A. Moore
6. *Mother's Maiden Name,*	Miller
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Saml Moore
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	926 E. Preston St.
Remarks,	

1890 - 000992

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month by the practitioner or midwife, or should no other person be in attendance within the aforesaid time, by the person who shall become the duty of the person so required, and shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. WILSON & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11th 1890.
4. Place of Birth, (Street and Number) # 936 Harford Ave.
5. Full Name of Mother, Emma Barth
6. Mother's Maiden Name, Lemmer
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Fred. Barth
9. Father's Occupation, Brass Finisher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Thos. E. Hayward Allegeriy

Address, 1631 E. Monument St.

Remarks,

1890 - 000993

Sec. 4. Be it further ordained, That all midwives and accoucheurs or other persons who shall attend upon or assist any woman in labor, shall make out and sign a certificate of the birth of any child born under their care, stating the name, sex, color, date and place of birth of such child, and the name, residence and occupation of the parents, and shall deliver such certificate to the physician, if any, in attendance upon the mother, and if there be no physician in attendance, then to the father or mother of such child, or to the person in charge of the house in which such birth occurs, within ten days after such birth; and shall make a return to the Commissioner of Health, on the first day of each and every month, of all births which have occurred during the preceding month, at which they were present, and shall deliver such return, duly signed by the practitioner in the form of a certificate as aforesaid, to the office of the Commissioner of Health. If no child be born during any month, a return to that effect shall be made as aforesaid; and should no other person be in attendance at the birth of any child than the midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as above required, and should the midwife fail to report the birth of any child, or should any midwife or other person be in attendance at the birth of any child and fail to make a return of the birth of such child as aforesaid, or should no other person be in attendance at a birth other than the midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as above required, and should the midwife fail to comply with the provisions of this section, she shall be subject to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 11 96
4. Place of Birth, (Street and Number) 28 Henrietta St
5. Full Name of Mother, Mrs Louise Lang
6. Mother's Maiden Name, Louise Lockmann
7. Mother's Birthplace, Germany
8. Full Name of Father, John Lang
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Affinoh

Address, 880 Leadenhall Street.

Remarks,

1890 000994

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 12. 90
4. Place of Birth, (Street and Number) 517 Mulberry St
5. Full Name of Mother, Rosa Buck
6. Mother's Maiden Name, Rosa Spedden
7. Mother's Birthplace, Jefferson Co. Maryland
8. Full Name of Father, Walter James Buck
9. Father's Occupation, Printer
10. Father's Birthplace, San Francisco, Cal.

Name of Medical Attendant, or other Person who makes this Return. E. G. Waters, M. D.

Address, 1429 McCulloh St

Remarks, 690-000995

Thos. Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 30 320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 13 March
4. Place of Birth, (Street and Number) Baltimore & 211 Burke St.
5. Full Name of Mother, Mary Lenard
6. Mother's Maiden Name, Mary Tias
7. Mother's Birthplace, Bale Europe
8. Full Name of Father, Tom Lenard
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Joseph Krueger

Address, No 2321 E. Fayette St 73. Md.

Remarks, 690-000996

said schedule shall be delivered by the physician or midwife in attendance upon the case, or by the father or mother of any child born, or in case there is no physician or midwife in attendance upon the case, then by the father or mother of any child born, or in case the father or mother is unable to act, then by the householder or owner of the premises where any child shall be born, within ten days after the birth of such child, and in case any birth shall occur without the attendance of a physician or midwife, and the father or mother of such child shall become the duty of the person or persons required to report such birth, to report the same within the time specified above, and in addition thereto shall state the reason why such birth occurred without the attendance upon the mother of a physician or midwife. The blank forms for the returns required by this section shall be supplied by the Commissioner of Health, in the manner and within the time specified above, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 20731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13th 1890
4. Place of Birth, (Street and Number) 610 Cannon St Balto
5. Full Name of Mother, Mary A. Russell
6. Mother's Maiden Name, " Cole
7. Mother's Birthplace, Calvert Co
8. Full Name of Father, Benjamin F. Russell
9. Father's Occupation, Collector
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return. Catherine Münch

Address, 800 Leadenhall Street.

Remarks,

1890 000997

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, and any person who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 March 1890
4. Place of Birth, (Street and Number) 1010 James. Lane
5. Full Name of Mother, Mary Emrich
6. Mother's Maiden Name, Mary Zimmerman
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Emrich
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return. Catherine Minnich

Address, 800 Leadenhall Street

Remarks, 1890-000998

being conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife shall be required to make a return of the same to the said officer in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons in charge of such child to report its birth to the said officer in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Horatio Nelson Gambrill Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mch 6/90 ~~2233~~ 2236 Eutaw St
4. Place of Birth, (Street and Number) 2236 Eutaw St
5. Full Name of Mother, Bessie Gambrill
6. Mother's Maiden Name, Bessie Schmenel
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Horatio Gambrill
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return. A C Pole

Address, 1 Rocer Madison Ave & Biddle St

Remarks,

1890-000999

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In the case of a birth occurring in the absence of a Physician or practitioner of midwifery, or if such Physician or practitioner shall neglect or refuse to make such return, it shall be the duty of the person in charge of the house or premises where the birth of any child shall occur within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of not less than one dollar nor more than ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 70736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Mar. 14, 1890

4. Place of Birth, (Street and Number) 524 Mulberry

5. Full Name of Mother, Alice Thomas

6. Mother's Maiden Name, Goodloe

7. Mother's Birthplace, Virginia

8. Full Name of Father, Robert L. Thomas

9. Father's Occupation, Painter

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other Person who makes this Return, [illegible]

Address, 925 Madison Ave

Remarks, 1890-00-1000

Certificate to be sworn the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician, the duty of the person or parents of such child to report its birth shall thereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

E 70730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state ~~whether male or~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb. 15, 1890

4. Place of Birth, (Street and Number) 928 Madison Ave

5. Full Name of Mother, Jessie L. Fleming

6. Mother's Maiden Name, Keller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, C. A. Fleming

9. Father's Occupation, Physician

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Geo. A. Fleming M.D.

Address, 928 Madison Ave

Remarks,

1890-001001

Sec. 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of every physician, midwife or other person in attendance upon any case of birth occurring after the first day of July, Anno Domini, Eighteen Hundred and Ninety, to make a return of such birth to the Registrar of Vital Statistics of the city or county in which such birth occurs, within ten days after the occurrence of such birth, which return shall be made upon a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics of the city or county in which such birth occurs. Such certificate shall contain the date and hour of birth of any child born alive, the sex of such child, whether it is single, twin or triplet, and the name, residence and color of the parents of such child; and in case there be no physician, midwife or other person in attendance upon any case of birth occurring after the first day of July, Anno Domini, Eighteen Hundred and Ninety, it shall become the duty of the person or parents of such child to report the birth to the Coroner of the city or county in which such birth occurs, within ten days after the occurrence of such birth, which report shall contain the date and hour of birth of such child, whether it is single, twin or triplet, and the name, residence and color of the parents of such child. Sec. 2. And be it enacted, That the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

No. 00235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

parents, the date and place of birth, and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate below, on the first and third day of each and every month to the Office of the Commissioner of Health. In case the child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the parents of such child to be in attendance upon the mother, immediately thereafter to make the return within the period above required, and any such person or persons failing to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Mar 15 1890

4. Place of Birth, (Street and Number) 816 Woodyear

5. Full Name of Mother, Annie Scott

6. Mother's Maiden Name, Bishop

7. Mother's Birthplace, Maryland

8. Full Name of Father, Thos F. Scott

9. Father's Occupation, Waiter

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return, Dr. F. Fleming

Address, 926 Madison Ave

Remarks,

1890-001002

RETURN OF A BIRTH B. 20 23 G

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Mulatto.
3. Date of Birth, March 16 1890
4. Place of Birth, (Street and Number) 3932 Elliott St.
5. Full Name of Mother, Delia Hamilton
6. Mother's Maiden Name, Delia Batchelor
7. Mother's Birthplace, Balto.
8. Full Name of Father, Francis Hamilton
9. Father's Occupation, Laborer
10. Father's Birthplace, Annapolis

Name of Medical Attendant, or other person who makes this Return. Michael Sweeney

Address, 726 Eutaw St.

Remarks,

1890 00 1003

SEC. 3. Be it further enacted, That the name and description of the parents, the date and place of birth, and the name of the child, if it shall have been named, shall be entered in the said schedule at the time of the registration of each birth, and in case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the particulars of such birth to the Commissioner of Health, in the manner and within the time prescribed in the preceding section; and in case the parents of such child shall neglect or refuse to comply with the provisions of this section, they shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SUN. J. C. GLASGOW & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 30237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16 th March
4. *Place of Birth, (Street and Number)*	1516 E Charles St
5. *Full Name of Mother,*	Louisa ~~Ada~~ Houck
6. *Mother's Maiden Name,*	Louisa Libby
7. *Mother's Birthplace,*	Frederick Co Md
8. *Full Name of Father,*	John Houck
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Frederick
Name of Medical Attendant, or other person who makes this Return.	C A Tully
Address,	1525 Light St
Remarks,	Large Well

1890-001004

The undersigned is duly authorized by the Board of Health to receive returns of births, and the said Board requires that every birth occurring in the City of Baltimore shall be reported within ten days thereafter, and that every midwife or person in charge of a case of birth shall report each and every birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth as required by law. And any person who shall wilfully neglect and refuse to report the birth, or who shall otherwise fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 18 March
4. Place of Birth, (Street and Number) 508 Inc. Madison St.
5. Full Name of Mother, Frances Barnett
6. Mother's Maiden Name, " Allen
7. Mother's Birthplace, Covert Co.
8. Full Name of Father, James Allen
9. Father's Occupation, Waiter
10. Father's Birthplace, Annandel Co.

Name of Medical Attendant, or other person who makes this Return. Hester Eolance

Address, 309 Preston St.

Remarks,

1870-001005

said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father, or, should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report to the Commissioner of Health, in the manner and within the period above required, such birth, which report shall be signed by the person who is required to report it; and any person who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. GILBERT & CO., CITY PRINTERS AND STATIONERS

Form concerning its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 20739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18th 1890.
4. *Place of Birth, (Street and Number)* #1117 Chew St.
5. *Full Name of Mother,* Maggie Schaefer.
6. *Mother's Maiden Name,* Schickmayer.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John W. Schaefer
9. *Father's Occupation,* Salesman.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Hanna Gillespie.

Address, #1138 E. Monument St.

Remarks,

1890-001006

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Mar 19.
4. Place of Birth, (Street and Number) 748 Chesnut Alley
5. Full Name of Mother, Sarah Campfeher
6. Mother's Maiden Name,
7. Mother's Birthplace, Phillip Campfeher
8. Full Name of Father, Aconnack Co.
9. Father's Occupation, Laborer
10. Father's Birthplace, Coonnack Co

Name of Medical Attendant, or other person who makes this Return. Hester Cotanee

Address 519 Preston Street

Remarks, 1890-001007

been conferred his sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health, or such other person as he shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such attendance upon the mother, to report the facts required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall, on conviction thereof in the Criminal Court of Baltimore City, be fined not less than five dollars nor more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 70741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 20th 1890.
4. Place of Birth, (Street and Number) 1902 E. Monument St.
5. Full Name of Mother, Lillie Hammel
6. Mother's Maiden Name, Welch
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Chas. Hammel
9. Father's Occupation, Horse Furnisher
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Wm. Bamberger Druggist

Address, 1103 E. Monument St.

Remarks,

1890 - 001008

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in charge of the case, to the parent or parents of such third day of each and every month, by the physician or practitioner of midwifery, or should no other person be in attendance, by the nurse or the father of the child. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance, by the nurse or the father of the child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above directed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21st
4. Place of Birth, (Street and Number) 333 S. Wardyan st
5. Full Name of Mother, Mary Lorch
6. Mother's Maiden Name, Mary Gallo
7. Mother's Birthplace, Germany
8. Full Name of Father, Andrew Gallo Lorch
9. Father's Occupation, (Rigger) at Raynard & Bartlett
10. Father's Birthplace, Holland / Germany

Name of Medical Attendant, or other person who makes this Return. M. J. Lennon

Address, 339 S. Wardyan st

Remarks, not very strong (name) Frank.

1890-001009

been confirmed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other suits and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20 n 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 4th 21
4. Place of Birth, (Street and Number) 1104 Eutaw
5. Full Name of Mother, Ella Shaw
6. Mother's Maiden Name, Livingston
7. Mother's Birthplace, Washington
8. Full Name of Father, Frank Shaw
9. Father's Occupation, Railroad
10. Father's Birthplace, Prince Georges County

Name of Medical Attendant, or other person who makes this Return. Catherine Hipsley

Address, 800 Leadenhall Street.

Remarks,

1890 - 001010

and such child shall be deemed, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case no other person be in attendance at the birth of any child to report in the manner and within the time above required, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 7611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Children.
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White Race.
3. *Date of Birth,*	Born, Saturday morning 22 at 2 am
4. *Place of Birth, (Street and Number)*	1905 S Paca St.
5. *Full Name of Mother,*	Mrs Mary Lizzie Pettibacke
6. *Mother's Maiden Name,*	Miss " Jurden.
7. *Mother's Birthplace,*	22 Population St.
8. *Full Name of Father,*	Mr George Pettibacke
9. *Father's Occupation,*	Driver Wagon.
10. *Father's Birthplace,*	Cross St.
Name of Medical Attendant, or other person who makes this Return.	Mrs Bently.
Address,	1919 S Paca St
Remarks,	Child Living 011

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fourth days of each and every month to the officer or commissioner of health. In case the birth of such child occurs without the attendance of a physician or practitioner, the parent, parents or person in charge of such child to report its birth to the commissioner of health, in the manner and within the period above specified, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 102265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* March 22 1910
4. *Place of Birth (Street and Number),* Dallas Univ. 21 E. 19th & Bond Sts.
5. *Full Name of Mother,* Lizzie Grover
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Henry Smith
9. *Father's Occupation,* Paint maker
10. *Father's Birthplace,* unknown

Name of Medical Attendant, or other person who makes this Return. L. Franklin Dec'r M.D.

Address, 21 29 E. Bond St.

Remarks,

1890-001012

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person in attendance fail to make such return, it shall become the duty of the person or parties in whose house or premises such birth occurred, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Williams Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A. 20 246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22 1890
4. Place of Birth, (Street and Number) 1710 Grant St.
5. Full Name of Mother, Annie Ashe
6. Mother's Maiden Name, Annie Quirk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas P. Ashe
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return Theodore Cook M.D.

Address, 914 E. Chase St.

Remarks,

1890-001013

month, or if still born, or if no medical attendant was present at the birth, the same can be accomplished by the nearest relative present, or by the occupier of the house, or by the midwife, or by any other person who may have been conferred) (a sex, color, the full name and occupation (if any) of the parents, and the date and place of birth, and the said schedule shall be delivered with a certificate of the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person refusing or neglecting to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 20117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 23/1890
4. Place of Birth, (Street and Number) 156 Cross St
5. Full Name of Mother, Emalia Müller
6. Mother's Maiden Name, Emilia Albert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John C Müller
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Hümdon

Address, 100 Leadenhall Street.

Remarks,

1890-001014

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...said schedule shall be delivered, duly signed by the practitioner in the form of duplicate herein set forth, and the...
...fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child...
...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in...
...attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such...
...child, and of each of the inmates of the house where the same occurs, to report the same to the Registrar, and...
...every such person who shall hereafter fail to comply with the provisions of this section shall be sub-...
...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 2024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Mch. 23rd 1890.
4. Place of Birth, (Street and Number) 131 W. Montgomery St.
5. Full Name of Mother, Fredericka Stroebel.
6. Mother's Maiden Name, " Palmer.
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Charles C. Stroebel.
9. Father's Occupation, Messenger P.D.
10. Father's Birthplace, Balto. City - Md.

Name of Medical Attendant, or other person who makes this Return. K. J. N. Tall M.D.

Address, 524 Sharp St.

Remarks,

1890 - 001015

Any person who shall neglect or refuse to make the return required by this section, or who shall make a false return, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20249.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 23d 1890
4. *Place of Birth, (Street and Number)*	207 St Paca St
5. *Full Name of Mother,*	Mary Freeman
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Balto Co
8. *Full Name of Father,*	Supposed to be a man in Virginia
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham
Address,	
Remarks,	Mother 13 yrs 6 mos old, child illegitimate

1890 - 001016

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, within ten days after the birth of each child, and every month to the office of the Commissioner of Health, in the manner and within the time aforesaid, a similar schedule of every birth which shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother. It shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time aforesaid. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH No. 30250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 24 March 1890
4. Place of Birth, (Street and Number) 1641 Hanover St
5. Full Name of Mother, Mrs Jannetta Rausch
6. Mother's Maiden Name, Auer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr Friederich Rausch
9. Father's Occupation, Pianomaker
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Catherine A Jünch

Address, 860 Leadenhall Street

Remarks,

1890 - 001017

said schedule shall be delivered, duly signed by the physician or midwife in attendance, or the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, or the parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and the attendance within that time, the duty of reporting such birth shall devolve upon the parents. In case the birth of any child attendance within that time, the duty of reporting such birth shall devolve upon the parents. In case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, and no other person be in occurs without the attendance of a physician or practitioner of midwifery, and no other person be in attendance within the time specified, the duty of the person in charge of the mother shall be to report the birth of such attendance within the time specified, the duty of the person in charge of the mother shall be to report the birth of such child to report its birth to the Commissioner. And if such person in the manner and within the period above required, and child to report its birth to the Commissioner. And if such person in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-21-55

RETURN OF A BIRTH

A 20 201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rosamunda Beck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 3rd 1890
4. Place of Birth, (Street and Number) 814 Broadway
5. Full Name of Mother, Eliza Beck
6. Mother's Maiden Name, " " Mautner
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Beck
9. Father's Occupation, Shoe-maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Eliza Beck

Address, 1744 Bank St

Remarks,

1890-001018

WM. A. S. BULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 9-20-32

RETURN OF A BIRTH

A No 252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Amalia Marie Stemeter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 2nd 1870.
4. Place of Birth, (Street and Number) 239 Wolf st.
5. Full Name of Mother, Barbara Stemeter
6. Mother's Maiden Name, " " Beck
7. Mother's Birthplace, City
8. Full Name of Father, Friedrich Stemeter
9. Father's Occupation, Baker.
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Miss Eliza Betz

Address, 1744 Bank st.

Remarks,

890-001019

Every midwife or person other than a physician or surgeon who shall attend upon any birth, or who shall be present at the birth of any child, shall make a return of the particulars required to be registered concerning such birth, in the form of the certificate herein contained, and shall deliver the same, duly signed by him or her, to the Registrar of Vital Statistics, or to the person appointed by him to receive the same, within ten days after the birth of such child. Every physician or surgeon who shall attend upon any birth, or who shall be present at the birth of any child, shall make a return of the particulars required to be registered concerning such birth, in the form of the certificate herein contained, and shall deliver the same, duly signed by him, to the Registrar of Vital Statistics, or to the person appointed by him to receive the same, within ten days after the birth of such child. Every person who shall be present at the birth of any child, or who shall be informed of the birth of any child, and who shall neglect to make the return of such birth required by this section, shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Every person who shall neglect to make the return of any birth required by this section, shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Every midwife shall be delivered, duly signed by the practitioner in the form of certificate herein contained, to the Registrar of Vital Statistics, or to the person appointed by him to receive the same, within the first week after the birth of any child. Every midwife shall make a return of the particulars required to be registered concerning such birth, in the form of the certificate herein contained, and shall deliver the same, duly signed by the practitioner in the form of certificate herein contained, to the Registrar of Vital Statistics, or to the person appointed by him to receive the same, within the first week after the birth of any child. Every midwife shall make a return of the particulars required to be registered concerning such birth, in the form of the certificate herein contained, and shall deliver the same, duly signed by the practitioner in the form of certificate herein contained, to the office of the Commissioner of Health, or to the person appointed by him to receive the same, within the first week after the birth of any child. Every midwife shall make a return of the particulars required to be registered concerning such birth, in the form of the certificate herein contained, and shall deliver the same, duly signed by the practitioner in the form of certificate herein contained, to the office of the Commissioner of Health, or to the person appointed by him to receive the same, within the first week after the birth of any child. Every midwife shall make a return of the particulars required to be registered concerning such birth, in the form of the certificate herein contained, and shall deliver the same, duly signed by the practitioner in the form of certificate herein contained, to the office of the Commissioner of Health, in the manner and within the period above specified. Every midwife who shall neglect to make the return of any birth required by this section, shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 2nd 1890.
4. Place of Birth, (Street and Number) 1608. Eastern ave
5. Full Name of Mother, Emma Lutz
6. Mother's Maiden Name, " " Gochnauer
7. Mother's Birthplace, Balto City
8. Full Name of Father, Edward Lutz
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Miss Eliza Bell

Address, 1744 Bank st

Remarks,

1890 : 00 : 020

All corrections in the above return must be signed by the practitioner in the form of a certificate between the first and second columns, and every month to the office of the Commissioner of Health. In case the mother of any child shall die before the certificate of birth is signed, or in case any other person be in attendance upon the mother, immediately after the birth, or in case the mother or child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall for each such neglect, be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 10251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female), Male. William Davis
2. Race or Color (if not of the white race), White.
3. Date of Birth, March 2, 1890.
4. Place of Birth (Street and Number), 32 Rail road ave.
5. Full Name of Mother, Annie Mary Davis
6. Mother's Maiden Name, " " Allison
7. Mother's Birthplace, Md.
8. Full Name of Father, Samuel Henry Davis.
9. Father's Occupation, Watchmaker at Mills.
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 295 Chestnut ave.

Remarks, Full name of child added by an older brother upon [illegible] Brother

[illegible] transcribed 1890 00102 [illegible] Mem Aug 2 1926

...ore Publishing Co., City Printers and Stationers

...shall be, and it is, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case no such person be in attendance, then the midwife, or other person or persons who shall be present at the birth, shall within the period above required, make such return; and the attendance of a physician or midwife at the birth shall not relieve any other person or persons required to make return, immediately from the provisions of this section. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 70250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	first
1. *Sex,* (*State whether male or female*)	female
2. *Race or color,* (*if not of the white race*)	White
3. *Date of Birth,*	March 3 1890
4. *Place of Birth,* (*Street and Number*)	1 E Lanvale St
5. *Full Name of Mother,*	Della Speed
6. *Mother's Maiden Name,*	Lipscomb
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr Thomas H. [illegible]
Address,	[illegible]
Remarks,	1890-001022

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required to report its birth to the Commissioner of Health, the mother thereof shall within the period above required, and under the same penalties, make such report and deliver such schedule. In case the mother shall fail to comply with the provisions of this section she shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

S. DUCKY & CO., CITY PR[illegible]

RETURN OF A BIRTH A 90206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 1st th. 1890
4. Place of Birth, (Street and Number) 1859 N. Gay St. Balt.
5. Full Name of Mother, Mary E. Smith
6. Mother's Maiden Name, Veasel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles E. Smith
9. Father's Occupation, Police Officer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wilhelmina Schmidt

Address, # 1859 N. Gay St

Remarks, none.

1890-001023

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the case of a birth certificate between the hours of nine and third day of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required in all cases where the mother was not attended by a physician or midwife, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70257

GIVEN NAME ADDED 3-15-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Katharine Matthes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4 th 1890
4. Place of Birth, (Street and Number) No. 20 Union Avenue Balt.
5. Full Name of Mother, Elisabeth Matthes
6. Mother's Maiden Name, Schieffel
7. Mother's Birthplace, Germany
8. Full Name of Father, Alban Matthes
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, # 1859 No. Gay St.

Remarks, none

1890 - 001024

Been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of the district in which the birth occurs, within the first ten days of each and every month, to the office of the Commissioner of Health, in the manner that within the first ten days of each and every month to the office of the Commissioner of said city, or should no other person be in attendance, then the father, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner that within the first ten days of each and every month to the office of the Commissioner of said city, or should no other person be in attendance, then the father, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid; and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. W. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then the parent or parents, and any such person or persons who shall have been present at the birth, shall be severally liable to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White.
3. Date of Birth, March 5th, 1890.
4. Place of Birth (Street and Number), 136 Chestnut-ave.
5. Full Nome of Mother, Nancy Ann Justice.
6. Mother's Maiden Name, " " Keyes.
7. Mother's Birthplace, Md.
8. Full Name of Father, Philip Fields Justice.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Md.

Nome of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Chestnut ave.

Remarks,

1890-001025

Gibson Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 20259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 6th 1890
4. Place of Birth, (Street and Number) No. 14 Union Avenue City
5. Full Name of Mother, Lizzie Monath
6. Mother's Maiden Name, " " Phillips
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christian Monath
9. Father's Occupation, Piano Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, # 1859 N. Gay St.

Remarks, None

1890 - 001026

Any omission to state the sex, color, the full name and occupation of the parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate hereto, to the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance at the time, the duty of the parent or parents of such child to report the same to the Commissioner of Health, in the manner and within the time above specified, will be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 70760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* ~~Male~~ Female
2. *Race or Color, (if not of the white race)* race
3. *Date of Birth,* 6 March
4. *Place of Birth, (Street and Number)* 805 Dallas st
5. *Full Name of Mother,* Katarina Milanisok
6. *Mother's Maiden Name,* Katarina Malanowska
7. *Mother's Birthplace,* Posen
8. *Full Name of Father,* Wyzigusz Milanisok
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Posen

Name of Medical Attendant, or other person who makes this Return, Jennie Grzywkowak

Address, 803 S. Dallas st

Remarks,

1590-001027

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife shall be delivered, duly aligned by the practitioner in the form of a certificate hereto annexed, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the space of ten days before the said third day of any month, the said midwife or practitioner shall report the same to the said office within the next ten days. It shall be the duty of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child, the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 te
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	4th of May
4. Place of Birth, (Street and Number)	2035 Frederick Avenue
5. Full Name of Mother,	Elisabeth Wimmröther
6. Mother's Maiden Name,	Elisabeth Kalb
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Christian Wimmröther
9. Father's Occupation,	Labor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Friedericke Heuler Midwife
Address,	2116 West Pratt
Remarks,	1890 001028

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said physician or midwife duly signed by him or her, shall be delivered to the Commissioner of Health within the first and second stories of the city hall between the first and third days of each month. In case the birth of any such child shall not be reported as aforesaid within the time prescribed, the person or persons required to report the same shall forthwith be notified by the Commissioner of Health to comply with the provisions of this section, and for every such neglect after such notification, such person or persons shall be liable to the penalties and forfeitures prescribed in any such case by the ordinances of the city. Any physician or midwife who shall neglect or refuse to report as aforesaid the birth of any such child to the Commissioner of Health, or to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GILDAW & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), Black.
3. Date of Birth, March 8, 1890.
4. Place of Birth (Street and Number), 817 Remington Ave.
5. Full Name of Mother, Harriet Ann Thompson.
6. Mother's Maiden Name, " " Johnson.
7. Mother's Birthplace, Montgomery Co. Md.
8. Full Name of Father, Albert Thompson
9. Father's Occupation, Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Chestnut Ave.

Remarks,

1890-001029

shall be delivered, duly signed by the practitioner in attendance, or other person who shall make a return, to the said Registrar within ten days after the birth, and the said Registrar shall, on each and every month to the office of the Commissioner of Health, a certificate between the first and third day of the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then to include. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Registrar, and it shall be the duty of the Registrar within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Monroe Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 7076 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 8 1880
4. Place of Birth, (Street and Number) 211 Dallas st.
5. Full Name of Mother, Anna Louisa Leonard
6. Mother's Maiden Name, " " Franke
7. Mother's Birthplace, City
8. Full Name of Father, George Leonard
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1941 Brunt st

Remarks,

1890-001030

Any physician, midwife, or other person who shall neglect or refuse to report to the Commissioner of Health, in the manner and within the period above required, the birth of any child which shall occur after the first day of January, 1877, at which he shall be present, or in regard to which he shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.),	11th.
1. Sex (state whether male or female),	Girl.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	March 6, 1890.
4. Place of Birth (Street and Number),	279 Chestnut Ave.
5. Full Name of Mother,	Mary Elizabeth ~~Mark~~ Eggerl.
6. Mother's Maiden Name,	Mark
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Chas. W. Eggerlou
9. Father's Occupation,	Car-builder.
10. Father's Birthplace,	Maine.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	295 Chestnut Ave.
Remarks,	

1890-001031

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the knowledge of a physician or midwife, or should no other person be in attendance at the birth, the father or mother of such child shall immediately thereafter report such birth to the Commissioner of Health. In the manner and within the period above specified. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ore Publishing Co., City Printers and Stationers

CHECK NAME ADDED 3-28-55

RETURN OF A BIRTH A 70263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Malinowski

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) race
3. Date of Birth, March 8, ~~Lancaster st~~ 1890
4. Place of Birth, (Street and Number) Lancaster st 16 04
5. Full Name of Mother, Anna Malinowski
6. Mother's Maiden Name, Anna Lewandoska
7. Mother's Birthplace, Posen
8. Full Name of Father, Karnier Malinowski
9. Father's Occupation, Laborer
10. Father's Birthplace, Posen

Name of Medical Attendant, or other person who makes this Return. Anna Wisniakowska

Address, 863 Dollas st.

Remarks,

1890 - 001032

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attendant upon the birth, within three days thereafter, and the fact of each subsequent birth occurring in the same family within the same period, and the third day of each month thereafter, shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time aforesaid. Any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine or ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ED. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered with all the particulars required by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child born within the period last aforesaid, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period last aforesaid, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines with costs of suit are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) race
3. Date of Birth, 9 March
4. Place of Birth, (Street and Number) 710 S. Dallas st
5. Full Name of Mother, Barbara Mc Lewee
6. Mother's Maiden Name, Barbara Christ
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Mc Lewee
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Anna Krenakowski

Address, S Dallas st 803

Remarks,

1890-001033

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 9-2-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles E. Richards

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	sixth
1. Sex, (State whether male or female)	male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	March 7-1890
4. Place of Birth, (Street and Number)	Cross St 1st door Covington
5. Full Name of Mother,	Belle Richards
6. Mother's Maiden Name,	" Folsom
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Richards
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	E. W. Lewis
Address,	602 Hanover St
Remarks,	

890 001034

See paragraph 7, sec. 1, of these rules and regulations. Any person required by law to register the birth of any child and refusing or neglecting to do so within the period above required, and any midwife, physician, surgeon or other person who shall refuse or neglect to furnish such information and certificate as is in his possession, relative to any birth, which has occurred in his presence or under his professional care, or which has occurred in any house in which he has been called professionally to attend, and any undertaker who shall refuse or neglect to furnish such information and certificate as is in his possession, relative to any burial at which he officiates, and any person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 10 1890.
4. Place of Birth, (Street and Number) 1347 Block St
5. Full Name of Mother, Maggie Stovel
6. Mother's Maiden Name, " " Dodd
7. Mother's Birthplace, Md
8. Full Name of Father, George Stovel
9. Father's Occupation, Bar-keeper
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bath

Address, 1744 Bank St

Remarks,

1890 - 001035

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person in charge of the case, to the Commissioner of Health. It is case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and every such person who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEE J. S. DILLON & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 10 1890
4. Place of Birth, (Street and Number) 1088 Gruney St
5. Full Name of Mother, Julia Mc Kennedy
6. Mother's Maiden Name, Rehegan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Mc Kennedy
9. Father's Occupation, Laborer
10. Father's Birthplace, Forfolk Va

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1421 E. Pratt St.

Remarks, 1890-001036

month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been born alive, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be registered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon such birth, then the said certificate shall be made by the midwife or nurse present at the birth; and if no such attendance shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child, or the householder in which such birth shall occur, to report the same with the particulars aforesaid, within the period above required, and in the manner and within the period above required, to the Commissioner of Health, in the manner and within the time aforesaid; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 70270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 10th 1890
4. Place of Birth, (Street and Number) 2233 Eastern Ave.
5. Full Name of Mother, Minna Hofman
6. Mother's Maiden Name, " " Sandrock
7. Mother's Birthplace, Germany
8. Full Name of Father, Andrew Hofman
9. Father's Occupation, Grocer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Daly

Address, 1144 Bank St.

Remarks,

1890 - 001037

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1 of May
4. *Place of Birth, (Street and Number)*	75 Garrison Lane
5. *Full Name of Mother,*	Jacobine Bissner
6. *Mother's Maiden Name,*	Jacobine Häusler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Friederich Bissner
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Friedericke Beutes Midwife
Address,	216 West Pratt St.
Remarks,	

1890 C 001038

month, and shall set forth as far as the same can be ascertained the full name of such child. If any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the officer of the Commissioner of Health in the district in which the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner last within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 70372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White.
3. Date of Birth, March 10, 1890.
4. Place of Birth (Street and Number), 204 Beach ave.
5. Full Name of Mother, Susan Ella Herman.
6. Mother's Maiden Name, " " Higdon.
7. Mother's Birthplace, Md.
8. Full Name of Father, Francis X. Herman.
9. Father's Occupation, Mill operative.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Chestnut ave.

Remarks, Eclampsia.

1890-001039

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 20273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 2 1890 REGISTRAR'S OFFICE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 11th 1890
4. Place of Birth, (Street and Number)	526 N. Chapel st.
5. Full Name of Mother,	Josepha Ventura Kotalik
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	Vaclav Ventura
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1621 Barnes
Remarks,	1890-001040

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother at the birth of a child, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; one-half of which penalty, when collected, shall be paid to the informer, if any there be; and all forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White.
3. Date of Birth, March 11, 90.
4. Place of Birth (Street and Number), 912 Second ave.
5. Full Name of Mother, Eliza Jane Scott.
6. Mother's Maiden Name, " Shipley.
7. Mother's Birthplace, Md.
8. Full Name of Father, William J. Scott.
9. Father's Occupation, Lander.
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Chestnut ave.

Remarks,

1890-00104 1

Baltimore Publishing Co., City Printers and Stationers

and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been omitted in the return of the previous year, the same shall be returned with the date and place of birth; and the said schedule forms, in sex, color, the full minute and particular in the form of a certificate between the first and third day of each month, and the same shall be delivered to the Registrar of Vital Statistics, at his office, on or before the fifth day of each month as the office of the Commissioner of Health. In case the birth of any child should occur in the absence of a physician or practitioner of midwifery, or should it occur after the death of such child to report its birth to the Registrar of Vital Statistics, the person or persons in charge of the house in which such child was born shall be required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 20275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 12 1890
4. Place of Birth, (Street and Number) 1727 Chew St.
5. Full Name of Mother, Laseda Matheis
6. Mother's Maiden Name, Stumpfetter
7. Mother's Birthplace, Germany
8. Full Name of Father, Fredrick Matheis
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1827 E. Pratt St.

Remarks, 1890-001042

Every birth and death must be reported within the time prescribed by law, and the person reporting must state the full name and residence of the parents, the date of birth, and the name conferred; its sex, color, the full name and occupation of its parents, the date of death between the first and third day of each and every month as far as the same can be ascertained. The full name and occupation of the physician or practitioner of midwifery, or should no other person be in attendance, the midwife or nurse in attendance shall report the birth or death to the Commissioner of Health. In case the birth of any child shall not be reported as above required, notice upon the mother immediately thereafter it shall become the duty of the person or persons specified in said schedule to report its birth to the Commissioner of Health, and every person who shall neglect to report such birth within the period above required, and any such person or persons shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ED. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Twins

1. Sex, (state whether male or female) Male & Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 12 1890
4. Place of Birth, (Street and Number) 901 E. Central Av.
5. Full Name of Mother, Rosetta Nicolson
6. Mother's Maiden Name, Mc Closkow
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Mc Cson
9. Father's Occupation, Clerk
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mary Stin

Address, 1427 E. Pratt St.

Remarks,

1890 001043

from, shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner in the form of a certificate between the parents and said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health, or to such person as he or she may appoint to receive the same, within the period above mentioned; and should no other person be in attendance at the birth, the physician or practitioner in attendance shall within the time above specified and third day of each and every month, make out and deliver to the Commissioner of Health a like certificate of any child born during the month next preceding, which he has attended, and which he has failed to report at the time and in the manner and within the period above specified; and attendance upon the mother. Immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, March 1 1891
4. Place of Birth, (Street and Number) 47 S. Bethel St.
5. Full Name of Mother, Elizabeth Empress
6. Mother's Maiden Name, Williams
7. Mother's Birthplace, Fort [illegible] Baltimore
8. Full Name of Father, John Empress
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Mary Weir

Address, 1427 E. Fish St.

Remarks,

1890 - 001044

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each succeeding month to the office of the Commissioner of Health. If no child be born during any month, and the attendance upon the mother, immediately thereafter, practitioner of midwifery, or should no other person have the duty of certifying to the birth to the Commissioner of Health, in the manner herein provided, a certificate to that effect shall be made and delivered as aforesaid. If any practitioner of midwifery, or other person who shall be subject to the duty of certifying to births as aforesaid, shall neglect or refuse to make such certificate within the period above required, and pay such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 12th 1890
4. Place of Birth, (Street and Number)	1640 Abbot st.
5. Full Name of Mother,	Barbara Vitka Krokan
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	Vaclav Vitka
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1621 Barnes st. City
Remarks,	1890-001045

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the full name and occupation of its parents, the date and place of birth, and the sex of each child; and if such child be still born, or shall die before the return is made, the fact shall be stated, and the cause of death, as certified by the physician, midwife, or other person in attendance, or if there be no such person in attendance, then by the coroner who may view the body of such child. And every person who shall neglect to make such return within the time aforesaid, shall forfeit and pay for every such offence a sum not exceeding twenty dollars, and every person who shall wilfully make a false return of any birth, or of the particulars required to be registered in relation thereto, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 13 - 1890
4. *Place of Birth, (Street and Number)* 402 Romy Alley
5. *Full Name of Mother,* Iola Siko
6. *Mother's Maiden Name,* Bernhard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Siko
9. *Father's Occupation,* Germany Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, W. 27 E. Pratt St

Remarks,

1890 - 001046

month, and shall set forth as far as the same can be ascertained, the full name or each child, if any shall have been born alive, and every still-birth, the full name and usual occupation of its parents, the date and place of birth; and the said return shall be verified by the oath or affirmation of the practitioner in the form of a certificate between the first and third day of each and every month. To the end that the commissioners of health may be assured that the birth of any child shall not occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child take place upon the mother immediately thereafter learn become the duty of the person or parents of such child to report the birth as herein required, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of (Child (of) Mother) (state) (whether) (1st,) (2d,) (3d,) (&c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 13th 1890
4. Place of Birth, (Street and Number) 1916 McCulloh St
5. Full Name of Mother, Florence Plitt
6. Mother's Maiden Name, " " Bream
7. Mother's Birthplace, City
8. Full Name of Father, Philip Plitt
9. Father's Occupation, Clerk
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Mrs Betz

Address, 1744 Bank St

Remarks,

1890 - 001047

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of its parents, the date and place of birth, and the name and address of the attendant upon the mother. Immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, to report the birth of any child as aforesaid, and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, and it shall be the duty of the person, be it father or other person, with whom such child resides, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 9-18-37

RETURN OF A BIRTH A 70281.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruth Frances Hoot

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	1890 - 14th Mar.
4. Place of Birth, (Street and Number)	No Number Loudon Av.
5. Full Name of Mother,	Frances Hoot ~~Francisko Hoot~~
6. Mother's Maiden Name,	Frances Conrad ~~Francisko Conrad~~
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles William Hoot ~~Carl Hoot~~
9. Father's Occupation,	Cigarmaker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friedrich Henke Midwife
Address,	2116 West Pratt
Remarks,	1890 001048

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred); its sex; color; the full name and residence of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form required by the Board, to the Registrar of the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the occupier of the house in which the birth occurs shall be required to report its birth to the Commissioner of Health, in the manner and within the period prescribed in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD. 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 70282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether male or female),*	Male.
2. *Race or Color (if not of the white race),*	White.
3. *Date of Birth,*	March 14, 90.
4. *Place of Birth (Street and Number),*	264 Hickory Ave.
5. *Full Name of Mother,*	Elizabeth Covey.
6. *Mother's Maiden Name,*	" Charley.
7. *Mother's Birthplace,*	Ellicott City Md.
8. *Full Name of Father,*	Zacharias T. Covey.
9. *Father's Occupation,*	Hod-Carrier.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	295 Chestnut Ave.
Remarks,	

1090001049

and shall set forth as far as the same can be ascertained the date and place of birth; and the said schedule shall be delivered, with the certificate of birth, if any, to the person who shall be appointed to collect the same; and every person who shall neglect or refuse to make such return, or to deliver such schedule and certificate, as aforesaid, shall forfeit and pay such sum, not exceeding ten dollars for each offence, to be recovered as other fines are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 20283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15"
4. Place of Birth, (Street and Number) No 1010 E. Charles St,
5. Full Name of Mother, Serena Jane Pote
6. Mother's Maiden Name, Moran
7. Mother's Birthplace, Balto City
8. Full Name of Father, William Joseph Pote
9. Father's Occupation, Driver of wagon
10. Father's Birthplace, Balto, City.

Name of Medical Attendant, or other person who makes this Return, Jno. V. Hendrick

Address, 1. E. Pr. Cumbria & Brunswick Aves

Remarks,

1890-001050

month, and shall set forth as far as the same can be ascertained the full name of each child (if any dead at birth or after birth, and before the return is required to be made, the fact shall be stated), the sex, color, the full name and occupation of its parents, the date and place of birth; and the number of children born to the mother, including the present birth; and the number now living. Every birth which shall occur after the first day of January, 1875, and every birth which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 16 1890
4. Place of Birth, (Street and Number) 200 Spruce alley
5. Full Name of Mother, Katie Feyer
6. Mother's Maiden Name, " " Welch
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michl Feyer
9. Father's Occupation, White washer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Miss Eliza A. Bell

Address, 1744 Bank st

Remarks,

1890 - 00 1051

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, born since the previous return, the sex of the child, the time and place of birth, and the full name, residence and occupation of its parents. The date and place of birth, and the name of the child, if it has been given, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the child be still born, or shall die without the attendance of a physician or midwife, the certificate shall be given by the person in charge of the house in which the birth occurs, or by the parent, if able to do so, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. BELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A No 286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred; its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each succeeding month. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, it shall be the duty of any such attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and upon such person shall fail to do so, he shall be subject to the penalties of this section. This section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16th. 1890
4. Place of Birth, (Street and Number) 67 Blair Avenue East.
5. Full Name of Mother, Emma Baker
6. Mother's Maiden Name, " Burkhardt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George H. Baker
9. Father's Occupation, Police Officer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, # 1859 N. Gay St

Remarks, Female

1890 - 001052

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 16 1890
4. Place of Birth, (Street and Number) 419 Spring st
5. Full Name of Mother, Bertha Kramer
6. Mother's Maiden Name, " " Lautenberger
7. Mother's Birthplace, Md
8. Full Name of Father, Conrad Kramer
9. Father's Occupation, Driver
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Wm Eliza Bely

Address, 1744 Bank st

Remarks,

+ 6 7 0 - 0 0 1 0 5 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the presence of a witness, to the first mild third day of each and every month. In any section of practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	White Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 16th 1880
4. Place of Birth, (Street and Number)	1616 Abbot P.
5. Full Name of Mother,	Mary Zitnik
6. Mother's Maiden Name,	Slechta
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	Anton Zitnik
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1621 Barnes
Remarks,	

1890 - 001054

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be verified by the practitioner in the form of a certificate between the first day of each month to the office of the Commissioner of Health, or, should no other person be in attendance upon the mother, immediately after the birth of any child, it shall be the duty of the person or parents of such child to report the particulars required by this section within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten [10] dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 3-12-56

RETURN OF A BIRTH A 202 [illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Elizabeth Pauline Haussler

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1890 - 17th of May - 323 Monroe St
4. Place of Birth, (Street and Number) 323 Monroe St
5. Full Name of Mother, Anna Haussler
6. Mother's Maiden Name, ~~Anna Häussler~~ Anna ~~Häussler~~ Schüssler
7. Mother's Birthplace, Germany
8. Full Name of Father, Haussler, Paul ~~Häussler~~
9. Father's Occupation, Pächter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Friederike Kessler Midwife

Address, 2116 West Pratt St.

Remarks,

1890-001055

month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been christened) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the full name and residence of the physician or midwife, if any, in attendance upon the mother at the delivery; and in case the birth shall occur without the attendance of a physician or midwife, then the householder or other person shall report the same within the period aforesaid; and the certificate of the Commissioner of Health of the birth of such child shall be prima facie evidence of the facts therein stated. Any person who shall neglect or refuse to report the birth of a child as herein required, shall become liable to a penalty of not less than five (5) dollars nor more than ten (10) dollars for each offense; and any physician or midwife who shall fail to comply with the provisions of this section shall be subjected to the like penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

PRESS OF J. C. GUILANT & CO.

MD. J. C. GUILANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9. Children

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18. March - 1890
4. Place of Birth, (Street and Number) 1824 - South Street
5. Full Name of Mother, Catherine Amd. Hunkleman
6. Mother's Maiden Name, " " Maynard
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, George Hunkleman
9. Father's Occupation, Cooper. Maker
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Wm H Brooks

Address, 1829 E Pratt st

Remarks, 890-001056

Every birth is to be registered within ten days after it occurs, and the name of each child, if any, shall have been conferred; the sex, color, the full name and occupation of the parents, the date and place of birth and residence of the parents, and the number of children born to the mother, including the last and the first and said schedule shall be delivered, duly signed by the physician or midwife in attendance, to the Commissioner of Health. In case the birth of any child third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance, then the father or mother of such child, or the householder of the premises where such birth shall occur within ten days after the occurrence thereof, shall become the duty of the person so required, and shall occur upon the instant, immediately thereafter it shall become the duty of the person so required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GILBERT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 te
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	18 th of May
4. Place of Birth, (Street and Number)	2119 Frederick Av.
5. Full Name of Mother,	Louise Ludwig
6. Mother's Maiden Name,	Louise Miller
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Jacob Ludwig
9. Father's Occupation,	Brauer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Keuler midwife
Address,	216 West Fayette
Remarks,	890-001057

been conferred) its sex; color, the full name and occupation of its parents, the date and place of birth; and the said physician shall, within ten days after the birth, transmit a certificate between the first and tenth of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no one in charge of such child report its birth to the Commissioner as herein required, the parent or person in charge of the child shall become liable to the penalty above required, and any such person or persons shall, on conviction thereof, be subject to a fine not exceeding ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. BALANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 9-16-55

RETURN OF A BIRTH A. 20291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Florence Mitchell

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1.	Sex, (state whether male or female)	Female
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	March 19th 1890
4.	Place of Birth, (Street and Number)	1021 Williams st
5.	Full Name of Mother,	J. Mitchell
6.	Mother's Maiden Name,	J. Stafford
7.	Mother's Birthplace,	Baltimore
8.	Full Name of Father,	J. W. Mitchell
9.	Father's Occupation,	Porter
10.	Father's Birthplace,	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Miss M. E. Cottrell
	Address,	606 Hanover st
	Remarks,	

1890 - 001058

DATE

Sec. 9. And be it enacted, That it shall be the duty of the person in charge of any institution, public or private, to which any child shall be committed by any court, to report to the Commissioner of Health, in the manner and within the period above required, the name, sex, color, the full name and the occupation of the parents of such child, the date and place of birth of such child, and the name and residence of the person committing such child; and any person who shall wilfully fail to comply with the provisions of this section shall, on conviction thereof, be subject to the fine or penalty imposed upon the parents of such child for a like offense, to be recovered as other fines and forfeitures are recoverable.

Sec. 10. And be it enacted, That it shall be the duty of the Commissioner of Health to cause to be printed a sufficient number of blank forms for the registration of births, and to furnish the same to the several physicians, midwives and other persons required to report births, and to instruct them in the proper manner of making such reports; and any person who shall wilfully refuse or neglect to make such report, or who shall make a false report, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 19

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) [redacted] Race
3. Date of Birth, 19 March
4. Place of Birth, (Street and Number) 1732 Aisquith
5. Full Name of Mother, Fracis Sewyndroska
6. Mother's Maiden Name, Franzeis Angowitzki
7. Mother's Birthplace, Posen
8. Full Name of Father, Antonina Sewyndroska
9. Father's Occupation, Laborer
10. Father's Birthplace, Posen

Name of Medical Attendant, or other person who makes this Return. Anna Gsewskowak

Address, 883 E. Dollar St

Remarks,

1890-001059

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been given it, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, if any; and in case there is no physician or midwife in attendance, then the same information in the form of a certificate herein required, shall be given by the father or mother of such child within five days after its birth, and in case the father or mother shall be dead, or unable from sickness or other cause to make such return, then the same shall be given by the householder of the house in which such child was born, within five days after being informed of such birth, and in case the birth shall occur in any other house, then the same information shall be given by the nearest relative present at the birth, within five days after its occurrence, and in case there is no relative present, then the duty of giving such information shall devolve upon the person having charge of the mother; and it shall be the duty of the person or parents of each child born alive in the City of Baltimore, or should no other person be in attendance, then the midwife, physician or householder in whose house such child was born, to report in the manner and within the period above mentioned the birth of such child, and every midwife or physician or householder who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White.
3. Date of Birth, March 19, 1890.
4. Place of Birth (Street and Number), 230 Hickory Ave.
5. Full Name of Mother, Mary Isadora Cornelius.
6. Mother's Maiden Name, " " Barkins.
7. Mother's Birthplace, Md.
8. Full Name of Father, Thomas Cornelius.
9. Father's Occupation, Blacksmith.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Chestnut Ave.

Remarks,

1890 - 001060

and shall set forth the full name of each child, if any shall have been born alive of such mother, the sex, color, the full name of the father, and the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the said Commissioner of Health, within ten days after the birth, and every monath to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person so in attendance upon the mother immediately after the birth make the return required by this section, then it shall be the duty of the Commissioner of Health, in the manner and within the time prescribed, to require the return to be made by the nurse in attendance, if there be one, and if there be none, by the parents of such child, to report the birth to the Commissioner of Health, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

A 20291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20, 1890
4. Place of Birth, (Street and Number) 730 Third Ave. Hampden (City)
5. Full Name of Mother, Mary L. Bull
6. Mother's Maiden Name, Mary L. Mead
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, Jarrard R. Bull
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M. D.

Address, Waverley, Md. 611 Jefferson Ave.

Remarks, Full name of child Odo G. Bull

1890 - 001061

Form as shall be given at the time of registering the birth, the date and place of birth, and the name, sex, color, the full name and occupation of the parents of each child born alive (and not subsequently reported) in the form of a certificate between the first and third day of each and every month, on blanks furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter, it shall become and within the period above required, and child to report its birth to the Commissioner of Health, and upon refusal or default to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GILSON & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. No 295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 21 — 1890
4. Place of Birth, (Street and Number) 1825 E. Lombard St.
5. Full Name of Mother, Julia Grill
6. Mother's Maiden Name, Schmell
7. Mother's Birthplace, Ungarn
8. Full Name of Father, Frank Grill
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Ungarn

Name of Medical Attendant, or other person who makes this Return. Mary Weir

Address, 1825 E. Lombard St

Remarks,

B 90 - 001062

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance within the time specified, it shall be the duty of the parents or either of them, or in case of their absence from the city, of the householder of the premises where such child was born, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 21 1890
4. Place of Birth, (Street and Number) Mc Henry St 2345
5. Full Name of Mother, Hattie Kellerman
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Jakup Kellerman
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopatsis

Address, Washington Ave 205

Remarks,

1890 - 001063

been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth, and the said schedule shall be every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the duty of the person or parents of such child to report the birth as required by this section shall devolve upon the mother. Immediately after the birth, in the manner and within the period above required, and attendance upon the mother. Immediately after the birth, in the manner and within the period required, and child to report the birth as required by this section shall devolve upon the physician or midwife in attendance, with like penalties for failure to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

ED. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20 297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 22nd 1897
4. *Place of Birth, (Street and Number)* 111 Easley st
5. *Full Name of Mother,* Kate Fuss
6. *Mother's Maiden Name,* " " Weber
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Otto Fuss
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bates

Address, 1744 Bank st.

Remarks,

890-001064

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

mouth, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, and within the period above required, and after the expiration of one month from the date of birth of any child, no physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, if the mother died within the period above required, and any such person or persons who shall neglect or refuse to make such report as is required by this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 32298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) boy
2. Race of Color, (if not of the white race) white
3. Date of Birth, March 22 1890
4. Place of Birth, (Street and Number) Castle st 5
5. Full Name of Mother, Mary Evnt
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Fk Evnt
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Latta

Address, W Washington 205

Remarks,

1890 - 001065

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RECEIVED

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of the physician or midwife present at the birth, and the certificate shall be delivered, duly signed, at the office of the Commissioner of Vital Statistics, or should no other person be present at the birth, then the certificate shall be signed by the person above required, and delivered as aforesaid. In case the birth of any child shall occur without the limits of a city or town, the duty of the person above required, and attendance upon the birth to the Commissioner of Vital Statistics of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 23 1890
4. Place of Birth, (Street and Number) Cowline st 717
5. Full Name of Mother, Mary Lemrad
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Lemrad
9. Father's Occupation, tabor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Hospital

Address, Washington 205

Remarks,

1890 - 001066

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 23rd 1890
4. Place of Birth, (Street and Number) 1804 Pennsylvania Ave
5. Full Name of Mother, Mary E. Ward
6. Mother's Maiden Name, Mary E. Hewitt
7. Mother's Birthplace, Md.
8. Full Name of Father, George E. Ward
9. Father's Occupation, Carpenter
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. J. Miller MD

Address, 639 W. Franklin St

Remarks,

690-001067

Prescribed by full name of each child (if any shall have been murdered,) its sex, color, the full unabreviated occupation of its parents, the full place of birth, and the said schedule shall be delivered, duly filled, to the undertaker in the form of a certificate between the first and third day of each and every month, by the physician or midwife by whom any child in such city shall be born, or by the undertaker who shall bury any child born in such city, or by the person or parents of such child, if there be no attendance upon the occasion of the birth, or by the sexton of any burial ground in which such child shall be buried without the duty of any undertaker thereafter to be in attendance upon the occasion of the birth, in the manner and within the period aforesaid; and every person required by this section to make such certificate who shall hereafter fail to comply with the provisions of the same, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 30301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23rd 1890
4. Place of Birth, (Street and Number) 226 N. Durham
5. Full Name of Mother, Mary Rada
6. Mother's Maiden Name, Prucha
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Rada
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes St.

Remarks, Col.

1890 - 001068

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

If any child now born or hereafter born within the limits of Baltimore City shall die without having been christened, the full name and occupation of its parents, the date and place of birth, and the said child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any practitioner, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter to report the birth of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

D0362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	March 25/90
4. Place of Birth (Street and Number),	130 S. Exeter St.
5. Full Name of Mother,	Alice Eaton
6. Mother's Maiden Name,	" Haynes
7. Mother's Birthplace,	New York
8. Full Name of Father,	Wm. Jas. Eaton
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Alexandria Va
Name of Medical Attendant, or other person who makes this Return.	R.W. Mansfield M.D.
Address,	129 S. Broadway
Remarks,	890-001069

forged, its sex, color, the full name and occupation of its parents, the date and place of birth and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the above person be in attendance, then the father, mother, nurse or other person present at the birth shall make the return as herein required. It shall be the duty of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have for fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 70303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th day of March 1890
4. Place of Birth, (Street and Number) 106 St Eutaw
5. Full Name of Mother, Laura E Yost
6. Mother's Maiden Name, Amy E Studeman
7. Mother's Birthplace, Ireland
8. Full Name of Father, George Yost
9. Father's Occupation, Brass Founder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Thurlo Clarke

Address, 914 N Charles

Remarks,

1890 001070

Rule.—It is hereby made the duty of every physician or midwife in attendance upon any case of birth which shall occur within the limits of Baltimore City, to report the same to the Registrar of Vital Statistics, Board of Health, within ten days after the occurrence of such birth, and to contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, the sex, color, the full name of the parents, the place of birth; and the attendance, or its birth to the Commissioner of Health. In case the other person be in any such person or persons shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 30302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (~~State whether male or~~ female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 23th 1890
4. *Place of Birth, (Street and Number)*	No 16 East Biddle St
5. *Full Name of Mother,*	Maud Livingston Ranson
6. *Mother's Maiden Name,*	Maud Livingston Reese
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Joel Rathbone Ranson
9. *Father's Occupation,*	Coal Agent
10. *Father's Birthplace,*	Albany, New York
Name of Medical Attendant, or other person who makes this Return.	Fredrika C. Jenni, M.D.
Address,	871 Harlem Ave
Remarks,	1890001071

A. C. WILKINS & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 March 1890
4. *Place of Birth, (Street and Number)* 811. Little Green St.
5. *Full Name of Mother,* Louisa Gustiger
6. *Mother's Maiden Name,* Louisa Feller.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Gustiger
9. *Father's Occupation,* Cabinet maker.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Hinsch

Address, 800 Leadenhall Street

Remarks, 1890 001072

been registered its sex, color, the full name and residence of its parents, the number of each child, if any shall have been born before it, and the time and place of birth, and the name and residence of the attending physician or midwife, if any, or other person present at the birth, and the said schedule shall be delivered, duly signed by the practitioner in the form, at the time and to the person above mentioned. And the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge who is authorized by law to make the return, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 28306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) "
3. Date of Birth, March 25th 1890
4. Place of Birth, (Street and Number) 218 S. Bethel st
5. Full Name of Mother, Helen Ralf Penny
6. Mother's Maiden Name, " Nimbs
7. Mother's Birthplace, Balto
8. Full Name of Father, George Ralf Penny
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. L. Brack

Address, 1129 E Pratt

Remarks,

890 001073

been conferred) its sex, color, the full name and occupation of its parents, the date of birth, and the street and number of the house where born, and shall within the first ten days of each and every month report to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance or presence of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20307.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex*, (*state whether male or female*) boy
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, March 25 1890
4. *Place of Birth*, (*Street and Number*) Gought st 1415
5. *Full Name of Mother*, Katie Reeham
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, Gearmen
8. *Full Name of Father*, Charles Reeham
9. *Father's Occupation*, Tailor
10. *Father's Birthplace*, Gearmen

Name of Medical Attendant, or other person who makes this Return. Mary Kohler

Address, Washington 205

Remarks,

1890-001074

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third days of each calendar month, to the officer or person whose duty it is to issue the burial permit for the dead body of such child; and without the delivery of such certificate or certificates as aforesaid no burial permit shall be issued in attendance upon the mother, immediately thereafter. It shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and failure to report as aforesaid shall be considered a misdemeanor, and upon conviction in the proper court of competent jurisdiction of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 25 1890
4. Place of Birth, (Street and Number) 1413 Bank St.
5. Full Name of Mother, Maggie Stein
6. Mother's Maiden Name, Shak
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George F. Stein
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Chase St.

Remarks,

890 - 001075

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 25 1890
4. Place of Birth, (Street and Number) Castle st 212
5. Full Name of Mother, Mary Weber
6. Mother's Maiden Name,
7. Mother's Birthplace, Germen
8. Full Name of Father, Chasel Weber
9. Father's Occupation, Tailor
10. Father's Birthplace, Germen

Name of Medical Attendant, or other person who makes this Return, Dr. Kupfer

Address, 220 Washington

Remarks,

6 9 0 - 0 0 1 0 7 6

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the physician or practitioner in the form of a certificate between the first and fifth day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwife, or other person who shall attend upon the mother, immediately after the birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Brown skin
3. *Date of Birth,* 26 March 1890
4. *Place of Birth, (Street and Number)* 1026 Parish alg
5. *Full Name of Mother,* Sousa Bell
6. *Mother's Maiden Name,* Sousa Johnson
7. *Mother's Birthplace,* West Virginia
8. *Full Name of Father,* William Bell
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lydia M Somerville

Address, 616 Clinton ave

Remarks,

690 - 001077

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 20211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Black
3. *Date of Birth,* March 26 — 90
4. *Place of Birth (Street and Number),* 202 N. Camden St.
5. *Full Name of Mother,* Rebecca Johnson
6. *Mother's Maiden Name,* Rebecca Goode
7. *Mother's Birthplace,* Amarilla Md.
8. *Full Name of Father,* Edward Johnson
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Sitsville Md

Name of Medical Attendant, or other person who makes this Return. Chas. H. Pritchett

Address, 418 E. Montgomery St.

Remarks,

690 001078

penalty to any color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person making it, to the Registrar of the district in which the birth occurred within each and every month to the other of the Commissioner of Health, or should no other person be in attendance at the birth, the duty of the attendant at any birth to report the same as required by this section shall devolve upon the person or persons in charge of the house in which the birth occurs, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20 312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 1st 1890.

4. Place of Birth, (Street and Number) N° 613 S. Linthicum.

5. Full Name of Mother, Rosa Gagen

6. Mother's Maiden Name, Wedowski

7. Mother's Birthplace, Germany.

8. Full Name of Father, Peter Gagen.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return. Mrs Louisa Kraft

Address, N° 206 S. Washington Ave Street

Remarks,

1890 001079

Sec. 2. And be it further enacted, That the full name of each child, if any shall have been ascertained, and the sex, color, the full name and occupation of its parents, the date and place of birth of each child born alive, and the number of children born to the mother, including the first and each subsequent birth, shall be entered, duly signed by the practitioner or other person in attendance, in a book to be kept for that purpose in the office of the Board of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, or in case of the absence or neglect of the person in attendance, the birth of such child shall be reported within ten days thereafter. It shall become the duty of the person in charge of any house in which a birth shall occur, and within the limits of which the parents do not reside, and shall fail to report its birth to the Commissioner of Health, in the manner and within the time required, and comply with the provisions of this section, he shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2th März 1891
4. Place of Birth, (Street and Number) N. Durham Str: # 124
5. Full Name of Mother, Sophie Deubert
6. Mother's Maiden Name, " Wagner
7. Mother's Birthplace, Wirthheim (Bayern)
8. Full Name of Father, Philipp Wagner
9. Father's Occupation, Cooper
10. Father's Birthplace, Flamsbach, Bayern

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs. Buehler

1890-00106 [illegible] Lombard St.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said attendant shall be delivered, duly signed by the practitioner in the form of a certificate which shall state the third day of each and every month to the office of the Commissioner of Health. In case the birth of a first child attendance within the time prescribed by this section, he shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the absence of both the above named persons, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverible.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Ve 2128 E. Baltimore St.
4. *Place of Birth, (Street and Number)*	March 30 1890.
5. *Full Name of Mother.*	Mary Lesler.
6. *Mother's Maiden Name,*	Wolk.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Lesler.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Wm Lucas Kraft.
Address,	Ve 402 E. Washington Place.
Remarks,	

1890 - 001081

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the said certificate shall be delivered by the person or parents of such child or owner of the house where such occurs, within the period above required, and attention upon the Health Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by other fines and forfeitures recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3 of March
4. *Place of Birth, (Street and Number)* 1357 Anetre Street Locust Point
5. *Full Name of Mother,* not Married
6. *Mother's Maiden Name,* Mattie Beard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Lina Lang Midwife

Address, 1402 Anetre Street Locust Point

Remarks,

1890 - 001082

been conferred) its sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in person, or sent through the mail, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. SLAUGHT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 3d 1890.

4. Place of Birth, (Street and Number) Nr 700 Bond Street.

5. Full Name of Mother, Elisabeth Schleicher.

6. Mother's Maiden Name, Deschred.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Schleicher.

9. Father's Occupation, Restaurant

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs Louisa Kraft.

Address, Nr 403 E. Washington Street

Remarks,

1890 001083

being conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 4 of March
4. Place of Birth, (Street and Number) 1704 Fort Av Locust Point
5. Full Name of Mother, Ella Webb
6. Mother's Maiden Name, Ella Reedy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Marion James Webb
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Lena Lang Midwife

Address, 1402 Locust Point Md

Remarks,

1890 C 001084

been conferred, its sex, color, the full maternal and paternal names and residences, the occupation of its parents, the date and place of birth; and the said certificate shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if such attendance shall cease before the child is fully born, or if the child be still born, the parent or parents of such child or, in case of their absence or inability, the person in charge of the premises where such birth occurs, shall, within the period above required, and in the manner and with the information above specified, report the case to the Commissioner of Health, and in default of such report by such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 4th 1890
4. Place of Birth, (Street and Number)	Calvin ave Waverly
5. Full Name of Mother,	Ann Elinor Eason
6. Mother's Maiden Name,	Ann Elinor Blatchley
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John W. Eason
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Richmond Va
Name of Medical Attendant, or other person who makes this Return,	Mrs Harriet Blatchley
Address,	1144 Old York Road Waverly
Remarks,	

1890 - 001085

month, and shall set forth in full the name (to be ascertained the full name of each child, if any shall have been omitted from the certificate first rendered), sex, color, date of birth, and place of birth (street and number), the full name and occupation of its parents, the maiden name of the mother, the full name and residence of the attendant upon the birth, and the cause of any stillbirth. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents, or in default thereof the occupant of the house in which such birth shall occur, shall become liable to the penalties of this section, unless he or she shall within the third day of each and every month to the office of the Commissioner of Health, in the manner above provided, report the birth of such child. In case of the refusal or neglect of the person or persons who shall be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons residing in the house in which such birth occurred, and in default thereof the occupant of the house in which such birth occurred, and in default thereof the occupant of the house in which such birth occurred, to report the birth of such child as above provided, and every such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 8th 1890.

4. Place of Birth, (Street and Number) No 237 S. Chapel Street.

5. Full Name of Mother. Mary Nehring.

6. Mother's Maiden Name, King.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Philip Nehring.

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs Louisa Loos

Address, No 409 S. Washington Street

Remarks, 8 9 0 - 0 0 1 0 8 6

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the number of children, if any, of the mother, and the number of such children living; and the interval between the first and last child; which certificate shall be duly signed by the practitioner in the case, or by the parent, if there was no practitioner in attendance. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child shall report the particulars required by this section to the Commissioner of Health within ten days after the birth. And in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner provided for in this section, shall require the parent or parents of such child to report its particulars required by this section; and any such parent or parents who shall hereafter fail to do so, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	5th March 1890
4. Place of Birth, (Street and Number)	528 Fort Ave
5. Full Name of Mother,	Mary Elizabeth Thomas Smith
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George D Thomas
9. Father's Occupation,	Boilermaker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Yewell
Address,	516 Fort Ave
Remarks,	

8 9 0 - 0 0 1 0 8 7

month, and shall set forth, as far as the same can be ascertained, the full name of such child, if any shall have been given, the sex, race, full name and occupation of its parents, the date and place of birth, and the name, age and residence of the physician or midwife present at the birth, and the certificate shall be delivered, duly signed by the practitioner in the form of a certificate between each of the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above specified. And in case of the refusal or neglect of any such physician or midwife, or should no other person be in charge of such mother at the time of such birth, who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified. And any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex (~~state whether~~ male ~~or female~~),
2. Race or Color (if not of the white race),
3. Date of Birth, March 6th 1890
4. Place of Birth (Street and Number), 1400, McCulloch St
5. Full Name of Mother, Lulu R. Glascock
6. Mother's Maiden Name, Richards
7. Mother's Birthplace, " Va
8. Full Name of Father, Reuben Glascock
9. Father's Occupation, Farmer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Geo H Epta

Address, 101. Waverly Terrace

Remarks,

890-001088

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practitioner of midwifery, then the person in attendance upon the mother, immediately thereafter, and within the period above required, and any such person or persons the Commissioner of Health may designate, shall be required to report the birth to the Commissioner of Health in the manner and within the time above specified. Any person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...more Publishing Co., City Printers and Stationers

RETURN OF A BIRTH B 70322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, March 7th 187[illegible].
4. Place of Birth, (Street and Number) #933. N. Chester st
5. Full Name of Mother, Sarah Ann J. Wilkinson.
6. Mother's Maiden Name, Sarah Ann J. Wilmer.
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Charles A. Wilkinson
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Dr. John Lanse

Address, #235. N. Chester st.

Remarks, Hearth Physician.

B90700 1089

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every person in charge of any lying-in establishment, physician, midwife, or other person who shall be present at the birth of any child, shall, within ten days after such birth, make a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the mother, immediately thereafter, shall become the duty of the head of the family in which such birth occurs to make such certificate. The certificate required, and shall report its birth to the Commissioner of Health. In the manner and with the particulars of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 7th März 1896
4. Place of Birth, (Street and Number) Eastern Ave 1512
5. Full Name of Mother, Louise Mader
6. Mother's Maiden Name, Krumecks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. Krumecks
9. Father's Occupation, Saloonkeeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm. Buehler

Address, Antwerp

Remarks, 890-00109

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...the name can be ascertained the full name of each child. If any child have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or Health Officer, to the Commissioner of Health. In case the birth of any child third day of each and every month thereafter. It shall become the duty of the person be present at such attendance upon the mother, immediately thereafter it shall become the duty of the person who would attend such child to report its birth to the Commissioner of Health, in like manner as is required of the parents of such any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A n 32 J

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.
2. Sex, (state whether male or female) Female.
3. Race or Color, (if not of the white race)
4. Date of Birth, March 7th 1890.
5. Place of Birth, (Street and Number) No 709 S Wolf Street.
6. Full Name of Mother, Mary Miller
7. Mother's Maiden Name, Wartenbaker
8. Mother's Birthplace, Baltimore
9. Full Name of Father, John Miller
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louisa Kroger

Address, No 401 S Washington Ave Canton

Remarks,

890-001091

...kept confidential. The sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, by the undertaker in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall, for each offense, be subject to the fine of ten (10) dollars, to be recovered as other fines are recoverable.

...ent Collector. The name and residence of the undertaker in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall, for each offense, be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	1st Child
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	March 11th
4. *Place of Birth,* (*Street and Number*)	~~Calvin Ann Hardy~~ Calvin Ann Hardy
5. *Full Name of Mother,*	Clara Emma Fifer
6. *Mother's Maiden Name,*	Clara E. Bhatelley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Fifer
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	~~Dr. Harris~~ Dr. Harris Bhatelley
Address,	114. Old York Road
Remarks,	Waverly

1890 001092

month, and shall set forth as far as the same can be ascertained the full name and occupation of the father, and the name, surname, maiden name, and occupation of the mother, the second place of birth, and the said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur within the aforesaid period of ten days, the person required to report the birth of such child to report its birth to the Commissioner of Health as aforesaid within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	11th March 1890
4. Place of Birth, (Street and Number)	422 Wehage St
5. Full Name of Mother,	Elizabeth Barrett
6. Mother's Maiden Name,	Kelly
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Anthony Barrett
9. Father's Occupation,	Coal Trimmer
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Yewell
Address,	
Remarks,	

1890 - 001093

month, and shall set forth as far as the same can be ascertained the full name of each child of such female born, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance of a physician or midwife, or in case either parent of such child is unable to report its birth to the Commissioner of Health, in the manner and within the period above required, and such female who shall hereafter fail to comply with the provisions of this section shall be subjected to the payment of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

498. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	13 - 3 - 90
4. Place of Birth, (Street and Number)	114 Kensett st
5. Full Name of Mother,	Sarah E Mangan
6. Mother's Maiden Name.	Sarah E Stuther
7. Mother's Birthplace,	Carroll Co Md
8. Full Name of Father,	Frank Mangan
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Carroll Co Md
Name of Medical Attendant, or other person who makes this Return	F. F. Frey M.D.
Address,	108 Druid Hill Ave
Remarks,	U S A Pos.

1890 001094

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	14th March 1890
4. *Place of Birth, (Street and Number)*	1137 Battery Ave
5. *Full Name of Mother,*	Elizabeth Burns
6. *Mother's Maiden Name,*	Eilk
7. *Mother's Birthplace,*	St Louis Mo
8. *Full Name of Father,*	Thomas Burns
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Yewell
Address,	516 Font Ave
Remarks,	1890 - 001095

month, and shall set forth as far as the same can be ascertained, the full name of each child, of any shall have been conferred) its sex, color, the full name and occupation of its parents, the residence of the parents at the time of the birth of such child, and the number of children born to such mother, including the child last born, and the number of children of such mother living at the time of the birth of such child. Such certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and 10th day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, then it shall become the duty of the parents or parent, or other person in attendance upon the mother, immediately thereafter to report such birth to the Commissioner of Health, in the manner and within the period last aforesaid, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 18th März 1891
4. Place of Birth, (Street and Number) Alice Anen St. 2437
5. Full Name of Mother, Wilhelmine Franz
6. Mother's Maiden Name, Müller
7. Mother's Birthplace, Hademsdorf, (Hanover)
8. Full Name of Father, Heinrich Müller
9. Father's Occupation, Cracer
10. Father's Birthplace, Ritzingen, (Baden)

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address,

Remarks, 890-0010 Attendant

WM. J. S. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 März 1890
4. Place of Birth, (Street and Number) E. Baltimore St. 1115
5. Full Name of Mother, Louise Knapp
6. Mother's Maiden Name, Behler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Rudolph Behler
9. Father's Occupation, Carpenter
10. Father's Birthplace, Gotha, Coburg

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address,

Remarks, 1890-00109 Mrs. Buehler

Rules and directions as to how the same can be ascertained the full name of each child. If any shall have been entered as "Stillborn" the full name and occupation of its parents, the date and place of birth, and the word "stillborn" must be written across the face of the certificate. Between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the delivery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, [illegible] 1890
4. Place of Birth, (Street and Number) 116 McGaheysville St.
5. Full Name of Mother, Johanna Blackert
6. Mother's Maiden Name, Annie Johanna Rahrmann
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George H. Blackert.
9. Father's Occupation, Whitewright
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. B. Mullins M.D.

Address, 231 Frederick Ave E.S.

Remarks, 1890 - 001098

Baltimore Md

been conferred) its sex, color the full name and occupation of its parents, the date and place of birth, and the child (whether or not it was born alive) shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the mother, and in her absence or inability, the person in attendance upon the mother, immediately thereafter if shall become the duty of the parent, or in case of his absence or inability, of the person in charge of the house in which the birth occurred, and each person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, March 22nd 1870.
4. Place of Birth, (Street and Number) 913 N. Washington St.
5. Full Name of Mother, Martha Jane Hanlon.
6. Mother's Maiden Name, M. J. Chard.
7. Mother's Birthplace, Anne Arundel County Maryland
8. Full Name of Father, Richard Thomas Hanlon.
9. Father's Occupation, Commission Merchant.
10. Father's Birthplace, Anne Arundel County Maryland

Name of Medical Attendant, or other person who makes this Return, L. John Dare

Address, 933 N. Chester St.

Remarks, Natural Labour.

6900001099

THE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	22d March 1891
4. Place of Birth, (Street and Number)	1209 Battery Ave
5. Full Name of Mother,	Florence Willett
6. Mother's Maiden Name,	Wild
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Willett
9. Father's Occupation,	Ship Carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Jewell
Address,	510 Fort Ave
Remarks,	

1890-001100

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred); its sex, color (the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent or parents of such child, or in case there is no practitioner in attendance upon the mother, immediately thereafter. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and in case there is no practitioner in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mch. 23rd 90
4. *Place of Birth, (Street and Number)*	2236 Wilkens Ave.
5. *Full Name of Mother,*	Rebecca Sauler
6. *Mother's Maiden Name,*	Do
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Isidor Sauler
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Dr. Blum
Address,	624 Columbia Ave
Remarks,	1890-001101

been conferred. He sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the informant or physician or midwife in charge, to the Commissioner of Health, as required by the first and third sections of the ordinance approved April 5, 1875, entitled "An ordinance to provide for the registration of births, marriages and deaths." In case the birth of any child shall occur without the use of a physician or midwife, or should no other person be in attendance at the birth, the mother of such child shall become the duty of the person above required, and shall be subject to the fine or penalty for each offense, to be recovered as other fines and forfeitures are recoverable.

BRS. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 40333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (~~state whether male or~~ female),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 24th March 1890
4. *Place of Birth (Street and Number),* 1709 Park Place
5. *Full Name of Mother,* Lena L. Woodridge
6. *Mother's Maiden Name,* " Jelks
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Robt A Woodridge
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Geo Hagerty

Address, 107 Wanley Street

Remarks,

1890-001102

Penalty: In case, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case there is no such practitioner present in the attendance at a birth, the certificate shall be signed by the other person in attendance upon the mother, and in case there is no person in attendance, then the father or mother of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White.
3. Date of Birth, March 26, 1890.
4. Place of Birth (Street and Number), 401 6th ave.
5. Full Name of Mother, Maggie A. Shipley.
6. Mother's Maiden Name, Shafer.
7. Mother's Birthplace, Pa.
8. Full Name of Father, William A. Shipley.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 2905 Chestnut ave.

Remarks,

1890-001103

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A. 20337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 26 1890
4. Place of Birth, (Street and Number) 1813 E. Pratt st
5. Full Name of Mother, Mary Wilhelm
6. Mother's Maiden Name, Mary Schmidt
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, August Wilhelm
9. Father's Occupation, Groceries Business
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs H Arnold

Address, 1821 E Pratt

Remarks, 1890-001104

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no certificate be delivered as aforesaid, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 26th
4. *Place of Birth, (Street and Number)*	143 E. Randall St
5. *Full Name of Mother,*	Nellie A. Gladden
6. *Mother's Maiden Name,*	" " Mosley
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Lloyd S. Gladden
9. *Father's Occupation,*	Captain of Oyster boat
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	J C Burch M D
Address,	511 Hanover St
Remarks,	

1890 001105

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child born of such mother shall not be reported as herein required, the midwife or physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person occupying the house where such birth occurred, or if there be no such person, then the person having charge of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 70339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 26 1890
4. *Place of Birth, (Street and Number)* 914 E. Lambert St.
5. *Full Name of Mother.* Sara Sachs
6. *Mother's Maiden Name,* Steins
7. *Mother's Birthplace,* Rusia
8. *Full Name of Father,* Joseph Sachs
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* Rusia

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks, 1890-001106

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Mar 26th 1890
4. *Place of Birth, (Street and Number)*	846 Columbia ave
5. *Full Name of Mother,*	Elea Arnold
6. *Mother's Maiden Name,*	" Bray
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wilson Arnold
9. *Father's Occupation,*	Cabinet Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham
Address,	
Remarks,	1890 001107

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and such other particulars as may be required by the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the midwife shall herself report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. BELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	1 Child
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	White race
3. *Date of Birth,*	26th of March 1900
4. *Place of Birth,* (*Street and Number*)	1023 Frederick ave
5. *Full Name of Mother,*	Mrs. Hoffman
6. *Mother's Maiden Name,*	Mrs. Minnie Heindel
7. *Mother's Birthplace,*	Born German
8. *Full Name of Father,*	Mr Frederick Hoffman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Hopenberg
Name of Medical Attendant, or other person who makes this Return.	Mrs Miller
Address,	2127 Mees Ave
Remarks,	

1890 001108

months, and shall set forth as far as the same can be ascertained, the full names of each child. If any shall have been born dead, or shall have died before the making of such returns, the date and place of birth; and the person who shall attend the birth of any child, or shall be first informed of the birth of any child, shall schedule shall be delivered, by the office of the Commissioner of Health, or some other person be fined any sum not exceeding Ten Dollars, or shall be imprisoned not exceeding ten days, or both, at the discretion of the Court. And the attendance of a physician or practitioner of the first day of each month the schedules of births which have occurred during the month next preceding, and shall certify to the correctness of the same, and shall deliver the same to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, which schedule such person shall be required to comply with the provisions of this section, and shall be liable to a penalty of any such person who shall neglect or refuse to comply with the provisions of this section, and shall be subject to the fine of ten dollars, for each offense, to be recovered as other fines and forfeitures are recovered.

GEO. A. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-19-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary J. Connors

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	26th March 1890
4. Place of Birth, (Street and Number)	107 Hamburg St
5. Full Name of Mother,	Sola Cohnora
6. Mother's Maiden Name,	Mills
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Connors
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Merrell
Address,	516 Fort Ave
Remarks,	

1890 001109

month, and shall set forth as far as the same can be ascertained the full name of each child of each case during the preceding month, with sex, color, the full name and residence of the parents, the date and place of birth of each child, and said schedule shall be sworn to by the physician or midwife in attendance, the date and place of birth shall have been recorded in the office of the Commissioner of Health before the first such schedule is rendered. Every physician or midwife who shall neglect to make the return required by this section of the birth of any child within ten days after the birth of such child, or who shall neglect to report to the Commissioner of Health the failure of the person or persons on whom it became the duty of the person or persons so to report, to make such report, shall for each offense be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 27th 1890
4. *Place of Birth, (Street and Number)*	1101 E. Thompson St.
5. *Full Name of Mother,*	Jennie Strickler
6. *Mother's Maiden Name,*	Jennie King.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Nicholas Strickler
9. *Father's Occupation,*	Driver.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. B. Saunders M.D.
Address,	819 E. Chase St.
Remarks,	

1890 - 001110

Out of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born alive, whether it be living or dead at the time of making such return, the sex of such child, if any shall have been registered, its race, color, the full name and residence in the form of a street and number of the parents, and the day, month and year of the birth, and the place of birth, and the child schedule shall be delivered to the Commissioner of Health. In case the certificate between the first and third day of each month of a Physician or practitioner of midwifery or should no other person be present at the birth, then the parent or parents of such child, or the person or persons in charge of such child, shall become the duty of the person or persons in charge of such child, shall become the duty of the person or persons in charge of such child, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 3-16-55

RETURN OF A BIRTH

A 20 34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Minnie Grotfley Mird

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 27th March - 1890
4. Place of Birth, (Street and Number) 17 West Crosby Ln
5. Full Name of Mother, Sophie Grotfley
6. Mother's Maiden Name, Sophie Freyle
7. Mother's Birthplace, Lowenstein, Germany
8. Full Name of Father, Chas. E. Grotfley
9. Father's Occupation, Compositor
10. Father's Birthplace, Ellingen

Name of Medical Attendant, or other person who makes this Return. Mrs. Muench

Address, 800 Leadenhall Street Midwife

Remarks,

590 - 001111

been counted. It is required that the full name and occupation of its parents, the date and place of birth; and the name of the physician or midwife who shall have attended at the birth, be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report the birth within the time specified. It shall be the duty of the person or parents of such attendance upon the birth to report the same to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH B 20345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2/4 of March.
4. Place of Birth, (Street and Number) 72 S. South Shark.
5. Full Name of Mother, Julia Braston.
6. Mother's Maiden Name, Julia Houck.
7. Mother's Birthplace, Baltimore, city.
8. Full Name of Father, William Braston
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore, city

Name of Medical Attendant, or other person who makes this Return. Catherine Münch

Address, 800 Leadenhall Street

Remarks,

890-001112

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days after the birth, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents, or other person being in attendance upon the mother, immediately thereafter it shall become the duty of the person so in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall wilfully neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20 376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male Norris N. — a.k.a. 10/26/20
2. Race or color, (if not of the white race) White
3. Date of Birth, March 27th 1920
4. Place of Birth, (Street and Number) 111 West Hill St
5. Full Name of Mother, Minnie P. Owens
6. Mother's Maiden Name, Minnie P. Harkins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert W. Owens
9. Father's Occupation, Sailor
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Amanda J. Norris, M.D.

Address, 871 Harlem Avenue

Remarks, 690-001113

been conferred; his sex, color, the full name and occupation of the parents, the date and the exact place of birth, and the maiden name of the mother. Every midwife or other person who shall have attended at a birth shall, within five days thereafter, report the same to the Commissioner of Health, in the manner and within the period above required, and in like manner report the fact of the stillbirth of any child which he or she may have attended. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the parents or inmates of the house in which the birth occurs neglect or refuse to report the same, as herein required, the duty of such report shall devolve upon the householder or owner of the house in which such birth occurs. The Commissioner of Health may require such additional information as he may deem necessary. Any physician or midwife, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) brown skin
3. Date of Birth, 27th of march
4. Place of Birth, (Street and Number) Shields alley 1123
5. Full Name of Mother, florence denis
6. Mother's Maiden Name, florence smith
7. Mother's Birthplace, baltimore city
8. Full Name of Father, Edward Denis
9. Father's Occupation, a laborer
10. Father's Birthplace, baltimore city

Name of Medical Attendant, or other Person who makes this Return, Lydia Somerville

Address, 616 Clinton ave

Remarks, 690-001114

...urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 20348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 28 1890
4. Place of Birth, (Street and Number) Bohemian court 172
5. Full Name of Mother, Mary Hruska
6. Mother's Maiden Name, Pesek
7. Mother's Birthplace, Bohaimen
8. Full Name of Father, Joseph Pesek
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohaimsen

Name of Medical Attendant, or other person who makes this Return. Mary Kajlik

Address, Washington 205

Remarks,

1890 - 001115

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been contracted) its sex, color, the full name and occupation of its parents, the date and place of the birth, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person having charge of said child to report its birth to the Commissioner of Health, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, in the manner in which debts of like amount are now recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20349.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 28 of March
4. *Place of Birth, (Street and Number)* #1220 park ave
5. *Full Name of Mother,* Rachel Taylor
6. *Mother's Maiden Name,* Rachel Cathrin Colvert
7. *Mother's Birthplace,* West river Maryland
8. *Full Name of Father,* John Henry Taylor
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Alkamal Co. of Va

Name of Medical Attendant, or other person who makes this Return. Celetchel Cook

Address, 1008 Shields alley

Remarks, 890-001116

APR 2 1890

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. No 300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 28 1890
4. *Place of Birth, (Street and Number)* Port alley 623
5. *Full Name of Mother,* Katie Deibert
6. *Mother's Maiden Name,* Paetane
7. *Mother's Birthplace,* Dearmen
8. *Full Name of Father,* Emil Paetanner
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kopter

Address, Washington 205

Remarks,

1890-001117

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20051.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 and
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Mar 28th 1890
4. Place of Birth, (Street and Number)	#850 N. Lombard St.
5. Full Name of Mother,	Annie Belle Cairnross
6. Mother's Maiden Name,	Hobbs
7. Mother's Birthplace,	Howard Co Md
8. Full Name of Father,	Wm H. Cairnross
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto. City Md
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover St
Remarks,	

1890-001118

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said scientific shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the father or person in attendance upon the mother, immediately thereafter, if shall become the duty of the father or person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of four dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 10352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	March 28 90
4. Place of Birth (Street and Number),	206 n. Chester st
5. Full Name of Mother,	Frances Wright
6. Mother's Maiden Name,	" Cooper
7. Mother's Birthplace,	Balto. city
8. Full Name of Father,	D. R. Wright
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M.D
Address,	129 S Broadway
Remarks,	890-001119

Baltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 3-29-56 A. 20353

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mildred North — 5th Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 day of March 1890

4. Place of Birth, (Street and Number) 25 St Paul's

5. Full Name of Mother, Florence A North

6. Mother's Maiden Name, "Baldi" Owens

7. Mother's Birthplace, Virginia

8. Full Name of Father, Charles O North

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Thirdia Cooke

Address, 914 St Paul's

Remarks,

1890-001120

The law requires the name of each child, if any shall have been given, to be registered within ten days from the date and place of birth; and the full name and occupation of its parents. The certificate of birth of any child born hereafter will not be considered complete and correct until the certificate of baptism, when baptized, has been delivered, duly signed by the officiating clergyman, to the Commissioner of Health. To enable him to do this, it is necessary that the parents should present the certificate of baptism, or notify said clergyman of the fact and request him to forward the same. It is the duty of the father or mother of any child born hereafter, or in case of the death or absence of both father and mother, the duty of the occupant of the house in which such birth shall occur, and of every person present at the birth, and of the attending physician or midwife, if any, to report said birth to the Registrar of Vital Statistics within ten days after the occurrence thereof. It shall be the duty of the person or parents of each child to report in writing to the Commissioner of Health, on the first day of each month, the name and residence of the midwife, if any, employed in each case of birth occurring during the preceding month, and if no midwife was employed, to report that fact. It shall be the duty of every midwife to report in writing to the Commissioner of Health, on the first day of each month, the name and residence of each person for whom she shall officiate as midwife during the preceding month, and to comply with the provisions of this section in all particulars. Any midwife who shall attend the birth of any child without the attendance of a physician, and who shall neglect or refuse to report the same as required by this section, shall be subject to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th March 1890
4. Place of Birth, (Street and Number) Balto 1427 Hanover st
5. Full Name of Mother, Jennie A. Schaub
6. Mother's Maiden Name, Jennie F. Knapp
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Schaub
9. Father's Occupation, Shoe maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Minch

Address, 800 Leadenhall Street.

Remarks,

1890-001121

BALTIMORE CITY HEALTH DEPARTMENT

...been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person so in attendance third day of each and every month, a schedule containing a like return of every birth which may have occurred within the city during the preceding month, which shall be signed by the practitioner or midwife, or by such person as may be in attendance upon the mother, and delivered to the Commissioner of Health. And every physician or midwife in attendance upon any woman who shall be delivered of a child, to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 29 1890
4. *Place of Birth, (Street and Number)* 2411 Alice Anna St.
5. *Full Name of Mother,* Emma Hessenauer
6. *Mother's Maiden Name,* Emma Kemp
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Peter Hessenauer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mary L. Sprague

Address, 26 Eutaw St.

Remarks,

1890 - 001122

been conferred to its sex, color, the full name and occupation of its parents, the date and place of birth, and the said return shall be signed by the physician or midwife in attendance, if there was one present at the birth, and if there was none such present, then by the householder in whose house the birth occurred, or by the parent of such child, if able to do so. The said return shall be made in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of mile theory, or should no one be present at the birth in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any refusal or neglect on the part of persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second twins

1. Sex, (state whether male or female) male and female
2. Race or Color, (if not of the white race) light brown skin
3. Date of Birth, 29th of march
4. Place of Birth, (Street and Number) 1035 Wilmore alley
5. Full Name of Mother, Josephine Gibson
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, City of Baltimore
8. Full Name of Father, Isaac Gibson
9. Father's Occupation, Waiter
10. Father's Birthplace, Howard county

Name of Medical Attendant, or other person who makes this Return. Lydia Somerville

Address, 616 Clinton ave

Remarks,

690-001123

been conferred) its sex color the full name and occupation of its parents the date and place of birth and the said physician shall be delivered to the person in the room of whom the child was born and the third day of each and every month to the Commissioner of Health. In case there be no physician in attendance at the birth of any child the parent or parents or other person having charge of such child to report its birth to the Commissioner of Health. In the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE J. D. ULLERY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 29 1890
4. Place of Birth, (Street and Number) fourromour ave 1920
5. Full Name of Mother, Mary Jelnek
6. Mother's Maiden Name, Kaparlek
7. Mother's Birthplace, Bohiomen
8. Full Name of Father, Joseph Kaparlek
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohiomen

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins
Washington

Address,

Remarks,

1890 C 001124

APR 1 1890

been conferred; its sex; whether the full name and occupation of its parents. The date and place of birth; and the said schedule each and every month to the office of the Registrar of Vital Statistics, or shall cause to be delivered to him such certificate duly signed by the practitioner in charge, or midwife, or parents of such child, stating the information required by this section to be recorded in said schedule. In case the birth of any child shall occur without the attendance of any person authorized by this section to make the return required, and attendance upon the birth, the Commissioner of Health, in his discretion, may require the parents of such child to report the facts of such birth to the Registrar of Vital Statistics, and may require the production of such evidence as he may deem necessary to establish the facts of such birth. Any person or persons, who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable by law.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 17 of March 1890

4. Place of Birth, (Street and Number) 117 N. Gay St.

5. Full Name of Mother, Sarah E. Hall

6. Mother's Maiden Name, Sarah E. Hall

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Henry Hall

9. Father's Occupation, Laborer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks,

1890 - 001125

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

690-001126

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	30 March 1897
4. *Place of Birth (Street and Number)*	854 Lorman St.
5. *Full Name of Mother*	Annie Black.
6. *Mother's Maiden Name*	Annie Smith
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Thomas Black
9. *Father's Occupation*	Bartender.
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D. H. Littell, M.D.
Address	Fayette & Fremont Sts.
Remarks	

6 9 0 - 0 0 1 1 2 7

RETURN OF A BIRTH A. 20361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 30-90
4. Place of Birth, (Street and Number) 1002 N Wolfe
5. Full Name of Mother, Mary E. Weller
6. Mother's Maiden Name, " " Volk
7. Mother's Birthplace, Balto
8. Full Name of Father, John Weller
9. Father's Occupation, Potter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks, 1890 C 001128

1800

Every child born alive within the City of Baltimore shall have a full name or surname given to it, and the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth shall be said schedule shall be delivered daily to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of such person to report the birth to the said officer, in the form of a certificate between the first and third days of each month, and every person who shall neglect or refuse to report such birth within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 31 1890
4. Place of Birth, (Street and Number) 233 S. Ann St.
5. Full Name of Mother, Fannie Coty
6. Mother's Maiden Name, Pollock
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Thomas Coty
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Ahern

Address, 42 E. Lee St.

Remarks,

1890-001129

Every midwife, or other person (except a physician or practitioner of midwifery) who shall assist at the birth of any child, and every undertaker who shall bury any dead body, without a certificate of birth, shall forfeit and pay for each offence a sum not exceeding ten dollars. Every person required by this section to report the birth of any child shall make such report within ten days after the birth shall occur, and every person who shall neglect or refuse to report such birth within the time aforesaid shall forfeit and pay for each offence a sum not exceeding ten dollars. Every physician or practitioner of midwifery, or other person, who shall attend upon any case of birth, shall, within ten days after the birth shall occur, report the same to the Commissioner of Health, in the manner and with the particulars required by this section to be reported by midwives, undertakers and others; and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BEN. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 20363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 30

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) red
3. *Date of Birth*, 30 March
4. *Place of Birth*, (*Street and Number*) 1526 Lancaster st
5. *Full Name of Mother*, Mary Wallis
6. *Mother's Maiden Name*, Mary Wacker
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Robert Wallis
9. *Father's Occupation*, Machine carpenter
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Grewokowak

Address, 803 S Dallas st

Remarks, 1890-0011130

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20360

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twins
1. Sex, (state whether male or female)	Females
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	March 30- 1890 ~~No 1c Hamburg st~~
4. Place of Birth, (Street and Number)	210 W Hamburg st / Balto Md
5. Full Name of Mother,	Martha Gray
6. Mother's Maiden Name,	Martha Roth
7. Mother's Birthplace,	Essex County Va
8. Full Name of Father,	Robert Gray
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Essex County Va
Name of Medical Attendant, or other Person who makes this Return.	Millie Pettit
Address,	1 New York Building King st
Remarks,	

6 90 - 00 1 1 3 1

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH A. 20366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 30 - 90
4. *Place of Birth, (Street and Number)*	1110 Cornel St
5. *Full Name of Mother,*	Elizabeth Garrison
6. *Mother's Maiden Name,*	" Lucas
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Joseph Garrison
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary V Allwine
Address,	917 N. Caroline St
Remarks,	890-001132

been conferred) its sex, color, the full maiden occupation of its parents, the date and place of birth, and the name given to the child, which information shall be certified by the physician or midwife in attendance, if any, and the said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health, or should no other person or midwife in attendance, if any, and the said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health, or should no other person or midwife with such duty, within the first and third day of each month, certify to the said Commissioner the births of any child born during the preceding month. In case the birth of any child is not reported as above required, and shall occur upon the mother, immediately thereafter, the physician or midwife in attendance, if any, and the said person upon the mother, immediately thereafter, the physician or midwife in attendance, if any, and the said person shall make a return of the birth to the Board of Health, in the manner and within the time prescribed. Any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 20366.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	8 h 30 m A. M. 30th March, 1890.
4. *Place of Birth (Street and Number)*	339 Nilson St Balto Md.
5. *Full Name of Mother*	Annie Decker Hill Thumm
6. *Mother's Maiden Name*	Annie Decker Hill
7. *Mother's Birthplace*	Philadelphia, Pa.
8. *Full Name of Father*	William Gottlieb Thumm
9. *Father's Occupation*	Machinist & Draughtsman
10. *Father's Birthplace*	Philadelphia, Pa.
Name of Medical Attendant, or other Person who makes this Return	Wm. J. Hirsh M.D.
Address	817 N. Howard St
	Balto Md.
Remarks	

890-001133

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 20367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* March 30th 1890.
4. *Place of Birth, (Street and Number)* 203 W. Henrietta St.
5. *Full Name of Mother,* Hazeltine Weeks.
6. *Mother's Maiden Name,* Hazeltine Jordan.
7. *Mother's Birthplace,* Virginia.
8. *Full Name of Father,* John H. Weeks.
9. *Father's Occupation.* Waiter.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. H. T. Carr, Jr. M.D.

Address, 1062 Argyle Ave.

Remarks, 1890-001134

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 31, 1890
4. Place of Birth, (Street and Number) No. 528 Gaudery Alley
5. Full Name of Mother, Mary Washington
6. Mother's Maiden Name, Mary Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lee Washington
9. Father's Occupation, Laborer
10. Father's Birthplace, ~~Virginia~~ Virginia

Name of Medical Attendant, or other person who makes this Return, Louis Hooper

Address, 123 N Durham St

Remarks,

1890 - 001135

If any midwife or other person required by this act to make a return of any birth shall refuse or neglect to make such return, or shall knowingly make a false return, or shall neglect or refuse to report to the Registrar of Vital Statistics the full name and occupation of its parents, the date and place of birth, and the sex and color of any child born without the attendance of a physician, or midwife, duly signed by the practitioner in the case, or certificate of the Coroner in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person required by this act to make a return thereof, it shall become the duty of the person above required, and such midwife or person who shall hereafter fail to make such return, or shall neglect or refuse to report as aforesaid, within the time and in the manner prescribed by the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 2369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 31, 1890
4. *Place of Birth, (Street and Number)*	1713 Mulliken St
5. *Full Name of Mother,*	Eliza Grooms
6. *Mother's Maiden Name,*	Eliza Reynard
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Grooms
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Susan Hooper
Address,	218 N. Lanvale St
Remarks,	

890 - 001136

Hospitals and all and every person or persons shall make out an accurate return of the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the street and number of the residence of the parents, or either of them, where such birth occurred, within ten days next after the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child's parents residing nearest to the house where such birth occurred, to make return of the same as above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 20870

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 31/96.
4. *Place of Birth (Street and Number)*	1038 Bush Ave.
5. *Full Name of Mother*	Mary Anderson
6. *Mother's Maiden Name*	Cummings
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Walter L. Anderson
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Wm. N. Ridout
Address	867 Hanover Ave.
Remarks	

1890-001137

RETURN OF A BIRTH A 20871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White Color
3. Date of Birth, March 31 - 1890
4. Place of Birth (Street and Number), 405 Marble Spring at Baltimore "D"
5. Full Name of Mother, Hardela Jones married name Tilling
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William Tilling
9. Father's Occupation, Miling
10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return. Elizabeth Mudoney

Address, 62 Montgomery st

Remarks,

1890-001138

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

A. 203/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 March
4. Place of Birth, (Street and Number) 412 Hollins St
5. Full Name of Mother, Lizzie Baker
6. Mother's Maiden Name, L. Baker
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Weide
9. Father's Occupation, Engineer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gertrude Mitchell

Address, N. 407 Hollins St.

Remarks,

1890-001139

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or when such child is born in a house where there is no practitioner upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 31-90
4. Place of Birth, (Street and Number)	1110 N. Gay St
5. Full Name of Mother,	Kate. Parr
6. Mother's Maiden Name,	" Doyle
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Adam. Parr
9. Father's Occupation,	Driver
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary E. Allwell
Address,	912 McDonough St
Remarks,	6 9 0 - 0 0 1 1 4 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-31-55

RETURN OF A BIRTH

A 70874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ellen Thomas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Black

3. Date of Birth, March 31 - 1890

4. Place of Birth, (Street and Number) #811 Parish Aly

5. Full Name of Mother, Lydia Thomas

6. Mother's Maiden Name, " Jones

7. Mother's Birthplace, Frederick Co Md.

8. Full Name of Father, Frank Thomas

9. Father's Occupation, Waiter

10. Father's Birthplace, Frederick Co Md.

Name of Medical Attendant, or other person who makes this Return, Wm G. Huck

Address, #647 N. Townsend St

Remarks,

1890 - 001141

The Contents of this Schedule are to be kept secret, and are not to be published except as required by law. The name and occupation of the parents, the date and place of birth, and the name of each child must be given in the first schedule returned, and no certificate will be given until the first and said schedule shall be delivered, duly signed by the practitioner in the first case, or by the parent in case the birth of any child shall occur without the attendance of such practitioner or midwifery, or should no other person be in attendance, within the time required by law. In case the birth of any child shall occur without the attendance of a practitioner or midwifery, or should no other person be in attendance, within the time required by law, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 20373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 31st 90"
4. *Place of Birth, (Street and Number)*	201 Dover St
5. *Full Name of Mother,*	— Leogez
6. *Mother's Maiden Name,*	Slowinski
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	George Leogez
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	H. U. Webster
Address,	403 Hanover St.
Remarks,	

1890-001142

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, born alive, sex, color, the full name and occupation of its father, the date and place of birth, and such other particulars as the Commissioner of Health may require; and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, or by the father of the child, at the office of the Commissioner of Health within the period above required; and the attendance at the birth of any child shall be deemed sufficient cause to require the physician or midwife in attendance, or the father of such child to report the birth immediately thereafter. In case the mother shall become the duty of the person in charge of the house in which she may be to report the birth within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 31st 1890
4. *Place of Birth, (Street and Number)* 311 N. Pine St.
5. *Full Name of Mother.* Ida M. Hill
6. *Mother's Maiden Name,* Ida M. Rose
7. *Mother's Birthplace,* Md
8. *Full Name of Father.* Harry Hill
9. *Father's Occupation,* Foreman
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. F. Keller M.D.

Address, 639 W. Franklin St.

Remarks,

1890 00113

ascertained the full name of each child born alive, and the name it is to receive, if it is not named, and the sex, color, date and place of birth, and parentage of such child, and shall report the same in the form of a return to be furnished by the Commissioner of Health, which return shall include stillborn children, and shall be delivered, duly signed, to the Commissioner of Health. In case the parents shall not have named the child within ten days after its birth, the return may be made without the name, and a supplemental return of the name, if any be given, shall be made within thirty days after the birth. Every midwife or other person who shall assist at the birth of a child, and every householder or other person in whose house or on whose premises a birth shall occur without the attendance of a physician or midwife, shall become the duty of the person or parents, as the case may be, to report such birth to the Commissioner of Health, in the manner and within the period prescribed in this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

Wm. J. Dornan & Co., City Printers and Stationers.

RETURN OF A BIRTH A. 20 317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 1st
4. *Place of Birth, (Street and Number)*	314 Pratt St
5. *Full Name of Mother,*	Rebecca Schwarder
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jos. Schwarder
9. *Father's Occupation,*	Liquor Dealer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	N. O. Craven
Address,	314 N Charles
Remarks,	1890 001144

month, and child set forth as far as the same is known to the person required to report. The full name of every child born in this city shall have the surname of the father, unless the parents shall have previously agreed that the child shall have the surname of the mother, or some other surname, the date of birth of each child shall be entered as of a separate birth, and a separate certificate shall be required for each birth. In case the birth of any child shall occur within the limits of any institution, the physician, midwife, nurse, matron, superintendent, or other person in charge of such institution shall immediately thereafter, in addition to the mother, report the birth to the Registrar of Vital Statistics, and any such person who shall have charge of three or more births in any one month, and who shall fail to report the same as required by this section, shall be subject to a penalty of ten dollars for each birth not reported. The provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 1st 1890. 3.57 PM.
4. Place of Birth, (Street and Number) Waterside
5. Full Name of Mother, Mary Simmons
6. Mother's Maiden Name,
7. Mother's Birthplace, N.C
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Fraser M.D.

Address,

Remarks,

1890 - 001145

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1st 1235 am.
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother, Emma Mosmiller
6. Mother's Maiden Name, Emma Neumann
7. Mother's Birthplace, Va
8. Full Name of Father, Joseph Mosmiller
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.

Address, Res Physician Maternite

Remarks,

890-001146

month, and shall set forth as far as the same can be ascertained the full name of each child. If any child have been concealed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the fact of such concealment shall be certified by the practitioner in the form of a certificate between the first and third day of each and every month. It shall be the duty of the coroner of every district in which any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

(over) 10380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FRANK GORDON DERR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2, 1890
4. Place of Birth, (Street and Number) 517 N. Carey st.
5. Full Name of Mother, Lillie Derr
6. Mother's Maiden Name, Elizabeth Jonas Odling
7. Mother's Birthplace, Balto
8. Full Name of Father, Samuel W Derr
9. Father's Occupation, Steward Dining Car B & O.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return.

Address, Edward H. Condon MD 1403 W Fayette St

Remarks,

890-99-1147

...ge between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the mother herself to report the same as herein required, and in case she shall, within the period above required, and any such person ...ith as herein required, or shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ...for each offense to be recovered as other fines and forfeitures are recoverable.

...r & Co., City Printers and Stationers

(over)

RETURN OF A BIRTH A 20381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 5 1890

Gustav Walbrecker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4) Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday March 2nd 1890

4. Place of Birth, (Street and Number) 1225 Scott St.

5. Full Name of Mother, Kate Walbrecker

6. Mother's Maiden Name, Kate Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Gustav Walbrecker

9. Father's Occupation, Watchmaker & Jeweler

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Catherine Seebach

Address, 235 W. Pratt St.

Remarks,

1890-001148

been conferred) its sex, color, the full name and residence of its parents, and the name of the attending physician or midwife, if any; and in case there was no physician or midwife in attendance, the parent or parents, or in default of them, the householder or owner of the premises where the birth occurred, shall be subject to the fine of ten dollars for each offense.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 2
4. Place of Birth, (Street and Number) Northern 3304
5. Full Name of Mother. Mary E Falk
6. Mother's Maiden Name. Mary E Pentlon
7. Mother's Birthplace, Baltimore
8. Full Name of Father. Wm Falk
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Ann M Dolphin

Address.

Remarks,

1890 - 001149

APR 3 1890

...ach conferred. Be sure color the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first child third day of each and every month to the office of the Commissioner of Health, or should no other person be ni shall occur without the attendance of such practitioner, then the midwife or nurse in attendance shall immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1/15/69

RETURN OF A BIRTH A 70383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JOHN HENRY FRICK

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 3/90

4. Place of Birth, (Street and Number) No 1022 Chesapeake St

5. Full Name of Mother, Ida Fricke

6. Mother's Maiden Name, Bardopf

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Friedrich Frick

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louisa Kraft

Address, No 405 S. Washington St

Remarks,

1890 001150

BR 5 3 1890

The Return of a Birth as to the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required in the form of a certificate between the first and said schedule shall be delivered with the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person in charge of such child to report the birth to the Registrar of Vital Statistics, and comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, ~~1222 Holland ave~~ 4 March
4. Place of Birth, (Street and Number) 1222 Holland ave
5. Full Name of Mother Frances Heubler
6. Mother's Maiden Name, " Boehm
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Heubler
9. Father's Occupation, Paper dealer
10. Father's Birthplace, Ensafe

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1892 No 011151

month, and shall set forth as far as the same can be ascertained the full name of each child born, and the sex and color of such child, the full name and occupation of its parents, and the time and place of birth; and the name of the attending physician or midwife, if any, and in case there was no physician or midwife present at the birth, then the name of the person giving information of such birth. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the particulars of such birth required by this section to the Commissioner of Health, within the period above required, and in case of the neglect or refusal of such person or parents to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than fifty (50) dollars for each offence, to be recovered as other fines and forfeitures are recoverable by law.

SEC. 2. And be it further enacted, That it shall be the duty of the Commissioner of Health to furnish to each physician, midwife or other person required to report births, blank forms for the returns required by this act, and to instruct such persons in the method of making such returns; and it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the proper registration of births, and to secure uniformity in the returns made thereof.

SEC. 3. And be it further enacted, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the proper registration of births, and to secure uniformity in the returns made thereof.

SEC. 4. And be it further enacted, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the proper registration of births, and to secure uniformity in the returns made thereof.

SEC. 5. And be it further enacted, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the proper registration of births, and to secure uniformity in the returns made thereof.

SEC. 6. And be it further enacted, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the proper registration of births, and to secure uniformity in the returns made thereof.

SEC. 7. And be it further enacted, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the proper registration of births, and to secure uniformity in the returns made thereof.

SEC. 8. And be it further enacted, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the proper registration of births, and to secure uniformity in the returns made thereof.

SEC. 9. And be it further enacted, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the proper registration of births, and to secure uniformity in the returns made thereof.

SEC. 10. And be it further enacted, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the proper registration of births, and to secure uniformity in the returns made thereof.

SEC. 11. And be it further enacted, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the proper registration of births, and to secure uniformity in the returns made thereof.

SEC. 12. And be it further enacted, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the proper registration of births, and to secure uniformity in the returns made thereof.

SEC. 13. And be it further enacted, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the proper registration of births, and to secure uniformity in the returns made thereof.

SEC. 14. And be it further enacted, That it shall be the duty of the Commissioner of Health to prepare and publish, from time to time, such rules and regulations as may be necessary to secure the proper registration of births, and to secure uniformity in the returns made thereof.

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RETURN OF A BIRTH

A 20380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Nov. 5. 1890

4. Place of Birth, (Street and Number) 622 N. Lombard St.

5. Full Name of Mother, Mary Brown

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Not known

8. Full Name of Father, " "

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Lewis Ebaugh M.D.

Address, 622 N. Lombard St

Remarks,

1890 - 001152

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, within ten days after the birth, to the Commissioner of Health. In case the birth of any child third day of such month. In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, the person in whose house or on whose premises such birth shall occur, or the parent or parents of such child, if the birth occur elsewhere than in a house, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother. Immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 10385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, March 6. 1890
5. Place of Birth, (Street and Number) 622 N. Lond. St.
6. Full Name of Mother, Jennie Markley
7. Mother's Maiden Name, Not known
8. Mother's Birthplace, " "
9. Full Name of Father, " "
10. Father's Occupation, " "
11. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Lewis Eberly M.D.

Address, 622 N. Standard St.

Remarks,

1890 001153

APR 1890

If any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be prosecuted as other fines and forfeitures are recoverable.

OAK DSAFETY FILM

RETURN OF A BIRTH A 20386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, March 6th 1890
5. Place of Birth, (Street and Number) No 109 S. Frederick St.
6. Full Name of Mother, Mrs. Richard E. Johnson
7. Mother's Maiden Name, Alice Smith
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Richard E. Johnson
10. Father's Occupation, Stone Cutter
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other person who makes this Return. Dr. A. Whitehead
13. Address, No 2 N. Charles St.
14. Remarks,

1890-001154

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sadie Bertina Wicks

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 6th 1890. 6:03 AM.
4. Place of Birth, (Street and Number) Hatteras
5. Full Name of Mother, Martha Wicks
6. Mother's Maiden Name, Martha Brown
7. Mother's Birthplace, Md
8. Full Name of Father, William A. Wicks
9. Father's Occupation, Waiter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, GIVEN NAME ADDED 4-28-54

Remarks,

1890-00155

...shall be delivered, duly signed and verified, to the Registrar of Vital Statistics, and the said schedule shall be delivered, duly signed and verified, to the Registrar of Vital Statistics, and the third day of each month, or oftener, at the option of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, the mother shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DELANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) white
4. Date of Birth, March 6th 1890.
5. Place of Birth, (Street and Number) 423. W Pratt st
6. Full Name of Mother, Rosa Black
7. Mother's Maiden Name, " Lavine
8. Mother's Birthplace, Germany
9. Full Name of Father, Morris Black
10. Father's Occupation, Sailor
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Geo C Seebach

Address, 735 W. Pratt st.

Remarks,

1890 - 001156

APR 5 1890 REGISTERED

Wm. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

Every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

RETURN OF A BIRTH A 20389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, March 7. 1890

4. Place of Birth, (Street and Number) 622 N. Loudon St.

5. Full Name of Mother, Grace Boston

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Not Known

8. Full Name of Father, " "

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Louis Ebaugh M.D.

Address, 622 N. Loudon St

Remarks,

1890 - 001157

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

...ance can be had. If any child have been born dead, or have died before the said schedule shall be delivered, the fact must be stated in the form of a certificate between the first and third days of every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and child to report its birth to the Board of Health. If such person shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 20390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 7 98
4. Place of Birth, (Street and Number) No 415 Collington Ave
5. Full Name of Mother, Maggie Pickles Bess
6. Mother's Maiden Name, Buttermann
7. Mother's Birthplace, Penn Prussia
8. Full Name of Father, Chas
9. Father's Occupation, Tinsmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Smith

Address, No 405 S. Washington Ave.

Remarks,

1890 - 001158

RECEIVED APR 25 1898 REGISTRAR'S OFFICE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second & Third

1. Sex, (state whether male or female) both male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 7th. 90. Oldest 4:55 PM. Youngest 7:17 PM
4. Place of Birth, (Street and Number) Maternité
5. Full Name of Mother,
6. Mother's Maiden Name, Lillie Jenkins
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, William J. Todd M.D.

Address,

Remarks, Weight Oldest 5½#
Youngest 6#

001159

Duty. It shall be the duty of the child's nurse and each person present at the birth, to give notice thereof to the attending physician, if there be one, and if not, to the father or mother of the child, or the occupant of the house in which the birth occurs, within thirty-six hours after the birth has been completed; and it shall be the duty of the father or mother of the child, or the occupant of the house in which the birth occurs, within five days after the birth has been completed, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. BELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20347

To the Office of Registrar Vital Statistics, Board of Health, Baltimore City.

APR 5 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 7 90
4. Place of Birth, (Street and Num') No 1622 Orleans St
5. Full Name of Mother, Therese Hofmann
6. Mother's Maiden Name, Alisabl
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Baltasar Hofmann
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, No 405 E. Washington St

Remarks,

S 10 - 001160

Health. This schedule shall contain a list of the births which have occurred under his or her care during the preceding month, and shall set forth as far as can be ascertained the full name and occupation of each parent, the name, sex and color of the child, if any shall have been born dead, the date and place of birth, and the full name and occupation of the undertaker who buried the body of any child which shall have died before the end of the month, and shall set forth as far as can be ascertained the full name and occupation of the person who shall have been conferred his or her degree by the Commissioner of Health, or should no other person be in attendance, the name and residence of the person who shall have given the certificate of birth, and shall be delivered duly signed by the Commissioner of Health, or such person as he may appoint for the purpose, to the person or persons who shall be appointed by the Commissioner of Health to collect the same, on the first day of each and every month of the year, and every such person or practitioner who shall neglect or refuse to make such return as aforesaid, or who shall make a false return in any material particular, or who shall neglect or refuse to deliver the same when required, and any such neglect or refusal occur without the attendance of a physician or practitioner, shall forfeit and pay for each and every such offence a sum not exceeding fifty dollars, to be recovered as other debts are recoverable. And every such physician or practitioner who shall neglect or refuse to make such return as aforesaid, or who shall make a false return in any material particular, or who shall neglect or refuse to deliver the same when required, and any such neglect or refusal occur in the attendance upon the birth, shall forfeit and pay for each and every such offence a sum not exceeding twenty dollars, to be recovered as other debts are recoverable. And every such person or persons who shall have charge of the registry of births, and who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other debts are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th March
4. Place of Birth, (Street and Number) 219 Lanvale st
5. Full Name of Mother, Emma Karkowske
6. Mother's Maiden Name, Emma Hinz
7. Mother's Birthplace, Germany
8. Full Name of Father, August Karkowske
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Henry Boresne

Address, 2. W. Hamilton st

Remarks,

1890 - 001161

Health

SEC. 4. The [illegible] shall contain a like certificate to be ascertained the full name of each child, if any shall have been born, and the sex, color, and date of birth of each child, the full name, residence, and usual occupation of its parents, the date and place of birth, and the number of children born to the mother, and whether the birth of each child has been certified to as required by this section, and if not, the reason why such certificate has not been delivered, duly signed by the practitioner in the form of certificate last aforesaid, and shall cause the birth of any child to be registered within ten days after the birth of such child, and every midwife or practitioner of midwifery or should no other person be in attendance upon the mother, the occupier of the house in which the birth shall occur shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time prescribed in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. MACKEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 9. 90 5:10 am
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother, Olivia Wilson
6. Mother's Maiden Name, Ida
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address,

Remarks,

1890 001162

Health. This echo the adult comes to sit to the bride's left and take down the name, sex and color of each child. If any should die before the name can be ascertained, the fact must be stated. The full name of each child, if any shall be given, the date and place of its birth, the date and place of the marriage of its parents, the date and place of the first and month, and shall set forth as far as practicable the same facts as are required to be stated in the form of a certificate of birth of any child been conferred, shall be delivered, duly signed by the physician or midwife in attendance upon such birth, to the Commissioner of Health, or should no other person, or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. SLEMY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 24th 1890

4. Place of Birth, (Street and Number) 1524 Montpelier St

5. Full Name of Mother, Margaret High

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Md

8. Full Name of Father, Chas High

9. Father's Occupation, Policeman

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. M H Cowan M.D.

Address, 1809 N. Baltimore St

Remarks,

890-001163

Date of the Birth, which have occurred either in or out of the City of Baltimore, since the ... day of ... 1875, the full name and occupation of the parents, the full name of each child (if any shall have been registered), duly signed by the practitioner in the form of a certificate between the first and fifteenth of each month, to the Office of the Commissioner of Health. And every person who shall neglect or refuse to make such return, or to furnish such certificate as aforesaid, within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of a fifty dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 20 39

CERTIFICATE CORRECTED 3-28-39

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CHRISTENA ~~MUELLER~~ 6 Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 March - 1890

4. Place of Birth, (Street and Number) 31 Bacon St

5. Full Name of Mother, ~~Liena~~ LENA ~~Hüller~~ MUELLER

6. Mother's Maiden Name, ~~Liena~~ ~~Hüller~~ WESTERMAN

7. Mother's Birthplace, Baltimor

8. Full Name of Father, ~~John~~ ~~Hüller~~ MUELLER

9. Father's Occupation, Cooper

10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return. Auguste Bosien

Address, 31 N Kennedy St

Remarks,

1890-001164

Health. To secure a certificate as a basis of the record which the owner of each child, if any shall have within ten days after the birth of such child, the parent or parents of such child shall set forth as far as the same can be ascertained the facts as to the date and place of birth; and the month, and shall state sex, color, the full name and occupation of the parents, and the maiden name of the mother, in the form of a certificate between the first and second sheets of the blank schedule which shall be delivered, duly signed by the person making the return, to the Registrar of Vital Statistics, or to such other person as he may designate, at the office of the Commissioner of Health. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and the third day of each and every month thereafter. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the presence of a physician or practitioner of which duty of the person or parents of such the mother, immediately thereafter. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 2039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 10 th 1890
4. *Place of Birth (Street and Number),* 407 West Pratt St.
5. *Full Name of Mother,* Caroline A. Gohlinghorst
6. *Mother's Maiden Name,* Caroline A. Bertsch
7. *Mother's Birthplace,* Vienna Austria
8. *Full Name of Father,* John George Gohlinghorst
9. *Father's Occupation,* Asst. Flour Inspector
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant or other person who makes this Return. (Hillsboro Bennett) 516 Lee St.

Address,

Remarks,

890-001165

Act shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive), and the full name and residence of the parents, the date and place of birth, and the said schedule shall be otherwise filled out as required by this Act. In case of a certificate between the first and second days of April, the same shall be delivered to the office of the Comptroller of Health. In case the attendance upon the mother, immediately thereafter, is rendered by a physician or midwife, the physician or midwife in attendance upon the mother, immediately thereafter, shall make and within the period above required, and any such person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of forty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-2-55

RETURN OF A BIRTH A 20398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Amelia Hromadnik

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10 1890
4. *Place of Birth, (Street and Number)* 19 Penn St
5. *Full Name of Mother,* Katherine Hromadnick
6. *Mother's Maiden Name,* Katherine Hebek
7. *Mother's Birthplace,* Kohl Janovitz - Bohemia
8. *Full Name of Father,* ~~Lemonitz - Bohemia~~ John Hromadnik
9. *Father's Occupation,* Gardner
10. *Father's Birthplace,* Lemonitz - Bohemia

Name of Medical Attendant, or other person who makes this Return. Mrs Sabach

Address, ~~19 Penn St~~ 235 W Pratt St

Remarks,

890 001166

APR 5 1890

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the full maiden name of the mother. Said return shall be made within ten days after the birth, and if not made within three days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, within the time and in the manner required in this section; any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 11 1890.
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Sarah McGraf
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Not known
8. Full Name of Father, " "
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Irvin Clough M.D.

Address, 622 N. Lombard St.

Remarks,

1890-001167

Section 2. Be it further enacted, That it shall be the duty of the person or persons in charge of any institution, hospital, asylum, or other place for the reception of children, to report to the Registrar of Vital Statistics, within ten days after the birth of any child born in such institution, hospital, asylum, or other place, the name of such child, the name of the mother, the sex, color, and date of birth of such child, and the number of the ward and house in which such child was born, and the name of the physician or midwife in attendance upon the mother at the birth of such child; and in case there was no physician or midwife in attendance upon the mother at the birth of such child, then the mother of such child shall report the birth of such child to the Registrar of Vital Statistics, within ten days after the birth of such child, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) his sex, color, the date and place of birth; and the name, age, residence, and occupation of its parents, the date and place of birth; and the name, age, residence, and occupation of its parents, the date and place of their marriage, which report shall be verified, duly signed by the practitioner in the form of a certificate between the parties, and delivered by him to the Registrar of Vital Statistics, at the time of the birth of any child said. And every such practitioner and midwife, or should no other person be in attendance, then the mother of such child, shall, within ten days after the birth of such child, report the same to the office of the Commissioner of Health, in the manner and within the period above required. And if any such practitioner or midwife shall become the duty of the person or parents of such child to report the birth of such child, as aforesaid, or if the mother shall fail to comply with the provisions of this section, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. 6 twins

1. Sex, (state whether male or female) Male and Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 11 March
4. Place of Birth, (Street and Number) 1805 E Biddle St
5. Full Name of Mother, Lizzie Carl
6. Mother's Maiden Name, J. annenschmitt
7. Mother's Birthplace, Europe
8. Full Name of Father, Leonard Carl
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs R Ellis

Address, 302 Holland St

Remarks,

090-001166

...a list of the births which have occurred under his or her care during the ... name of each child, if any shall have ... ascertained, the date and place of birth, and the ... and full name and occupation of the mother; and ... in the form of a certificate the births of any child ... delivered, duly sign a certificate of the same, or should no other person be in ... office of the Commissioner of Health, or to such ... third day of each and every month. And it shall become the duty of the person or parents of any child ... shall occur within the limits of Baltimore City, in the manner and within the period ... to report the birth to the Commissioner of Health, as aforesaid, and any such person or persons who shall intentionally fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ORE, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 11. 1890
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Fannie Hunter
6. Mother's Maiden Name, Not Removed
7. Mother's Birthplace, " "
8. Full Name of Father, " "
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Irvin Eberagh MD

Address, 622 N. Lombard St

Remarks, 1890-001169

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the occupation of its parents, the date and place of birth, and the name and address of the attending physician or midwife. A certificate for each birth, duly signed by the practitioner in the form of a certificate for the birth of any child said Acts of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, then it shall be the duty of the person or parents of such child to report said birth to the Commissioner of Health, in the manner and within the period above mentioned; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Black
3. Date of Birth,	March 12. 1890
4. Place of Birth, (Street and Number)	622 N. Loudand Lt.
5. Full Name of Mother,	Lucinda Stewart
6. Mother's Maiden Name,	Not Known
7. Mother's Birthplace,	" "
8. Full Name of Father,	" "
9. Father's Occupation,	" "
10. Father's Birthplace,	" "
Name of Medical Attendant, or other person who makes this Return.	Louis Ebaugh MD.
Address,	622 N. Loudand St.
Remarks,	

1890 001170

Within ten days after the birth of any child hereafter born in the City of Baltimore, it shall be the duty of the attending physician or midwife, or other person having charge of the case, to report to the Commissioner of Health the full name of each child, if any shall have been given it, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. A. G. SLADE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the number of children born to the said parents, and the number now living, the date of birth of each child, and the exact place of birth, and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the nurse or midwife in attendance upon the mother immediately thereafter to make such return and within the period above required, and any such nurse or midwife who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 7 90
4. *Place of Birth, (Street and Number)*	N° 2115 Moyer St
5. *Full Name of Mother,*	Eva F Heintz
6. *Mother's Maiden Name,*	Keis
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Edward Heintz
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	N° 705 S. Washington Ave.
Remarks,	

1890 - 001171

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 5 1900

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, March 2nd 1900.

4. Place of Birth, (Street and Number) 1049 Calvert [illegible]

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name. [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation, [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return [illegible]

Address, [illegible]

Remarks, 1890-001172

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 20403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, March 18 1890

4. Place of Birth, (Street and Number) 622 So Ellwood Ave

5. Full Name of Mother, Mary Lewis

6. Mother's Maiden Name,

7. Mother's Birthplace, Sweden

8. Full Name of Father, Unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Josephine Bozarth

Address, 622 So Ellwood

Remarks,

1890 - 001173

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth, and the full name, residence, age and occupation of its parents, the date and place of birth, and the full name of each and every month to the office of the Commissioner of Health, in the manner and within the period prescribed by the Commissioner. If any case of stillbirth, or should no other person be in attendance upon the mother, the physician or person who shall become the duty of the person or parents of such child to report in like manner as is herein required of physicians. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GALAMY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) Jewish
4. Date of Birth, 14 March 1890
5. Place of Birth, (Street and Number) 1025 E Lombard St
6. Full Name of Mother, Augusta Levin Schlichter
7. Mother's Maiden Name,
8. Mother's Birthplace, Balto
9. Full Name of Father, Mordecai Levin
10. Father's Occupation, Clerk
11. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs R Uffig

Address, 1302 Holland St

Remarks,

1890-00-11174

Health. It shall be the duty of the attending physician, midwife or other person in charge, within three days after the birth of any child, to report to the Commissioner of Health, in the manner and with the particulars required and set forth as far as the same can be ascertained the full name of each child, if any, and the month, and if possible the day of birth, the sex, color, the full name and residence of its parents, the date and place of their marriage, and if possible the day of birth of each parent; and the practitioner in the form of a certificate, in case the birth of any child shall occur with the attendance of a physician or practitioner, and in all other cases the midwife or other person in charge, shall deliver such certificate to the office of the Commissioner of Health, or should no other person be in charge, then it shall become the duty of the person occupying the premises where such birth shall occur, within three days after the birth of any child, to report its birth to the Commissioner of Health, in the manner and with the particulars required and set forth as far as the same can be ascertained in the first section of this section shall be subject to the fine of ten dollars for each offense, to be recovered with costs. Other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 14th, 1896
4. Place of Birth (Street and Number),	No. 604 W. Hamburg St
5. Full Name of Mother,	Mrs. Lizzie Lefsar
6. Mother's Maiden Name,	Miss Lizzie Pistorius
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Mr. Frederick A. Lefsar
9. Father's Occupation,	Gold Beater
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Wilhelmina Benicke
Address,	51 Lee St.
Remarks,	

0 9 0 - 0 0 1 1 7 5

nual shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, color, the full name and residence of the parents, the date and place of birth, and the said schedule shall be delivered by the practitioner in the form of a certificate between the 1st and 10th days of each month to the officer of the Commissioner of Health, in each district, and any other person in attendance upon the mother, immediately thereafter, shall make a like return of such birth to the said officer. And the attendance of a physician or practitioner at the birth of the parent or parents of such child to report the birth in the manner and within the period above required, and any such physician or practitioner who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

(Mar.) 20408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Name Mabel ~~Irene~~ Caulfield 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14th 1890
4. Place of Birth, (Street and Number) 1742 N. Calhoun St.
5. Full Name of Mother, Rosalie Caulfield
6. Mother's Maiden Name, Hamilton
7. Mother's Birthplace, Md
8. Full Name of Father, Albert M Caulfield
9. Father's Occupation, Painter
10. Father's Birthplace, S Carolina

Name of Medical Attendant, or other Person who makes this Return M H Carter M.D.

Address, 1800 N. Ballo St.

Remarks.

1890 - 001175

Murphy & Co., City Printers and Stationers.

Any physician, midwife or other person who shall neglect or refuse to report, as herein required, any birth at which he or she was present or in attendance, or of which he or she has knowledge, or who shall report a false statement of the facts relative to such birth, or who shall neglect or refuse to report the full name and occupation of the father, if known, and the full name of each child (if any) shall have been born previously to the birth reported, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the Commissioner of Health. In case the parents, the date and place of birth, and the names and every month to the office of the Commissioner of Health. In case the parents, the date and place of birth, and the names and every month to the office of the Commissioner of Health. In case the certificate between the first and fifth days of each month, to the Commissioner of Health. In case the parents, the date and place of birth, and the names and every month to the office of the Commissioner of Health. In case the birth of any child born without the attendance of a Physician or practitioner, it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and at the time above required, and any such person or persons who shall neglect or refuse to report as aforesaid, shall be subjected to a fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 30409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 6. Child

1. Sex *(state whether male or female)* Female

2. Race or Color, *(if not of the white race)* White

3. Date of Birth, 15th March

4. Place of Birth, *(Street and Number)* 23 Poultney st

5. Full Name of Mother, Barbara ~~to~~ Starke

6. Mother's Maiden Name, Barbara. Wagner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George. Starke.

9. Father's Occupation, [illegible]

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Agusta Boseane

Address, 3. W. Henrietta st.

Remarks,

1890-001177

APR 5 18[illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15 1890
4. *Place of Birth, (Street and Number)* 627 Wheeler Ave
5. *Full Name of Mother,* Fannie Roberts
6. *Mother's Maiden Name,* Dennis
7. *Mother's Birthplace,* Unknown
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Frank Engel M.D.

Address, 627 Wheeler Ave

Remarks,

1890 - 001178

...and other facts set forth as far as the same can be ascertained; the full name of each child, if any shall have been born since the last return; the date and place of birth; and the sex, color, the full name and occupation of the parents of each child, as may be required by the Commissioner in the form of a certificate between the first and tenth day of each month, and every return of a physician or practitioner of midwifery, or person in charge of any such lying-in institution, shall be delivered, duly signed as aforesaid, to the Commissioner of Health. In case the other person be in charge of any such lying-in institution, or attending at the birth of any child, and shall fail to report its birth to the Commissioner, as herein required, such person shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20411

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Female

Color, (if not of the white race) White

Date of Birth, March 15 1870

Place of Birth, (Street and Number) Ryan st No 907

Christian Name of Mother, Mary Ann Miller

Mother's Maiden Name, Mary Ann Corby

Mother's Birthplace, ~~Baltimore~~ Baltimore

Name of Father, John Miller

Father's Occupation, Labourer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Sullivan

Address, 735 W Pratt St

Remarks,

1890-001179

RETURN OF A BIRTH A 20412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Mch. 15. 1890

4. Place of Birth, (Street and Number) 622 N. Loudon St

5. Full Name of Mother, Ida Grey

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Not known

8. Full Name of Father, " "

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Louis Eberle M.D.

Address, 622 N. Loudon St

Remarks,

1890 - 001180

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive on the premises or in any house to which he or she may have been conveyed after birth, the full name and occupation of its parents, the date and place of birth, whether the first and only child, or twin, triplet, etc., and such other particulars as may be required by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child shall be delivered, duly signed by the practitioner in charge or person in attendance, within ten days after the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall be the duty of the person occupying the premises where such birth occurs to report the same to the office of the Registrar of midwifery, within ten days after the birth. Any midwife who shall fail to report any birth at which she officiates within the time specified, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A2044 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 16.
4. Place of Birth (Street and Number),	1123. E. Pratt St
5. Full Name of Mother,	Anna Shapira
6. Mother's Maiden Name,	Rosenberg
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Jacob Shapira
9. Father's Occupation,	Peddler
10. Father's Birthplace,	Austria
Name of Medical Attendant, or other person who makes this Return.	Alpha White M.D. MRCSS
Address,	6. S. N. Exeter St.
Remarks,	

690-0011101

Baltimore Publishing Co., City Printers and Stationers

...ance shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been born alive, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or person in charge of the case, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of any practitioner or midwife, or should no other person be in attendance, the father or mother of such child shall report its birth to the Commissioner of Health within ten days after the occurrence thereof. And any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Walter Carter Scheller 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 16/90
4. Place of Birth, (Street and Number) Garrison Lane W Balto
5. Full Name of Mother, Mamie E Scheller Scheller
6. Mother's Maiden Name, Deane
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Scheller Scheller
9. Father's Occupation, Stock Keeper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Edward H. Connor MD

Address, 1403 W Fayette St

Remarks,

1890-D 11182

Parents Law. Sec. 80. Every physician or midwife in attendance upon a birth, and in case there be no such attendant, then the father, mother, householder or other person present at the birth of any child, shall cause to be recorded in the office of the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Commissioner of Health, in the case of a physician or practitioner of midwifery, or should he refuse or neglect so to do, then the father, mother, householder or other person present at the birth of any child, shall become the duty of the person required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the pain of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Guthrie & Co., City Printers and Stationers.

RETURN OF A BIRTH A 20413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 16 1890
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Theresa Rhode
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Not known
8. Full Name of Father, " "
9. Father's Occupation, " "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Irvin Ebaugh M.D.

Address, 622 N. Lombard St.

Remarks,

1890 - 001183

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex and color, the date and hour of birth; and the full name and occupation of its parents. On the delivery of a certificate between the first and second days of the month, the Commissioner of Health shall issue a certificate of such birth, which shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the city limits, the certificate shall be issued on the delivery to the Commissioner of Health within the time above specified, of the return of such birth by the person or persons who shall have attended the mother at the birth, or in default of such return, by the undertaker employed to inter the remains of such child. Every physician or practitioner of midwifery or should no other person attend at the birth, then the nurse or person in charge of the premises where such birth shall occur shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the penalties hereinafter provided for a failure to comply with the provisions of this section. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 17 March

4. Place of Birth, (Street and Number) 1112 Mc Elderry St

5. Full Name of Mother, Kate Godeke

6. Mother's Maiden Name. " Markert

7. Mother's Birthplace, Balto.

8. Full Name of Father, Henry Godeke

9. Father's Occupation, Tailor

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ellis

Address, 1302 Hollins St

Remarks,

1890 No 011184

APR 3 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20 417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 17
4. Place of Birth, (Street and Number) Eaton 407
5. Full Name of Mother, Emma Brandt
6. Mother's Maiden Name, Emma Hyden
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Brandt
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. M. Kelly

Address,

Remarks, 1890-001185

...ed to the office of the Commissioner of Health, to be recovered as other debts and forfeitures are recoverable.

...child to report its birth to the Commissioner of Health, in the manner and within the period above stated, shall be subject to a penalty of ten dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

...attendance upon the mother, immediately after birth, in the manner and within the period above stated, it shall be the duty of each and every person who shall be present at the birth of any child to report the same to the office of the Commissioner of Health, in the form of a certificate between the hours of nine and twelve o'clock, A. M., of the next succeeding day, if such birth shall occur between the hours of twelve o'clock, P. M., and nine o'clock, A. M., and between the hours of nine and twelve o'clock, A. M., of the next succeeding day, if such birth shall occur between the hours of nine o'clock, A. M., and twelve o'clock, P. M., of any day; and such certificate shall be delivered, duly filled out, at the office of the Commissioner of Health. In the absence of the physician or practitioner in attendance upon the mother, or if there be no such physician or practitioner in attendance, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or parent failing to comply with the provisions of this section shall be subjected to the same penalties as are provided in the preceding section.

...ed by the Board of Health, as follows: 1. Every physician or practitioner in attendance upon a birth shall report the same, as above provided, and shall have been considered its sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled out, at the office of the Commissioner of Health. In the absence of the physician or practitioner in attendance upon the mother, or if there be no such physician or practitioner in attendance, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or parent failing to comply with the provisions of this section shall be subjected to the same penalties as are provided in the preceding section.

...ed by the Board of Health, as follows: 1. Every physician or practitioner in attendance upon a birth shall report the same, as above provided, and shall have been considered its sex, color, the full name and residence of its parents, the date and place of birth, and the

...C. ELLIOTT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 17th 1891

4. Place of Birth, (Street and Number) 1212 N. Shuckers al

5. Full Name of Mother, Emma Hughson

6. Mother's Maiden Name. Emmick

7. Mother's Birthplace, Md

8. Full Name of Father, Charles Hughson

9. Father's Occupation, Carpenter

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. M. F. Carlin M.D.

Address, 1800 N. Balto. St.

Remarks.

8 2 0 - 0 0 1 : 8 6

Murphy & Co., City Printers and Stationers.

over

RETURN OF A BIRTH A 20419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Rosina Wilhelmina Dietz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 7 90
4. Place of Birth, (Street and Number) N° 120 W. Pratt St
5. Full Name of Mother, Katharine (~~Dietz~~) Dietz
6. Mother's Maiden Name Allmendinger (Allmendinger)
7. Mother's Birthplace, Germany
8. Full Name of Father, Friedrich Dietz
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, N° 405 S. Washington St

Remarks,

590-001187

APR 5 1890

MD. J. C. MELROY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, date and place of birth, and the full name, residence and occupation of its parents, the date and place of birth, and the maiden name of the mother; and shall state whether the child was born alive or dead, and whether single, twin or triplet; and shall also state the birth of any child still born. Every such return shall be signed by the practitioner in the form of a certificate that he has attended the case, specifying the time of each visit, or if he has not attended the case, that he was present at the birth of the child still born, and shall be delivered, duly signed by the practitioner in the form of a certificate that he has attended the case, specifying the time of each visit, or if he has not attended the case, that he was present at the birth of any child still born. Every such return shall be signed by the practitioner in attendance upon the case, and shall be delivered by him within ten days after the birth, and every month to the office of the Commissioner of Health, or such other person as may be appointed by the Commissioner of Health to receive the same; and no other person be in attendance upon the case shall demand or receive any fee for making such return, unless the same shall have been delivered as aforesaid. The Commissioner of Health shall become the duty of the parents of such child forever to make such return, and in default thereof it shall become the duty of the person in attendance upon the birth to the Commissioner of Health. In the manner and within the time aforesaid, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

30420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 18. 90
4. *Place of Birth, (Street and Number)* 21 S Calhoun st
5. *Full Name of Mother,* Ida L. Fairbank
6. *Mother's Maiden Name,* Burton
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* John R. Fairbank
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Edward H. Condon MD

Address, 140 W Fayette

Remarks,

590-001188

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur on the premises of a private family, the duty of the person or parents of such child to be in attendance upon the mother, immediately, by the nurse and within the period above required, shall be subject to the same penalty for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Ch
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 18th 190
4. Place of Birth (Street and Number),	1064 N Ga.
5. Full Name of Mother,	Sarah E. Schadewald
6. Mother's Maiden Name,	Tales
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	A. S. Schadewald
9. Father's Occupation,	Bottle dealer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr. O B Billings
Address,	1206 E Preston St
Remarks,	

1090001189

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 20-22

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bertha Rutledge

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	March 18th 1890
4. Place of Birth (Street and Number),	907 N Bond
5. Full Name of Mother,	Carrie Rutledge
6. Mother's Maiden Name,	Shomberger
7. Mother's Birthplace,	Harford Co Md
8. Full Name of Father,	Henry Rutledge
9. Father's Occupation,	blacksmith
10. Father's Birthplace,	Harford Co Md
Name of Medical Attendant, or other person who makes this Return.	Dr B Billingslea
Address,	1201 E Baltimore St
Remarks,	9-22-53

OTHER NAME ADDED.

U90-001190

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	Mar. 18th, 1890.
4. *Place of Birth, (Street and Number)*	1318 Myrtle Ave.
5. *Full Name of Mother,*	Mary Elizabeth Curtis
6. *Mother's Maiden Name,*	" " Richstein
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry A. Curtis
9. *Father's Occupation,*	Travelling Salesman.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Eldridge C. Price, M.D.
Address,	1013 Linden Ave.
Remarks,	1890-001191

...been conferred in accordance with the full name and occupation of its parents, the date and place of birth; and the ...child, which blank shall be duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health, in default of any child ...shall secure without the attendance of a physician or physician's certificate, it shall become the duty of the person or parents of such ...attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and ...shall forward the full name and occupation of its parents, the date and place of birth; and the ...only such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 18 March
4. Place of Birth, (Street and Number) 421 St. Eutaw H
5. Full Name of Mother, Mary Warwick Hill
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Warwick
9. Father's Occupation, dry goods store
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. W. R. Willis

Address, 1902 Holland

Remarks,

1990 - 001192

MAR 1900 DEPUTY REGISTRAR

...and shall set forth as far as the same can be ascertained the full name of each child, if any, that ... born alive at one birth, and the sex, color, the full name and residence of its parents, the date and place of birth, and the ... month, and full Christian and surname of its parents, the date and place of birth, and the ... full name and residence of the physician or midwife in attendance at the birth of any child ... been omitted, the physician or midwife in attendance at the birth of any child ... schedule shall be delivered, duly signed, at the office of the Commissioner of Vital Statistics, or should no other person be in ... each and every house in which any child shall become the duty of the person or persons ... third day of each and every month, to report its birth to the Commissioner of Vital Statistics, and ... shall occur within the mother. Immediately thereafter, in the manner and within the period ... aforesaid, to report its birth to the Commissioner of Vital Statistics, in the manner and within the period ... child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be ... any such person or persons shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18th. 1890. 11.20 AM.
4. Place of Birth, (Street and Number) Maternite.
5. Full Name of Mother, Dorotha Fleig
6. Mother's Maiden Name, Dorotha Nirtle
7. Mother's Birthplace, Maryland
8. Full Name of Father, Henry Fleig
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Maternite.

Remarks,

1890-001193

Every child born alive within the limits of Baltimore City, whether the parents be residents of the City or not, and every fetus born dead after the fifth month of gestation, shall be registered with the Registrar of Vital Statistics, Board of Health, Baltimore City, and a certificate of such birth or fetal death shall be filed with him within ten days thereafter. If the same can be ascertained the full name of each child, if any, shall be set forth in such certificate, and if not so ascertained the reason why shall be stated. In case of a living child the date of birth shall be the day of its actual birth, and in case of a fetus dead when born the date of birth shall be the day when it was delivered. The certificate shall be signed by the practitioner in charge of the case, if there was one, and if not, by the mother or father of the child, or by the householder or owner of the premises where the birth occurred, or by the manager or superintendent of any institution where the birth occurred. In case the birth of any child shall occur without the attendance of a practitioner of medicine or midwifery, or should no other person be required by this section to register the birth, it shall become the duty of the person or owner of each dwelling in which such birth shall occur, or the manager or superintendent of any institution in which such birth shall occur, to cause the birth to be registered, and attendance upon the mother immediately thereafter. It shall become the duty of the physician or midwife in attendance upon any case of premature birth to the Commissioner of Health, in the event of a living child, to report such birth to the Commissioner of Health, in the event of a fetus dead when born, and to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20 426

GIVEN NAME ADDED 2-21-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna Elizabeth Suehle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 7 1890

4. Place of Birth, (Street and Number) W. 404 S. Patterson Park Ave

5. Full Name of Mother, Annie Suehle

6. Mother's Maiden Name, Meier

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Friedrich Suehle

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kuehl

Address, W. 405 S. Washington Pl.

Remarks, 1890-001194

APR 5 1890

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 3 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 19th. 3.45 P.M. 1890
4. Place of Birth, (Street and Number) Maternite.
5. Full Name of Mother, Mary Levi
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe (Bohemian)
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Res. Phy. Maternite.

Remarks,

1890 - 001195

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Mch. 19. 1890
4. *Place of Birth, (Street and Number)* 622 W Lombard St.
5. *Full Name of Mother,* Emma Longey
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Not known
8. *Full Name of Father,* " "
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. Irvin Ebaugh MD

Address, 622 W Lombard St

Remarks,

1890-001196

RETURN OF A BIRTH A 20429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male 1
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 March
4. Place of Birth, (Street and Number) 510 East H
5. Full Name of Mother, Maggie Losh
6. Mother's Maiden Name, " Myers
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Losh
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Miss R. Ullrich

Address, 1302 Holland st

Remarks,

1906 - 001197

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name of its parents, the date and place of birth; and the said school shall keep every month to the office of the Commissioner of Health, in case the child or any child thereof shall not shall not have been duly vaccinated, or shall not have had the small pox, a certificate from some physician or practitioner in the form of a certificate between the first and physician or practitioner in the city of Baltimore, stating that such child has been duly vaccinated, or shall have had the small pox; and no child shall be admitted to any such school without the attendance of a physician or practitioner in the city of the person or parents of such child to report its sex, color, the full name of its parents, the date and place of birth; and the attendance upon the mother immediately after the birth of such child, in the manner and within the period above required, and every such physician or practitioner shall also comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: May Luella Distance

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 & ½ child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth March 20th 1890
4. Place of Birth, (Street and Number) 318 Forest St.
5. Full Name of Mother, Elizabeth Ann Distance
6. Mother's Maiden Name, Brooks
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Samuel Randolph Distance
9. Father's Occupation, Coachman
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Saurbrey

Address, 439 N. Central Ave.

Remarks,

1890-001198

List of the births which have occurred under his or her care during the month, and shall set forth in the manner and form required by the Board of Health, the full name and occupation of the parents, the date and place of birth, and such other facts as may be required by the Board of Health. In case the parents have been married, the full name of the mother before marriage shall be ascertained the full name of each child (if any) schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately after the birth of any child, to the parents, the date and place of birth, and such other facts as may be required by the Board of Health. In case the parents have been married, the full name of the mother before marriage shall be ascertained the full name of each child (if any) schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately after the birth of any child, to the parents, or person who shall become the duty of the person or parents of such child, to report its birth to the Registrar of Vital Statistics, and every such person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars or such offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., Day Printers and Stationers.

RETURN OF A BIRTH A 20431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 5 1900

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 26 1900

4. Place of Birth, (Street and Number) N. 1427 Bloch St.

5. Full Name of Mother, Lisbeth Bopkly Feinstein

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel Bopkly

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Louise Cranell

Address, N. 105 S. Washington St

Remarks, 1890-001199

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Section 4 of the Rules which have been issued in pursuance of the provisions of the Act of Assembly, passed at the session of 1898, Chapter 123, requires the Physician, Midwife or other person in attendance upon the mother, immediately after the birth of each child, if any shall have been performed) its sex, color, the full names and residence of its parents, the date and place of birth, and the said schedule shall be delivered to the office of the Commissioner of Health. It is made the duty of every person required to report as aforesaid, to write his name and address in full in the space provided on the face of the schedule for the purpose, and the attendance of a physician or grave digger, or the issuing of a burial permit, shall be sufficient evidence that the birth has been reported as required by this section. Section 5 provides that any person who shall hereafter fail to comply with the provisions of the said Act of Assembly, or who shall willfully make any false statement in the said schedule, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 20437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 March
4. Place of Birth, (Street and Number) 1737 Orleans St
5. Full Name of Mother, Minnie Schul
6. Mother's Maiden Name, " Zellinger
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Schul
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ulbrig

Address, 1302 Holland

Remarks,

1896-001200

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 70123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, March 21st 1892
4. Place of Birth (Street and Number), 1212 Hartford Ave
5. Full Name of Mother, Maggie Allinisi
6. Mother's Maiden Name, Farrell
7. Mother's Birthplace, ~~Thomas Allinisi~~ Balto Md
8. Full Name of Father, Thomas Allinisi
9. Father's Occupation, Saloon
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Dr. C. Billingslea

Address, 1206 E. Baltimore St.

Remarks,

1890-001201

Baltimore Publishing Co., City Printers and Stationers

GIVEN NAME ADDED. 1-8-60

RETURN OF A BIRTH A 70434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Florence Sawyer

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 10

1. Sex, (*state whether male or female*) Female
2. Race or Color, (*if not of the white race*)
3. Date of Birth, March 23 1890
4. Place of Birth, (*Street and Number*) N° 514 Eutaw St
5. Full Name of Mother, Mary Sawyer
6. Mother's Maiden Name, Shinn
7. Mother's Birthplace, England
8. Full Name of Father, George Sawyer
9. Father's Occupation, Laborer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Light

Address, N° 402 S. Washington St

Remarks,

1890-001202

APR 5 1890

month, &c., shall set forth as far as the same can be ascertained the full name of each child, if any, the sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. And every such schedule shall be delivered, duly signed by the practitioner in the case, or the person in charge of a case of midwifery, or should no other person be in attendance, then by the mother, immediately thereafter. It shall be the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. And any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1890 = 3 RETURN OF A BIRTH No. 20435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 22 90

4. Place of Birth, (Street and Number) W. 2446 Canton Ave

5. Full Name of Mother, Emilie Schluederberg

6. Mother's Maiden Name, Becker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Schluederberg

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Hartle

Address, W. 405 S. Washington Ave

Remarks,

1890 - 001203

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the duty of the person required to report the birth shall devolve upon the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be collected as other fines and forfeitures are recoverable.

SEC. 4. Be it further enacted, That it shall be the duty of the Commissioner of Health, or such other person as he is authorized to appoint, to visit, as often as practicable, all births reported to his office, and to ascertain whether the same have been correctly registered, and if not, to register the same correctly; and for the purpose of enforcing the provisions of this section, the Commissioner of Health, or such other person as he is authorized to appoint, shall have the right of entry into all houses and places where births occur, and shall have the right to examine the parents, midwife, nurse, or other person present at the birth, under oath, touching the same; and any person who shall refuse to answer any question put to him by the Commissioner of Health, or such other person as he is authorized to appoint, touching any birth, shall be liable to a penalty of twenty (20) dollars for each offense.

SEC. 5. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause to be printed a sufficient number of blank forms for the registration of births, and to furnish the same to the physicians, midwives, and other persons required to report births, and to cause to be printed and distributed such instructions as he may deem necessary for the proper registration of births.

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SEC. 108. And be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank forms for the registration of births, and to furnish the same to the physicians, midwives, and other persons required to report births, and to cause to be printed and distributed such instructions as he may deem necessary for the proper registration of births.

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SEC. 135. And be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank forms for the registration of births, and to furnish the same to the physicians, midwives, and other persons required to report births, and to cause to be printed and distributed such instructions as he may deem necessary for the proper registration of births.

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SEC. 140. And be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank forms for the registration of births, and to furnish the same to the physicians, midwives, and other persons required to report births, and to cause to be printed and distributed such instructions as he may deem necessary for the proper registration of births.

SEC. 141. And be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank forms for the registration of births, and to furnish the same to the physicians, midwives, and other persons required to report births, and to cause to be printed and distributed such instructions as he may deem necessary for the proper registration of births.

SEC. 142

RETURN OF A BIRTH A. 20431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (~~State whether male or~~ female)
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, March 22d 1890
4. Place of Birth, (Street and Number) 829 N Fremont
5. Full Name of Mother, Carrie Ida Bryant
6. Mother's Maiden Name, Caudill
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo A Bryant
9. Father's Occupation, Merchant
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return. Eliz E Price M D

Address, 953 N Madison Ave

Remarks, 1890-001204

...onth, and shall set forth as far as the same can be ascertained the full name and ... of the child, the sex and color, the full name and occupation of its parents, the date and place of birth; and the ... been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... and shall be delivered, duly signed by the practitioner in the form of a certificate hereof, to the first ... third day after the birth, and within the same time after the birth in case the child shall die before ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... only duty to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person who shall neglect or refuse to comply with the requirements of this section shall be ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...AND STATIONERS.

RETURN OF A BIRTH

A. 20437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Barbara Hartman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 22 1920

4. Place of Birth, (Street and Number) No 2424 E. Dallas St

5. Full Name of Mother, Susie Hartman Hartman

6. Mother's Maiden Name, Leonhardt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hartman Hartman

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Mark

Address, No 405 E Washington St.

Remarks,

690-001205

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as known, the full name of each child, if any shall have been given, the sex, color, full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, if there was one present at the birth. Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent or guardian of each child, or to the nurse in charge of the same, before the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, and every month to the office of the Registrar of Vital Statistics. If the birth of any child shall occur without the attendance of any physician or midwife, the parent or guardian of such child shall report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. SLOAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 5 1898

HEALTH DEPARTMENT

0. Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 23. of March. 1898.

4. Place of Birth, (Street and Number) 208. Penn Strut.

5. Full Name of Mother, Louise Friede

6. Mother's Maiden Name, Louise Neurohr

7. Mother's Birthplace, Richmond. Va.

8. Full Name of Father, Gustav Robert Friede.

9. Father's Occupation, Glass + China Decorator

10. Father's Birthplace, Schreiberhau. Krs. Hirschberg. Pr. Schlesien.

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Neurohr

Address, No 735 W Dratt St.

Remarks,

1890 - 001206

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall give as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its Parents, the date of birth, and between the first and second schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance, then by the householder, to the Commissioner of Health. In case the birth of any child shall not be reported within the time above required, and until the person or persons required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

WM. C. DEAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 24 of March
4. Place of Birth, (Street and Number) 34 Parkin St
5. Full Name of Mother. Lizzie Annie Reis
6. Mother's Maiden Name, Lizzie Annie Shorlock
7. Mother's Birthplace, New york city
8. Full Name of Father, William Reis
9. Father's Occupation, Piano Maker
10. Father's Birthplace, New york city

Name of Medical Attendant, or other person who makes this Return. Mrs. C Gerlach

Address, 735 ½ Penn Street

Remarks,

1890 - 001207

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month next preceding the date of such return, and the full name of each child, if any shall have been given; and shall set forth as far as the same can be ascertained the full name, the date and place of birth, first and maiden name of the mother, and the name and occupation of the father; and shall be filled out in the form of a certificate for the birth of any child born subsequent to the date of such return, as soon as the name of such child shall be conferred. Its sex, color, &c. duly signed by the Commissioner of Health. It shall be the duty of the person or practitioner attending upon the mother at the birth of any child, or in case there is no such person in attendance, then of the mother, or in case of her death or inability, of the father, or in case there is no such person in attendance upon the mother, of the occupant of the premises where such birth occurs, to make out and deliver to the undertaker, if employed by him, or if not employed by him, to the Commissioner of Health, or to some person authorized by him to receive the same, a certificate of the birth of such child, and within the period of ten days after the birth of such child to report its birth to the Commissioner of Health, or to some person authorized by him to receive the same. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the penalty of ten dollars for each offense, to be recovered as debts of like amount are recoverable.

HEALTH DEPARTMENT

WM. J. D. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 3 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Irish

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, March 24th 457 PM. 1890.

4. Place of Birth, (Street and Number) Maternité

5. Full Name of Mother,

6. Mother's Maiden Name, Mary Brooks

7. Mother's Birthplace, Va

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Ass. Phy. Maternité

Remarks,

1890 001208

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained from the information of its parents, the date and place of birth; and the full name of each child born, the name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the duly signed by the practitioner in the form of a certificate, the birth of any child said schedule on and every month to the office of the Commissioner of Health, or such other person be in their duty to make a return of the births which have occurred under his or her care, and to deliver shall occur without the attendance of a physician, it shall become the duty of the person or persons attendance upon the mother, the Commissioner of Health, in the manner and within the period above child to such person or persons who shall hereafter fail to comply with the provisions of this section, shall be sub- ject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as near as can be ascertained the full name of each child, if any shall have been christened, the sex, color, the full name and occupation of its parents, the date (locale between the first and last) when the same shall be delivered. Any signed by the practitioner in charge of the case. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required, and attendance occur, the mother herself shall immediately thereafter, if able, report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 20441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Irish

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25th 5:50 PM. 1890.
4. Place of Birth, (Street and Number) Maternite.
5. Full Name of Mother, Irene Sorrell
6. Mother's Maiden Name, Va
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Resy. Maternite.

Remarks,

1890-001209

GEO. J. G. DILANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 28. 90

4. Place of Birth, (Street and Number) 824. N. Fulton Ave

5. Full Name of Mother, Leta R. Wood

6. Mother's Maiden Name, Riggs

7. Mother's Birthplace, Montgomery Co Md

8. Full Name of Father, Charles J Wood

9. Father's Occupation, Dealer in Furnaces Stoves &c

10. Father's Birthplace, Phila

Name of Medical Attendant, or other Person who makes this Return. Edward H. Condon M.D.

Address, 1403 Fayette St

Remarks,

1890-03-210

...an Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 30443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 5 1890 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 23 90
4. Place of Birth, (Street and Number) No 521 S. Wolfe St
5. Full Name of Mother, Minnie Clemsen
6. Mother's Maiden Name, Rose Thal
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Clemsen
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Sapp

Address, No 405 S. Washington St.

Remarks,

1890 - 001211

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of every month to the office of the Commissioner of Health, or shall be mailed to him within that time, and every midwife or other person who shall become the duty of the person in attendance upon the mother instead of a physician or practitioner of midwifery. In case the birth of any child shall occur without such attendance, or where neither parent shall become the duty of the person in attendance upon the mother instead of a physician or practitioner of midwifery. In case the birth of any child is to report its birth to the Commissioner of Health, he shall make an accurate record of such birth, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 25 90
4. Place of Birth, (Street and Number)	N° 525 Cannon St
5. Full Name of Mother,	Jennie Sommers
6. Mother's Maiden Name,	Starr
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Conrad Sommers
9. Father's Occupation,	Restaurant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Louise Hunt
Address,	N° 405 S. Pennington Ave
Remarks,	

1890 - 001212

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that has been conferred, its sex, color, if not white, the date of birth, the full name and residence of parents, and shall be duly signed by the practitioner in the form of a certificate between his first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of either, the duty of the person or persons in attendance upon the mother at the birth of such child to report the same to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

APR 5 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Mch. 26. 1890.

4. Place of Birth, (Street and Number) 622 N. Lombard St.

5. Full Name of Mother, Celeste Donelly.

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Not known

8. Full Name of Father, " "

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Irvin Edwards M.D.

Address, 622 N. Lombard St.

Remarks,

1890-001213

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as can be ascertained the full name of each child, date of birth; and the full name and occupation of its parents. He shall also give a certificate between the first and second pages of the number of births so returned, duly signed by the practitioner or midwife. In case the birth of any child shall occur without the attendance of any practitioner of midwifery, or should no other person be required by law to return the same, it shall become the duty of the person or one of the parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, and shall comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

20446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health Department, Apr 5 1890, Baltimore

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 8

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* March 26 '90
4. *Place of Birth,* (*Street and Number*) No. 734 S. Bond St.
5. *Full Name of Mother,* Minnie Liebel
6. *Mother's Maiden Name,* Kurst
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Otto Liebel
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No. 405 S. Wellington St.

Remarks,

1890-001214

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH A 20447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Jewish

Date of Birth, 26 March 1902

Place of Birth, (Street and Number) 202 E. Caroline St

Full Name of Mother, Rachel Cohn Harris

Mother's Maiden Name, Cohn

Mother's Birthplace, London Eng.

Full Name of Father, Harry Cohn

Father's Occupation, Tailor

Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Wm R. Ulbrich 1902 Col Hanover

Address,

Remarks,

APR 3 1902 BALTIMORE

1590-091215

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

The Act of Assembly shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained from the parents, the date and place of birth, full name and occupation of parents, the date and certificate between the sexes of each child born alive, color, the name and occupation in the form set forth. In case the duty of reporting such birth shall devolve upon any other person he is required to report its birth as aforesaid. Every physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three Children

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 29th 1890
4. Place of Birth, (Street and Number) 877 West Franklin Street
5. Full Name of Mother, Margaret Jane Wright
6. Mother's Maiden Name, Margaret Jane Hughes
7. Mother's Birthplace, Ireland
8. Full Name of Father, William Wright
9. Father's Occupation, Labourer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 N Poppleton St

Remarks, 890-00012.16

said schedule shall be delivered, duly signed by the practitioner in the case of the birth of any child attended by a physician or practitioner of midwifery, and by the father, mother or householder in the case of the birth of any child not attended by a physician or practitioner of midwifery, or should no other person be required by this section to report the birth of any child, within ten days after the birth of such child, to the Commissioner of Health, a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by this section to report the birth of any child, within ten days after the birth of such child, the duty of the person or persons of such family where such birth occurred shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the provisions of the preceding section shall be applicable to the father, mother or householder who shall hereafter fail to comply with the provisions of this section. Any such person or persons who shall hereafter fail to comply with the provisions of said section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 201449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	eight children one mother
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	Colored Race
3. *Date of Birth,*	27th of March
4. *Place of Birth (Street and Number),*	Baltimore Md Wolfe St 1209
5. *Full Name of Mother,* Mary L. Baker	Mary Luthern ~~Baker~~ Mary Harison
6. *Mother's Maiden Name,*	Dorchester County
7. *Mother's Birthplace,*	John Calvan Baker
8. *Full Name of Father,*	carrying the hard
9. *Father's Occupation,*	North Caroliner
10. *Father's Birthplace,*	Richard Baker
Name of Medical Attendant, or other person who makes this Return.	1209 N Wolfe St
Address,	
Remarks,	Elizebeth Macdney 1102 Milliagdr St.

1890 - 001217

The Baltimore Publishing Co., City Printers and Stationers

Every midwife shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born dead, that fact shall be stated), its sex, color, the full name and occupation of the parents, the date and place of birth, and such other facts as may be required by the Commissioner of Health. Such list shall be delivered on the first and third day of each month. Every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, if living in the same house, to report the birth to the Commissioner of Health, in the manner and with the particulars required of midwives. Any midwife, physician, parent or person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 2045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 27, 1890

4. Place of Birth, (Street and Number) 622 W Lombard

5. Full Name of Mother, Lizzie Campbell

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Germany

8. Full Name of Father,

9. Father's Occupation, Unknown

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. Frank Boyle

Address, 622 W Lombard

Remarks,

1890-001218

... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 27th 1900. 1005 P.M.
4. Place of Birth, (Street and Number) Waterville
5. Full Name of Mother, Hymie E. Simmms
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Tragg M.D.

Address, Res Phy.

Remarks,

1890-001219

WM. J. C. DULANY & SON, CITY PRINTERS AND STATIONERS

Health, [illegible] to be kept by the [illegible] Every occupier under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, and the name and occupation of its parents, the date and place of birth, and whether the first, second, third or other child born of the mother, and whether the first and subsequent children, if any, were born alive or dead, which said return shall be delivered, duly signed by the practitioner in the first case of birth, in case the birth of any child shall occur without the attendance of any practitioner or midwife, or should no other person be in attendance upon the birth of the Commissioner of Health, in the manner and within the time above required, and every month to the office of the Commissioner of Health, in the manner and within the time above required, and shall occur without the attendance of any practitioner or midwife, it shall become the duty of the person or persons in charge of the premises where such birth shall occur, within the period of ten days thereafter, to report the same to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 3 1890

BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, March 27, 748 am. 1890

4. Place of Birth, (Street and Number) Maternite

5. Full Name of Mother, Margaret Bayley

6. Mother's Maiden Name,

7. Mother's Birthplace, Va

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Tody M.D.

Address, Ret. Dy. Maternite

Remarks,

1890 - 001220

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the commissioner of health. In case no physician or midwife, or person no otherwise qualified as aforesaid, was in attendance upon the mother immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall be subject to the same penalty for neglect to make such report as is prescribed in the case of other persons, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 28
4. Place of Birth, (Street and Number) Randall St 118.
5. Full Name of Mother, Maggie Elizabeth Risner
6. Mother's Maiden Name, Maggie E Cooper
7. Mother's Birthplace, Centreville Md
8. Full Name of Father, Henry W Risner
9. Father's Occupation, Upholster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Ann M Adelphi

Address,

Remarks,

1890 001221

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. TILLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20 452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 25 1890
4. Place of Birth, (Street and Number) N. 1822 Eastern Ave
5. Full Name of Mother, Lottie Cox
6. Mother's Maiden Name, Mortimer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Theodore Cox
9. Father's Occupation, Musician
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Mack

Address, N. 905 S. Washington Ave

Remarks,

1890 - 001222

month, and shall set forth as far as the name can be ascertained the full name and residence of the parents of such child, if more than one child has been conferred) its sex, color, the full name and residence of its parents, and the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant in the case of the birth of any child as aforesaid, to the Registrar in the district of the city in which the birth of such child occurs between the first and third days of each succeeding month; and if the birth of any child as aforesaid occur without the attendance of a physician or practitioner of midwifery, or if the mother of such child be delivered without the attendance of a physician or midwife, or if from any other cause the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 201133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* October 25 18
4. *Place of Birth (Street and Number),* 609 South Eutaw St
5. *Full Name of Mother,* Mary Vincent Brand
6. *Mother's Maiden Name,* Mary Vincent Gilchrist
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Godfrey Brand
9. *Father's Occupation,* Potter
10. *Father's Birthplace,* Cincinnati Ohio

Name of Medical Attendant, or other person who makes this Return. Wilhelmina Benisch

Address, 516 Lee st

Remarks,

1890 - 001223

Formerly, its sex, color, the full names and residence (as ascertained the full name of each child, if any shall have been christened) and occupation of its parents, the date and place of birth, and the still whether it shall be delivered, duly signed by the practitioner in charge, or if there be none, by the nearest relative present at the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the father or mother of such child, if able, shall report the birth to the Commissioner of Health, in the manner and within the time above specified, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 28th. 5.52 P.M.
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother,
6. Mother's Maiden Name, Ella Garvey
7. Mother's Birthplace, Va
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Asst Phy.

Remarks,

1890 - 001224

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, its sex, color, the time and place of birth, and such other particulars as may be required by the Commissioner in the form of a certificate to be furnished by him; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the parents of such child to report the birth to the Commissioner of Health, in the manner and with the particulars of this section which be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

GEO. J. G. HELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex.* (state whether male or female)	Female
2. *Race or Color,* (if not of the white race)	
3. *Date of Birth.*	March 7th 90
4. *Place of Birth.* (Street and Number)	206 E Monument ave
5. *Full Name of Mother.*	Sophie White
6. *Mother's Maiden Name.*	" Buehler
7. *Mother's Birthplace.*	Md
8. *Full Name of Father.*	Charles White
9. *Father's Occupation.*	Machinist
10. *Father's Birthplace.*	Md
Name of Medical Attendant, or other Person who makes this Return	J. M. Handley
Address.	1002 E Monument ave
Remarks.	1890 - 001225

...T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 20408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, March 27 90
5. Place of Birth, (Street and Number) No 601 E Fulton Alley
6. Full Name of Mother, Annie Ruth Flora
7. Mother's Maiden Name,
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Isaac Ruth
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kunkle

Address, No 415 S Arlington Ave

Remarks,

1890 - 001226

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been omitted at a former return, the full names and occupation of its parents, and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, [illegible] between the first and third day of each and every month to the office of the Commissioner of Health, city or county, in which the birth shall occur without the alternative of thereafter. It shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20459.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 29. 1890.
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Laura Granger
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Not known
8. Full Name of Father, " "
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Lewis Eberle M.D.

Address, 622 N. Lombard St.

Remarks,

1890-001227

set forth as far as the same can be ascertained the full name of each child, if any shall have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth and said schedule shall be delivered, duly signed, by the attendant, or if there was no attendant, by the father or mother of such child, within five days after the birth, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person required, and each person so in attendance shall be liable to a penalty of ten dollars for each and every neglect to report its birth to the Commissioner of Health within the period above required, and any such person so in attendance who shall wilfully fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 5 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 29. 1890
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Ida Hand
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Not known
8. Full Name of Father, " "
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Livin Clough M.D.

Address, 622 N. Lombard St.

Remarks,

1890 00 1228

...as at the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in charge, to the proper officer of the Board of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the father or parents of such child to report its birth to the Commissioner of Health, in writing, in the manner and form as above required and in case no person whose duty it is to report as aforesaid shall report such birth within ten days after the same shall occur, he or she shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 70116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Mar 29 1837
4. Place of Birth (Street and Number),	Bolton St
5. Full Name of Mother,	Ella Rodgers
6. Mother's Maiden Name,	Magruder
7. Mother's Birthplace,	Washington
8. Full Name of Father,	John L. Rodgers
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Va
Name of Medical Attendant, or other person who makes this Return.	J H Wilson M.D.
Address,	1008 Mad Ave.
Remarks,	

1890 - 001229

...ore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 20462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex. (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March, 30 . 1890
4. Place of Birth, (Street and Number) 1151 Cross St
5. Full Name of Mother, Mrs Ida Bruckey
6. Mother's Maiden Name, Ida Gaynor
7. Mother's Birthplace, Fredericksburg City
8. Full Name of Father, Will H Bruckey
9. Father's Occupation, Car Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppleton St

Remarks,

1890 00 1230

Sec. 2. And be it further enacted, That it shall be the duty of the person or persons who shall have been employed in the case of any birth, to ascertain the full name of each child, if any shall have been born, and the full name, residence and occupation of its parents, the date and place of birth; and the said information shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. And should no other person be in attendance at the birth, it shall be the duty of the person or parents of such child to report the same, and the said information shall be delivered, duly signed by the person reporting, between the first and third day of each and every month to the office of the Commissioner of Health. And should no other person be in attendance at the birth, it shall be the duty of the person or parents of such child to report the same, and the said information shall be delivered, duly signed by the person reporting, between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births [illegible] Commissioner of month, and shall set forth as far as the same can be ascertained the full [illegible] care during the said schedule shall be delivered [illegible] birth shall have third day of each and every month to the office of the Commissioner of Health, [illegible] between the first and shall occur without the attendance of a physician or [illegible] midwifery, or should the birth of any child child to report its birth to the Commissioner of Health, [illegible] the person or parents of such any such person or persons who shall hereafter fail to comply with the [illegible] above required, and jected to the fine of ten [illegible] dollars for each offense, to be recovered, [illegible] and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 30 1940
4. *Place of Birth, (Street and Number)*	N° 514 S. Bond St
5. *Full Name of Mother,*	Katie Schaumann
6. *Mother's Maiden Name,*	Strobel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Schaumann
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Louise Shultz
Address,	N° 405 S Pleasant St
Remarks,	

1590-001231

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. [illegible] the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or [illegible] other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 30, '90

4. Place of Birth, (Street and Number) No 235 Collington Ave

5. Full Name of Mother, Augusta Braun

6. Mother's Maiden Name, Cobitz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Braun

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kiehl

Address, No 405 S. Washington St.

Remarks,

1890-001232

RETURN OF A BIRTH A 20465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 - 2 02

1. Sex, (state whether male or female) Females
2. Race or Color, (if not of the white race)
3. Date of Birth March 30th 1890
4. Place of Birth, (Street and Number) 1620 Granby Ave.
5. Full Name of Mother, Sophie Lutz
6. Mother's Maiden Name, Lauterbach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John L. Lutz
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L. Schultz

Address, No 528 N. Washington Ave.

Remarks, 890-001233

MAR 31 1890

shall be set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in order that a proper record of such birth may be made. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-14-55

RETURN OF A BIRTH A. 70465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 5 1890

1. Name of Child, Anna Fredericka Lerch
2. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
3. Sex, (state whether male or female) Female
4. Race or Color, (if not of the white race) White
5. Date of Birth, Sunday. March 30th 1890
6. Place of Birth, (Street and Number) No 1108. Washington ave
7. Full Name of Mother, Barbara Elizabeth.
8. Mother's Maiden Name, " " " Bach
9. Mother's Birthplace, Baltimore city. Md
10. Full Name of Father, Henry Lerch
11. Father's Occupation, Shipper at B. & O. Elevators Locusts point
12. Father's Birthplace, Frederick City, md.

Name of Medical Attendant, or other person who makes this return. Mrs. Sebach

Address, 735. W. Pratt St

Remarks,

1890-001234

Every person who shall neglect or refuse to make the return required by the foregoing section, within the time therein specified, shall forfeit and pay for each offence the sum of ten dollars, to be recovered, with costs of suit, before any justice of the peace of the city, on the complaint of the Commissioner of Health, and shall be liable to the same penalty for every month he shall neglect or refuse to make such return after the first conviction; and every person who shall refuse or neglect to report the birth of any child, as required by the foregoing section, within the time therein specified, shall forfeit and pay for each offence the sum of ten dollars, to be recovered, with costs of suit, before any justice of the peace of the city, on the complaint of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the time specified, it shall be the duty of the parents of such child to report its birth to the Commissioner of Health. If the mother of such child shall refuse or neglect to report the name of the father, as required by the foregoing section, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

GEO. J. O. CULAR & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar. 31st 1890. 11.50 p. m.
4. *Place of Birth, (Street and Number)*	"Maternite"
5. *Full Name of Mother,*	Minnie Pausch
6. *Mother's Maiden Name,*	Minnie Rindfleisch
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Pausch
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Samuel A. Allen, M.D.
Address,	Resident Physician Maternite.
Remarks,	

1890 - 001235

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex; color, the full names and residences of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 31
4. *Place of Birth (Street and Number),* 129 E West st
5. *Full Name of Mother,* Emma O Brien
6. *Mother's Maiden Name,* Emma Hall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick O Brien
9. *Father's Occupation,* Hackman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Benesh

Address, 516 Lee st.

Remarks,

1870 001236

Error, in sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly filled out and certified in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, shall report the particulars of such birth to the Commissioner of Health, as required by this section. The duty of the person above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible] as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 20468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* Ella [illegible]
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

1890-0001237

[illegible] J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* March 1 1900
4. *Place of Birth (Street and Number),* 908 Watson Court
5. *Full Name of Mother,* Jane Adams
6. *Mother's Maiden Name,* Greene
7. *Mother's Birthplace,* Prince Geo Co
8. *Full Name of Father,* Jame Adams
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* west Virginia

Name of Medical Attendant, or other person who makes this Return. Mary Ann Mercer

Address,

Remarks,

45 7 9 0 2 0 1 2 3 6

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A. 20470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2.
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White Colored
3. *Date of Birth*,	March 1890
4. *Place of Birth*, (*Street and Number*)	619 Spring St.
5. *Full Name of Mother*,	E. Johnson.
6. *Mother's Maiden Name*,	E. Pierce
7. *Mother's Birthplace*,	Balto.
8. *Full Name of Father*,	E. Johnson
9. *Father's Occupation*,	Laborer.
10. *Father's Birthplace*,	Balto.
Name of Medical Attendant, or other person who makes this Return.	W. A. Batt.
Address,	1245 E. Monument St. cor. Central Ave.
Remarks,	See Well

1890 - 001239

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 1st 1890.
4. Place of Birth, (Street and Number) 1758 East St.
5. Full Name of Mother, C. Mary E. Davis
6. Mother's Maiden Name, Baltimore.
7. Mother's Birthplace, D. Lynn
8. Full Name of Father, Edward
9. Father's Occupation, Baltimore
10. Father's Birthplace, W. A. Bell

Name of Medical Attendant, or other person who makes this Return.

Address, 1245 E. Monument N. cor. Central Ave.

Remarks, Ist Mea

1890-001240

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 15

1. Sex, (*state whether male or female*) Male
2. Race or Color, (*if not of the white race*) Colored
3. Date of Birth, March 2, 1890.
4. Place of Birth, (*Street and Number*) #1305 McElderry
5. Full Name of Mother, [illegible] Smith
6. Mother's Maiden Name, [illegible] Spence
7. Mother's Birthplace, Balto.
8. Full Name of Father, H. Smith
9. Father's Occupation, Laborer.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, H. A. Butt

Address, 1245 E. Monument St. cor. Central Ave.

Remarks, See Mee.

1890-001241

APR 9 1890

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 2, 1890.
4. *Place of Birth, (Street and Number)*	1943 Washington St.
5. *Full Name of Mother,*	M. Miller
6. *Mother's Maiden Name,*	M. Wolfstiller
7. *Mother's Birthplace,*	Baltimore County.
8. *Full Name of Father,*	J. Miller.
9. *Father's Occupation,*	Bar-keeper
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	M. A. Bratt.
Address,	12 U S Government h c n Central Ave
Remarks,	Ill Well

APR 9 1890

1890 - 001242

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Within Ten Days from the birth of any child in this city (a register of) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter, it shall become the duty of such person to report such birth to the Commissioner of Health, in the manner and within the period above required, said any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 2042

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 4th.
4. *Place of Birth, (Street and Number)*	614 St Lawrence
5. *Full Name of Father*	Chas W. Walsh
6. *Mother's Maiden Name,*	Nellie J. Wills
7. *Mother's Birthplace,*	Fredrick City
8. *Full Name of Mother*	Nellie J. Walsh
9. *Father's Occupation,*	Butler
10. *Father's Birthplace*	Va
Name of Medical Attendant, or other Person who makes this Return	W. F. Bill M.D.
Address,	1001 Ed ave
Remarks,	

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

A. CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 10475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 4, 1890
4. *Place of Birth, (Street and Number)*	1128 Preston St.
5. *Full Name of Mother,*	C. Kotch
6. *Mother's Maiden Name,*	C. Fechel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	C. Kotch
9. *Father's Occupation,*	Tanner.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	W. A. Bond
Address,	1211 E. Monument & cor. Central Ave.
Remarks,	All Well

1890 001244

BALTIMORE

SUN. J. C. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 4, 1890
4. Place of Birth, (Street and Number)	1245 E. Monument St. cor. Eutaw Ave.
5. Full Name of Mother,	L. Dietsch.
6. Mother's Maiden Name,	L. Bartt.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	W. H. Dietsch.
9. Father's Occupation,	Cigar-Dealer.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	W. A. Burtt.
Address,	1245 E. Monument St. cor. Central Ave.
Remarks,	All Well

1890 - 001245

...been conferred) its sex, color, the full name and occupation of its father, the date of such child's birth, and the place (if in a house, the number of such house) where such child was born; and the said schedule shall be delivered, duly signed, by the person in attendance to the parent or parents of such child, or other person having charge of such child, within thirty days after the birth of such child; and in case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child shall within the period above required, and in like manner, report the birth to the Commissioner of Health; and any physician or midwife who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence; and any such person who shall refuse to give the information required by this section shall be subject to a fine of not less than five (5) dollars nor more than twenty (20) dollars for each offence. All fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20477.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1st
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth.*	Nov. 4th
4. *Place of Birth.* (*Street and Number*)	1804 Wt Lanvaldin St
5. *Full Name of Mother*	Lizzie Swingley
6. *Mother's Maiden Name.*	[illegible] Berkeley
7. *Mother's Birthplace.*	Ohio
8. *Full Name of Father.*	J. A. Swingley
9. *Father's Occupation,*	Book keeper
10. *Father's Birthplace.*	Hagerstown Md.
Name of Medical Attendant, or other Person who makes this Return	W. Hill M.D.
Address.	1001 Edmondson
Remarks.	

90-00121 6

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 5 March

4. Place of Birth, (Street and Number) 1207 Dallas St

5. Full Name of Mother, Bertha ~~Hilber~~ Scheper

6. Mother's Maiden Name, = Hilber

7. Mother's Birthplace, Lohne Oldenburg

8. Full Name of Father, Henry Scheper

9. Father's Occupation, Cigarmaker

10. Father's Birthplace, Lohne Oldenburg

Name of Medical Attendant, or other person who makes this Return. Anna Walther

Address, 928 Cath Ave.

Remarks, 1590-001247

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by the undertaker to the person giving information of the birth, and the third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur upon the premises where there is no undertaker or undertaking establishment, then the said notice shall be given by the physician or midwife, or if there be no physician or midwife present at the birth, then by the nearest relative or householder, within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, March 6th 1890
4. Place of Birth, (Street and Number) Calvert & Centre Sts
5. Full Name of Mother, Catherine A. Brown
6. Mother's Maiden Name, " " Murray
7. Mother's Birthplace, Ireland
8. Full Name of Father, Dan'l L. Brown
9. Father's Occupation, Cigar & liquor dealer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Dr. Reynolds M.D.

Address, 11 N. Calvert St

Remarks,

1890 - 001248

APR 1890

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or should no other person be required by this section to attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. All the penalties and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each such failure, to be recovered in the manner and forfeitures are recoverable.

A. D. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth.

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White.
3. Date of Birth, March 9th 1890
4. Place of Birth, (Street and Number) # 249 W. Buck st.
5. Full Name of Mother, Ida F. Hogue
6. Mother's Maiden Name, Ida F. Kollicen
7. Mother's Birthplace, Kinkonly Maryland
8. Full Name of Father, John Henry Meyer
9. Father's Occupation, Seaman.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, D. Lantz.

Address, # 230. N. Chester st.

Remarks, Natural Living

1890-001249

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and third day of each and every month of the delivery of the child, to the Registrar of the district in which the child shall have been born, and in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Health, in the manner and within the period above required; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1st
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	Nov. 9th
4. *Place of Birth,* (*Street and Number*)	863. Franklin St
5. *Full Name of Mother,*	Mrs Emma V. ~~Waite~~
6. *Mother's Maiden Name,*	" " Arling
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Richard P. Waite
9. *Father's Occupation,*	Steel iron worker
10. *Father's Birthplace.*	City
Name of Medical Attendant, or other Person who makes this Return	W. F. Hill M.D.
Address,	1001 Edmondson
Remarks,	

6 9 0 - 0 0 1 2 5 0

A. CO. CITY PRINTERS AND STATIONERS

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH A. 20482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 15th/90
4. *Place of Birth, (Street and Number)*	230 Parkin St.
5. *Full Name of Mother,*	Florence Virginia Stehle.
6. *Mother's Maiden Name,*	" " " Smith.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Henry Stehle
9. *Father's Occupation,*	Furniture Finisher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mid Wife
Address,	
Remarks,	

1890-001251

Every person in charge of any case of birth is hereby required to report the same to the office of the Commissioner of Health, in the form and manner prescribed by law, within three days after the occurrence of such birth, and every physician or practitioner of midwifery, and every person in charge of any case of birth, who shall neglect to report such birth within the time aforesaid, shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 15 th 1890

4. Place of Birth, (Street and Number) # 7 N. Pappelton.

5. Full Name of Mother, Theana Eglehardt.

6. Mother's Maiden Name, " " Luttman.

7. Mother's Birthplace, Hanover

8. Full Name of Father, William Eglehardt

9. Father's Occupation, Paperhanger

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Lindner

Address, # 106 S. Monroe St.

Remarks,

1890 - 001252

third day of each and every month to the office of the Commissioner of Health. The case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, within ten days after the birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether mate or femate),	Female
2. Race or Cotor (if not of the white race),	White
3. Date of Birth,	March 15 th 1890
4. Ptace of Birth (Street and Number),	1733 Penna ave
5. Futt Name of Mother,	Jennie Cecelia Diggs
6. Mother's Maiden Name,	Jennie Cecelia Hilford
7. Mother's Birthptace,	Europe
8. Futt Name of Father,	Edward Jackson Diggs
9. Father's Occupation,	Bookkeeper
10. Father's Birthptace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm Sadler
Address,	602 Gold Street
Remarks,	1890-001253

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 20483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 March
4. Place of Birth, (Street and Number) 1415 Broadway
5. Full Name of Mother, Sophie Greves
6. Mother's Maiden Name, Greebe
7. Mother's Birthplace, Balt.
8. Full Name of Father, David Greves
9. Father's Occupation, —
10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 Central Ave.

Remarks,

1890 - 001254

Every Physician, Midwife or other person who shall hereafter attend upon the mother during the birth of any child, shall cause the true name and occupation of its parents, the date and place of birth; and the said information shall be delivered to the Registrar of Vital Statistics, at the office of the Board of Health, within the first day of each and every month, upon the printed blanks to be furnished by the Registrar for that purpose; and if any child shall occur without the attendance of a physician or practitioner of midwifery, or should the midwife or other person who shall attend above upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, if over the age of twenty-one years, and capable of giving the information required, to report the same to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

Name, Matilde Strathmann

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7. 1890
4. Place of Birth, (Street and Number) 1921 Point Lane
5. Full Name of Mother, K. Strathmann
6. Mother's Maiden Name, Katherine Pilgrim (K. Balcome)
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Strathmann (W. Strathmann)
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany Balto

Name of Medical Attendant, or other person who makes this Return. M. J. Bell

Address, 1245 E. Monument Stores Central Ave.

Remarks, All Well

1890-001255

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the return of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CHECK NAME ADDED 2-3-55

RETURN OF A BIRTH A 20487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sarah Goldberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th May 1890
4. Place of Birth, (Street and Number) 28 Hanover
5. Full Name of Mother, Lena Goldberg
6. Mother's Maiden Name, Lena Rudolf
7. Mother's Birthplace, Russia
8. Full Name of Father, Philip Goldberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Silverman

Address, 113 Hanover St.

Remarks,

APR 7 1890

1890 001256

been conferred) its sex, color, the full name and occupation of its parents, the date of such child, and any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur while the mother is under the charge of a physician or practitioner other than the attendant upon the mother, immediately after the birth, and the name and residence of such attendant, such physician or practitioner shall have power to report the birth of such child to report its birth to the Commissioner of Health, and the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* White female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th March 1870
4. *Place of Birth, (Street and Number)* 11 S McElderry St.
5. *Full Name of Mother,* Mary Dougherty
6. *Mother's Maiden Name,* Mary Conner
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Samuel Dougherty
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. E. Donnelly

Address, 103 Aisquith St

Remarks,

1890-001257

been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the parents, or one of them, within the first and third day of each and every month to the office of the Commissioner of Health. In case of the birth of any child attendance upon the mother, or if there be no other person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 10459

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born. Its or their physical condition, whether still-born or not, its full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 15th
4. Place of Birth, (Street and Number) 764 George St.
5. Full Name of Mother. Mrs. Emma V. Allen
6. Mother's Maiden Name. " " Gisbrick
7. Mother's Birthplace. City
8. Full Name of Father, Robt F Allen
9. Father's Occupation, Builder
10. Father's Birthplace. City

Name of Medical Attendant, or other Person who makes this Return Dr F Hill Nat.

Address, 1001 Edmondson Ave

Remarks,

690-001258

S CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 9 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20 1890.
4. Place of Birth, (Street and Number) 206 Castle St.
5. Full Name of Mother, M. Kohlmeyer
6. Mother's Maiden Name, M. Schmidt
7. Mother's Birthplace, Germany
8. Full Name of Father, R. Kohlmeyer
9. Father's Occupation, Engraver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. M. A. Pratt

Address, 1345 E Monument St. cor. Central Ave.

Remarks, Dec Well

1890 - 001259

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the person in charge of the house in which the birth occurred, if any, and if not, to the nearest relative or attendant present at the birth, within ten days after the birth occurred; and within the first ten days of each month thereafter all births occurring during the preceding month, of which no certificate has been delivered as aforesaid, shall be reported to the Commissioner of Health, by the person in charge of the house in which the birth occurred, if any, and if not, by the nearest relative or attendant present at the birth. In case the birth of any child occurred upon the mother, immediately after admission to a hospital, or other institution, no other person be required to report its birth than the superintendent or other officer in charge of such hospital or institution. If any person required by this section to report the birth of a child shall neglect or refuse to do so, he shall be subject to the penalties provided by section 4 of this ordinance. Penalties imposed by this section shall be sued for and recovered as other fines, and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White
3. Date of Birth, March 20th 1870.
4. Place of Birth, (Street and Number) 1932 Orleans St
5. Full Name of Mother, Sophia L. Rummel.
6. Mother's Maiden Name. Sophia L. Walter
7. Mother's Birthplace, Baltimore Maryland.
8. Full Name of Father, Henry E. Rummel.
9. Father's Occupation, Hardware Salesman
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return Dr John Lane

Address, 233 N. Chester St.

Remarks, Norm deliv.

1890-001260

and schedule shall be delivered, duly signed by the practitioner or the form of a certificate, between the first and tenth days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should the child die before such attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. O. LULAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female Child
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd March 1890
4. Place of Birth, (Street and Number) 711 E. Lombard
5. Full Name of Mother, Mollie Frame
6. Mother's Maiden Name, Mollie Dougherty
7. Mother's Birthplace, Ireland
8. Full Name of Father, Peter Frame
9. Father's Occupation, Longshoreman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. E. Wehrmann

Address, Alameda Ave 103

Remarks,

APR 7 1890

1890 - 001261

...ons conferred. In sex, color, the full name and residence of its parents, the date and number of any such live ...ch schedule shall be delivered, duly signed by the practitioner in the form of a certificate of birth; and the ...ll cause such certificate to be delivered to the office of the Commissioner of Health. In case the birth of such ...shall occur without the attendance of any practitioner of midwifery, or should no other person be in ...ttendance upon the mother, immediately thereafter a practitioner of midwifery, or the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st	
1. Sex, (state whether male or female)	girl	
2. Race or Color, (if not of the white race)		
3. Date of Birth,	22	March
4. Place of Birth, (Street and Number)	715	Hetkin St.
5. Full Name of Mother,	Thama	Gerhart
6. Mother's Maiden Name,	=	
7. Mother's Birthplace,	Ireland.	
8. Full Name of Father,	Charles	Gerhart
9. Father's Occupation,	=	
10. Father's Birthplace,	Balt.	city
Name of Medical Attendant, or other person who makes this Return.		Emma Walker
Address,	928	Cat St.
Remarks,		

1890 - 001262

APR 8 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20494

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3d)
1. *Sex,* (state whether male or female)	Male
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	March 23d, 1890
4. *Place of Birth,* (Street and Number)	217 Madison Avenue
5. *Full Name of Mother,*	Sarah Elizabeth Luntz Miller.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	John Luntz
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return	Louis M. Knight
Address,	414 N. Eutaw
Remarks,	

1890 - 001263

JOHN B. PIET, PRINTER & STATIONER, BALT.

GIVEN NAME ADDED 6-11-56

RETURN OF A BIRTH A 20495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Abraham Marcus Caplan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th March 1890
4. *Place of Birth, (Street and Number)* 1[illegible] Lombard St.
5. *Full Name of Mother,* Rose Caplan
6. *Mother's Maiden Name,* Rose Rash
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

1890-001264

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of child, if any given; and the officer shall register the same in the form of a certificate between the first and third days of each month next following the birth, and report the same to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or other person required to report the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in attendance as herein provided, to report the same in writing to the Commissioner of Health, in the manner and within the period above required, and any such person who shall refuse or neglect to make such report, shall, for each offense, forfeit and pay a penalty not exceeding jeetet to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) First

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) —

3. *Date of Birth*, March 24th 1890

4. *Place of Birth*, (*Street and Number*) 1718 W. Pratt st

5. *Full Name of Mother*, Magelena E. Human

6. *Mother's Maiden Name*, Gross

7. *Mother's Birthplace*, Baltimore Md.

8. *Full Name of Father*, Bernard J. Human

9. *Father's Occupation*, Carpenter

10. *Father's Birthplace*, Hanover Prussia

Name of Medical Attendant, or other person who makes this Return, [illegible] Linder

Address, #1068 Monroe St.

Remarks,

1890 - 001265

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.)	7th
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	Colored
3. *Date of Birth.*	March 25. 1890
4. *Place of Birth.* (*Street and Number*)	848 N. Eutaw St
5. *Full Name of Mother.*	Mary Webb
6. *Mother's Maiden Name.*	Mary Roberts
7. *Mother's Birthplace.*	Talbot Co. Md
8. *Full Name of Father.*	J. E. G. Webb
9. *Father's Occupation.*	Secretary Md. Mutual Benefit Society
10. *Father's Birthplace.*	Caroline Co. Md
Name of Medical Attendant, or other Person who makes this Return	M. Warfield. M.D.
Address.	915 N Howard
Remarks,	

1890 - 001266

any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the parent, guardian, or other person having charge of such child, within ten days after the birth of any child shall occur without the attendance of a physician, or of a midwife, it shall then become the duty of the parent, guardian, or other person having charge of such child, to report the birth to the Board of Health, in the manner, and with the particulars required in the case of births attended by physicians or midwives, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Col
3. Date of Birth, March 26 th 1870
4. Place of Birth, (Street and Number) No 112 Winter st
5. Full Name of Mother. Annie Wallace Keys
6. Mother's Maiden Name, Annie Wallace
7. Mother's Birthplace. Balto
8. Full Name of Father. William Keys
9. Father's Occupation, Brick yard
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Caroline Moore

Address, No 49 W. West st

Remarks,

1690-001267

J. C. POLANY & CO. CITY PRINTERS AND STATIONERS

Each child born alive must be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and the physician, midwife or other person in attendance upon the mother immediately thereafter is hereby required to report the birth of such child to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and the physician, midwife or other person in attendance upon the mother immediately thereafter if shall become the duty of the person in whose house or on whose premises such child was born to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person who shall neglect or refuse to make such report as herein required, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 26 th 1890
4. Place of Birth, (Street and Number)	1408 Baltimore av.
5. Full Name of Mother,	Margareth Baumiller
6. Mother's Maiden Name,	Hart
7. Mother's Birthplace,	America
8. Full Name of Father,	John Baumiller
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Schwassur midwife
Address,	1032 Hanover st.
Remarks,	

1890 - 001268

...ceived conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health, in case there is a live birth; and in case of a still-born child, within the same time, if the case is attended by a physician or practitioner of midwifery; or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 27th
4. *Place of Birth, (Street and Number)*	11 E. Randle st
5. *Full Name of Mother,*	Lizzie Hiss
6. *Mother's Maiden Name,*	" Harlow
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Chas. F. Hiss
9. *Father's Occupation,*	Balto.
10. *Father's Birthplace,*	Book-keeper
Name of Medical Attendant, or other person who makes this Return,	L. L. Gradenthine
Address,	118 S. Paca st.
Remarks,	

1890 - 001269

Note.—It shall be the duty of the parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. CRAMER & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 March
4. Place of Birth, (Street and Number) 1037 Lemmeal st.
5. Full Name of Mother, Anne Mary Goldmann
6. Mother's Maiden Name, Koenig
7. Mother's Birthplace, Balt.
8. Full Name of Father, George H. Goldmann
9. Father's Occupation,
10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 Cath. Ave.

Remarks,

1890 - 001270

said scholar shall be delivered, duly signed by the principal or in the form of a certificate to be given by the principal or teacher, within the first three days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is under the necessity of making the return required by this section, the parent or parents of such child shall be required to report its birth to the Commissioner of Health, in the manner and within the period above mentioned; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* March 28 1890
5. *Place of Birth, (Street and Number)* 308 S. Washington
6. *Full Name of Mother,* Annie M. Schroeder
7. *Mother's Maiden Name,* "
8. *Mother's Birthplace,* Baltimore Md
9. *Full Name of Father,* John F. Schroeder
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. [illegible] M.D.

Address, 111 S. Eutaw

Remarks,

1890 - 00271

...said child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the said Commissioner of Health. In case the birth shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child are unable to procure the same within the period above required, and shall immediately thereafter, it shall become the duty of the person in charge of the case within twenty-four hours after the birth to report the same to the Commissioner of Health, in order that the provisions of this section may be complied with. And any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE MD

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

20005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 25th
4. *Place of Birth, (Street and Number)* 19 Pulaski Street Baltimore
5. *Full Name of Mother,* Elizabeth Seidel
6. *Mother's Maiden Name,* Elizabeth Morrison
7. *Mother's Birthplace,* Pittsburgh
8. *Full Name of Father,* Henry J. Seidel
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* Bucks County, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Jno. J. Lindner

Address, 106 S. Monroe St

Remarks,

1890 - 001272

Remarks.—In case the child is a twin, triplet, &c., that fact must be stated. The full name and occupation of the parents, and the true place of birth, must be given in the said schedule, and the third day of each and every month to the office of the Commissioner of Health. If such child be first born of twins, triplets, &c., the first and shall be delivered, duly signed by the physician or midwife in attendance, or if there be no such person, then by the father or mother of such child, within ten days after the birth occur without the attendance of a physician or midwife, or should no other person be duly authorized, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-25-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Arthur Lang

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 20, 1890

4. Place of Birth, (Street and Number) 707 N Eden St.

5. Full Name of Mother, E. V. Lang

6. Mother's Maiden Name, E. Boyd

7. Mother's Birthplace, Balto

8. Full Name of Father, C. Lang

9. Father's Occupation, Cabinet worker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. M. J. Burt

Address, 1245 E. Monument St. Cor. Central Ave

Remarks, All Well

1890-001273

and correctness of its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or, if no physician or person be in attendance upon the mother at the birth of a child, then the said certificate shall be made by the mother, and shall occur without the attendance of a physician or midwife, then the said certificate shall be made by the father of such child, or, in the absence of the father, by the householder or owner of the premises where such birth shall occur. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to conviction thereof in the criminal courts of Baltimore City, and shall be subject to a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30th 1890
4. Place of Birth, (Street and Number) 1404 Leyton St
5. Full Name of Mother, Mary E Rogers
6. Mother's Maiden Name, Mary E Upton
7. Mother's Birthplace, Ft Hoo Md
8. Full Name of Father, Wm B Rogers
9. Father's Occupation, Car Driver
10. Father's Birthplace, Ft Hoo Md

Name of Medical Attendant, or other person who makes this Return, Thurlo Cooke

Address, 914 N Charles St

Remarks,

1890 - 001274

* been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother during her confinement, it shall become the duty of such person to report such birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 2056

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth.*	March 30th 1890
4. *Place of Birth, (Street and Number)*	928 Little Pine
5. *Full Name of Mother,*	Mary Stewart
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	St Marys Co. Md
8. *Full Name of Father,*	Joseph Stewart
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Beaufort. S.C
Name of Medical Attendant, or other Person who makes this Return	A. Warfield. M.D
Address,	719 N Howard St
Remarks,	1890-001275

. . . . . CITY PRINTERS AND STATIONERS.

any name, shall have been conferred; the sex, color, the fifth name and accession of its parents, the day and place of birth, and the full name and residence of the physician, midwife or other person who shall be present at the birth, in the form of a certificate, between the first and third day of each and every month, to the person or persons who shall be present at the birth of any child, or to the nearest relative of the mother, immediately thereafter, it shall then become the duty of the said parent or parents, or relative of the mother, to report the birth to the Board of Health, in the manner and within the period required, except in the case of the still births of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH, A. 20507

the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

d of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

whether male or female) Female

Color, (if not of the white race) Colored

Birth Monday March 31st 1902 one o'clock p.m.

Birth, (Street and Number) 204 N. Eutaw St

ne of Mother Annie Bolden

Maiden Name Annie Gaines

Birthplace Bethel St Baltimore Md

ne of Father Samuel Bolden

Occupation Laborer

Birthplace Bethel St Baltimore Md

Medical Attendant, or other Person who makes this Return. Miss Campbell No 1401 Eutaw alley

1st Child Mother child doing well

1690-001276

RETURN OF A BIRTH A 70608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 31/90
4. Place of Birth (Street and Number),	518 N. Collington av.
5. Full Name of Mother,	Mary E. Bullock
6. Mother's Maiden Name,	" " Coleman
7. Mother's Birthplace,	Balt.
8. Full Name of Father,	Edwin Bullock
9. Father's Occupation,	Policeman
10. Father's Birthplace,	Balt.
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M.D
Address,	129 S Broadway
Remarks,	

1890 - 001277

...ation, and occupation of its parents, the date and place of birth, and the said information shall be entered on a record to be kept for that purpose by the Commissioner of Health. It shall be the duty of each and every midwife, physician or other person having charge of any case of birth, within ten days after the occurrence of a stillbirth or premature birth, to report the birth to the Commissioner of Health. In case the birth of any child shall occur without attendance, immediately thereafter it shall become the duty of the mother, or other person in the room at the time of the occurrence, to report the birth to the Commissioner of Health, in the manner and within the period above required. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ation Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A. 20 509.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 31 March
4. Place of Birth, (Street and Number) 1023 Lemmon St.
5. Full Name of Mother, Catherine Stadler Gruber
6. Mother's Maiden Name, Stadler
7. Mother's Birthplace, Munchen Baiern
8. Full Name of Father, Louis Gruber
9. Father's Occupation, Taylor
10. Father's Birthplace, Aschau Oedreisch

Name of Medical Attendant, or other person who makes this Return, Annie Walker

Address, 928 Cent Ave.

Remarks, 1890-00-1278

HEALTH DEPARTMENT BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SEC. 3. And be it further enacted, That every birth shall be registered, and a certificate thereof shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or if such child be born elsewhere than in the house occupied as a residence by the person or parents of such child, it shall be the duty of the person in attendance upon the mother, immediately after the birth, or of the parent of such child, to report the same to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born March 31st 1890
4. Place of Birth, (Street and Number)	#20 Lexington Str
5. Full Name of Mother,	Mrs Mary Eckert
6. Mother's Maiden Name.	Miss " Muller
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mr Henry Eckert
9. Father's Occupation,	Drover
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Patt St
Remarks,	

1890 - 001279

RECEIVED MAY 5 1890 REGISTRAR'S OFFICE BALTIMORE

...ician collected. Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered. duty signed by the practitioner in the form of a certificate between the first and third days of each and every month to the Board of Health, or practitioner of midwifery, or should no other person be in attendance, upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

GEO. J. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 2057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, March 31
4. Place of Birth, (Street and Number) 901 Donellas Colt
5. Full Name of Mother, ~~Rosa~~ Rosie Hanes
6. Mother's Maiden Name, Rosie Gillard
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Hanes
9. Father's Occupation, labor
10. Father's Birthplace, ~~Baltimore Md~~ Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Sayle

Address, 711 Sterling St

Remarks,

1890-001280

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...sect concerned, its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the printed forms issued by the Commissioner of Health; and the said midwife shall be deemed guilty of a misdemeanor if she shall neglect to make such certificate between the first and third day of each and every month, or to report the attendance of a physician upon the case, if such attendance is known to her. Immediately thereafter, or if there be no midwife in attendance, the physician or other person in attendance upon the mother, or in the absence of such physician or other person, the parent of such child, shall report its birth to the Commissioner of Health, and shall be deemed guilty of a misdemeanor if he shall neglect to do so within the period limited for the midwife. Any midwife or other person who shall neglect to report as required by this section shall be subjected to the fine or ten (10) dollars for each offence, to be recovered as other penalties and forfeitures are recoverable.

GIVEN NAME ADDED 1-15-51

RETURN OF A BIRTH A. 20572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Gordon Pretyman White

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 31
4. *Place of Birth, (Street and Number)* 2102 E orleans st
5. *Full Name of Mother,* Julia W hite
6. *Mother's Maiden Name,* ford
7. *Mother's Birthplace,* Samersett co Md
8. *Full Name of Father,* Joseph W hite
9. *Father's Occupation,* Water man
10. *Father's Birthplace,* Samersett co Md

Name of Medical Attendant, or other person who makes this Return, M. A. Davenport

Address, 225 S Ann St Balt city

Remarks, Mother and Babe Do far doing

1890-0012811 Will

... sex, color, the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 2057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 31st 1890
4. *Place of Birth, (Street and Number)* Howard st
5. *Full Name of Mother,* Sallie Brady
6. *Mother's Maiden Name,* Sallie Brunninger
7. *Mother's Birthplace,* Hagerstown Md
8. *Full Name of Father,* Chas D. Brady
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. William Lee

Address, 104½ N. Eutaw st

Remarks,

1890-001282

parents, the date and place of birth, and his said schedule shall be delivered, duly signed, to the undertaker or other person having charge of the burial of such child, who shall deliver the same to the Registrar of Health. In case the birth of any child upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child, to report his birth to the Commissioner of Health, in the manner and within the period above prescribed, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the like penalty for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20514.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 9 - 90.
4. Place of Birth, (Street and Number) 719 Colvin Place.
5. Full Name of Mother, Ella M. Kelly.
6. Mother's Maiden Name, Ella M. Kelly
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John James Kelly.
9. Father's Occupation, Brakesman on said road.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return. W B Kemp MD

Address, 621 E. C Lee St.

Remarks, 1890-001283

said schedule shall be delivered, duly signed by the Medical Attendant, or other person who makes this Return, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person with whom such child does reside to report its birth to the Commissioner of Health, as above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DULANY & CO. CITY PRINTERS AND STATIONERS

Triplet Mary.

RETURN OF A BIRTH A 20573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, March 14th 15.50 P. M. 1890
4. Place of Birth, (Street and Number) 109 E. Stockton St.
5. Full Name of Mother, Maggie Freeland
6. Mother's Maiden Name, Bonds
7. Mother's Birthplace, Anne Arundel Co, Md.
8. Full Name of Father, William Freeland
9. Father's Occupation, Oyster Packer
10. Father's Birthplace, Anne Arundel Co, Md.

Name of Medical Attendant, or other person who makes this Return. Jos. E. Wunder, M.D.

Address, 1303 Hollins St.

Remarks, Born with full set of Primary Teeth 1890 Oct 15 78 Cartilaginous, and 26 Pelg. 1/4 Prevalent

All concerned, as sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the physician or midwife who shall be present at the birth, or if there be neither present, then the father or mother of such child shall be required, duly signed by the practitioner in the form of a certificate between the first and fifth days after the birth occurs, to report the same to the Registrar of Vital Statistics, in case the birth of any child shall occur without the attendance of a physician or practitioner of said Health, or in case the birth of any child attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons in charge of the house in which such birth occurs, within the period above required, and child report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. BALMAY & CO., CITY PRINTERS AND STATIONERS

Triplex 3 Georgia

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, March 15th, 2.45 A.M., 1890,
4. Place of Birth, (Street and Number) 109 S. Stockton St.,
5. Full Name of Mother, Maggie Freeland,
6. Mother's Maiden Name, Bond,
7. Mother's Birthplace, Anne Arundel Co., Md.,
8. Full Name of Father, William Freeland -
9. Father's Occupation, Coachman
10. Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return. Jas. E. Wunder, M.D.

Address, 303 Hollins St.,

Remarks, Born with full set Primary, Teeth Cartilaginous

Born in Hospital. Circumcision. Ward

1890 001285

Such concerns as sex, color, the full name and occupation of its parents, the date and place of birth, and the birth of twins, or triplets, as the case may be, shall be delivered, duly signed by the practitioner in the form of a certificate between the 24th and the third day after birth, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the parent or parents of such child, or the nurse in attendance upon the mother, immediately thereafter it shall become such duty, or should no other person be in attendance upon the mother, immediately thereafter it shall become such duty, or should no other person be in any house or place where a birth occurs, it shall become the duty of the person occupying such house or place to report its birth to the Commissioner of Health, in the manner and within the period above specified. Any person neglecting or refusing to perform the duty required of him by this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

APR 1 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Triplet 2 Male

RETURN OF A BIRTH A 20571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, March 15th, 12:10 A.M., 1890
4. Place of Birth, (Street and Number) 109 S. Stockton St.
5. Full Name of Mother, Maggie Freeland
6. Mother's Maiden Name, " Bonds
7. Mother's Birthplace, Anne Arundel Co., Md.
8. Full Name of Father William Freeland
9. Father's Occupation, Oyster Shucker
10. Father's Birthplace, Anne Arundel Co., Md.

Name of Medical Attendant, or other person who makes this Return, Dr. C. Wunder, M.D.

Address, 1203 Pulling St.

Remarks, Born with full set Primary Teeth certificate Born in 1892 (Triplets) Colored

1890-001286

and Colored"; this sex, color, the full name and occupation of its parents, the date and place of birth, and the name, if any, given to the child at the time of birth, or subsequently, and the address of the house in which the birth occurred, and the date when the return is delivered, duly signed by the practitioner in the form of a certificate between the 1st and 3d day of each month for the preceding calendar month. In case the birth of any child shall occur without the attendance of a physician or midwife, the householder, or whoever shall have charge of the house in which the birth occurs, or the parent of such child, shall report the birth to the Commissioner of Health, in the manner and within the period above specified, and in case any such person shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* male
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* March 21. 1890.
5. *Place of Birth, (Street and Number)* 37 Front st
6. *Full Name of Mother,* Sarah Kirschner
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Europe
9. *Full Name of Father,* Joseph Kirschner
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 172 E. Exeter st

Remarks,

1890-001287

Said objects shall be set out in the full name and occupation of its parents, the date and place of birth; and the surname of each child delivered, duly signed by the practitioner in the form of a certificate between the first and thirtieth day of each and every month. And every practitioner of midwifery, or other person who shall cause the birth of any child to occur without the attendance of a physician or practitioner of midwifery, or who shall omit to cause such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, respectively, forthwith to report the said birth to the Commissioner of Health, in the manner and within the period above required, and upon such person's refusal or neglect to do so, such person or parents, respectively, shall be liable to the penalty prescribed in this section. Shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE MD 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 22. 1890.
4. Place of Birth, (Street and Number) 1827. Brook st
5. Full Name of Mother, Nellie Mc Kenne
6. Mother's Maiden Name,
7. Mother's Birthplace, Hanford County
8. Full Name of Father, Charles Street
9. Father's Occupation,
10. Father's Birthplace, Hanford County

Name of Medical Attendant, or other person who makes this Return. Mrs Caroline Bernstein

Address, 122 S. Exeter st

Remarks,

1890 - 001288

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE CITY HEALTH DEPARTMENT
BALTIMORE MD
1890

Not of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd March 1890
4. Place of Birth, (Street and Number) 0 Belair Ave 15
5. Full Name of Mother, Katie Doyle
6. Mother's Maiden Name, Katie Lambert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Doyle
9. Father's Occupation, Boss Stevedore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Medical Board

Address, 1600 E Baltimore St

Remarks,

1690-001289

said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Registrar of the district in which the birth occurred, on the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

No 20520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
7. Sex, (state whether male or female) Male
8. Race or Color, (if not of the white race) Colored
9. Date of Birth, March 23th 1890
10. Place of Birth, (Street and Number) 871. Boyd St.
11. Full Name of Mother, Ella Ballard.
12. Mother's Maiden Name, Ella Gomish.
13. Mother's Birthplace, Northumberland Co. Va.
14. Full Name of Father, John T. Ballard.
15. Father's Occupation, Barber
16. Father's Birthplace, Portsmouth Virginia
17. Name of Medical Attendant, or other person who makes this Return. Dr C. Mitchell
18. Address, 1. Green St. & 7 in Cannish ave Boyd St.
19. Remarks, None.

1890 - 001290

RECEIVED APR 1 1890 REGISTRAR OF VITAL STATISTICS BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in charge, or certified to be correct by the father, mother or nurse, within the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth as herein required. Every midwife, nurse or other person who shall have charge of and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20521.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

... sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT. APR 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 23. 1890.
4. Place of Birth, (Street and Number) 22 S. Exeter st.
5. Full Name of Mother, Sara Peneman
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Moses Peneman
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter st.

Remarks,

1890001291

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 26, 1890.
4. Place of Birth, (Street and Number) 912 Watson st
5. Full Name of Mother, Auguste Cook
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred. Cook
9. Father's Occupation, Barber
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Caecilie Bernstein

Address, 122 S. Exeter st

Remarks,

1890 - 001292

said schedule shall be delivered, duly signed by the attending physician or midwife, or by the father or mother of such child, or in case the birth occurs in a hospital, institution or boarding house, by the person in charge thereof, to the office of the Commissioner of Health, within the first and third days of each and every month; and in case the birth of any child occurs without the attendance of a physician or midwife, or in case the parents of such child fail to report its birth to the Commissioner of Health, it shall become the duty of the person or persons in whose house or tenement such birth occurs, and who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) 1 Male & 1 Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27th
4. Place of Birth, (Street and Number) First Tollgate Frederick Ave. No. [illegible]
5. Full Name of Mother, Francis Yinger Rodenberger
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Lorraine
8. Full Name of Father, John Yinger
9. Father's Occupation, Laborman
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Annie Lindau

Address, [illegible]

Remarks, 1890-001293

said schedule shall be delivered, duly signed by the person required to report the date and place of birth; and the name of the child, if it has been named, within ten days after the birth, to the Registrar in the form of a certificate between the first and third days of each and every month, under the penalty of twenty dollars for every child whose birth shall not be reported as above required. In case the Registrar shall not receive a certificate of the birth of any child born within the city of Baltimore within the time above specified, he shall require information concerning the same from the parent or parents of such child, or the person in charge of the premises where such birth occurred, or the physician or midwife in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall enter the same in a book to be kept for that purpose. Any person who shall fail to report the birth of a child as required by this section, or who shall refuse to give information concerning the same when required so to do by the Registrar, or who shall give false information concerning the same, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars, and any such person or persons who shall refuse or fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 3 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 27 th 1890
4. Place of Birth, (Street and Number) 359 Carlton St.
5. Full Name of Mother, Julia Mason
6. Mother's Maiden Name, Julia Florida
7. Mother's Birthplace, Savannah ~~H.~~ H. Co. Va.
8. Full Name of Father, Joseph Mason.
9. Father's Occupation, Labo in Iron Factory.
10. Father's Birthplace, Eastern Shore Md.

Name of Medical Attendant, or other person who makes this Return. Dan Cornish

Address, 871 Bond St.

Remarks, None.

1890 - 001294

Every midwife and other person, the said name and occupation of its parents, the date and place of birth; and the said physician shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day after the birth, or if the child shall be dead when born, or shall die within ten days after birth, a like certificate shall occur without the attendance of a physician or practitioner of midwifery, or should no such person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall furnish the information required by this section, and for every neglect or refusal to do so, he or they shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 30. 1890.
4. Place of Birth, (Street and Number) 402 Fallsh
5. Full Name of Mother, Bessie Grady
6. Mother's Maiden Name,
7. Mother's Birthplace, Ireland
8. Full Name of Father, Tomas Grady
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilia Bernstein

Address, 722 S. Exeter sh

Remarks,

1890-001295

and attend at least once during the first month after the birth, and thereafter as often as the health of the child may require, and shall report the result of such visits to the Commissioner of Health, in the manner and within the period above required, and shall also report to the Commissioner of Health any neglect or refusal of the parents to comply with the provisions of this section. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8th
4. Place of Birth, (Street and Number) 629 Bethel St
5. Full Name of Mother, Julia Koski
6. Mother's Maiden Name, Julia Kurzkiz
7. Mother's Birthplace, Germany
8. Full Name of Father, John Koski
9. Father's Occupation, Sailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Jedrozka

Address, 816 Aliceste

Remarks,

1890 001296

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Births; and the same penalty shall be incurred by any such practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. SLOAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

1. Date of Birth, 1737 Allicanna st

2. Place of Birth, (Street and Number) Marck 9th

3. Full Name of Mother, Anna Hemilcski

4. Mother's Maiden Name, Teliska

5. Mother's Birthplace, Gosuph Hemilcski

6. Full Name of Father, Poland

7. Father's Occupation, Labar

8. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Maryana Kratzka

Address, 806 S Ann st

Remarks,

1890 - 001297

APR 14 1890

Said midwife shall be a white person, and shall state in her certificate the color of the parents. She shall also state the day and place of birth, and the full name of the child, if named. She shall deliver such certificate to the Commissioner of Health within ten days after the birth. And she shall report to the Commissioner of Health, in the manner and within the period above required, and in like manner, the name of every child born without the attendance of a physician or midwife, or of which no other person shall have given information, and the midwife who shall neglect to make such report shall forfeit and pay for each offense the sum of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18th
4. Place of Birth, (Street and Number) Patel 120
5. Full Name of Mother, Lucy Jadwit
6. Mother's Maiden Name, Lucy Mazingiski
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Mazingiski
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mazingiski

Address, 806 South Ann St

Remarks,

1890 - 001298

APR 14 1890

BOARD OF HEALTH

said relative shall be liable to a penalty of ten dollars. And any person required by this section to report the birth of a child, who shall neglect or refuse to report the same within the time prescribed, shall forfeit and pay a sum not exceeding ten dollars for each offence. And the Commissioners of Health shall have power to remit the penalty in any case in which they may deem it proper to do so. And it shall be the duty of the Registrar of Vital Statistics to report to the Board of Health, at the first meeting in each month, the names of all persons who have failed to make returns of births as required by this section, and the Board of Health shall cause the penalty to be collected from such persons. And it shall be the duty of the Registrar of Vital Statistics to report to the Board of Health, at the first meeting in each month, the names of all persons who have failed to make returns of births as required by this section, and the Board of Health shall cause the penalty to be collected from such persons. And it shall be the duty of the Registrar of Vital Statistics to report to the Board of Health, at the first meeting in each month, the names of all persons who have failed to make returns of births as required by this section, and the Board of Health shall cause the penalty to be collected from such persons. And it shall be the duty of the Registrar of Vital Statistics to report to the Board of Health, at the first meeting in each month, the names of all persons who have failed to make returns of births as required by this section, and the Board of Health shall cause the penalty to be collected from such persons. And it shall be the duty of the Registrar of Vital Statistics to report to the Board of Health, at the first meeting in each month, the names of all persons who have failed to make returns of births as required by this section, and the Board of Health shall cause the penalty to be collected from such persons.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20529.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th Child
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* March 17 1890
5. *Place of Birth, (Street and Number)* 39 Foley St.
6. *Full Name of Mother,* Mary Ebert
   Mother's Maiden Name, Mary Shafer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Ebert
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Gaskens

Address, 213 E. Monument St.

Remarks, Mother Well.

1890 - 001299

RECEIVED APR 15 1890 REGISTRAR'S OFFICE BALTIMORE

Every birth occurring within the city of Baltimore shall be registered, and the certificate required by the preceding section shall be signed by the practitioner in the form of a certificate between the first and third days of each and every month, and by the midwife or other person in attendance, in all cases where no practitioner shall occur without the attendance of such person, the certificate shall be signed by the parent or nearest relative in attendance upon the mother. Immediately thereafter it shall become the duty of the person so signing such certificate to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, number Baby March 13 name unknown

4. Place of Birth, (Street and Number) 1221 York Street

5. Full Name of Mother, Grace ~~Turner~~ Brown

6. Mother's Maiden Name. Grace Turner

7. Mother's Birthplace, Cecil County Md

8. Full Name of Father, John Brown

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. Samuel Yates

Address, No 1021 Peckal

Remarks, 0

1890-001300

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth occurs with no medical attendant, the said schedule or certificate shall be signed by the nurse or other person who may be in attendance upon the mother. Immediately thereafter it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 20531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child.
2. *Sex, (state whether male or female)* Female.
3. *Race or Color, (if not of the white race)* White.
4. *Date of Birth,* 20th March 1870
5. *Place of Birth, (Street and Number)* 1427 Clver St.
6. *Full Name of Mother,* Sarah Richard
7. *Mother's Maiden Name,* Sarah Nagle
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Henry Richard
10. *Father's Occupation,* Cabinet maker
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M R Cooley

Address, 213 E. Saratoga St

Remarks, Dr. Hall

1890 - 001301

APR 15

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the father or mother of the child, or the person in charge or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 21. 90

4. Place of Birth, (Street and Number) 1417 N. Chester

5. Full Name of Mother, Mary Hamill

6. Mother's Maiden Name, Jane

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, James Hamill

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Jno. H. Pickel, M.D.

Address, 1312 Chew St

Remarks,

1890-001302

CERTIFICATE OF BIRTH

...ry & Co., City Printers and Station'rs.

RETURN OF A BIRTH A. 70533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Mch 29 90
4. *Place of Birth, (Street and Number)*	300 Division St
5. *Full Name of Mother,*	Annie Tucker
6. *Mother's Maiden Name,*	Annie Tucker
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Wm Collins
9. *Father's Occupation,*	Lab
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Jane Woodland
Address,	
Remarks,	

1890 - 001303

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, the mother herself, or the parents of such child, if capable of doing so, shall within the time and within the period above mentioned, make out and deliver to the Commissioner of Health the certificate above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 20531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 31 th
4. Place of Birth, (Street and Number) 701 Wolf St.
5. Full Name of Mother, Maryann Krusiski
6. Mother's Maiden Name, Maryann Kowalczewski
7. Father's Birthplace, Abel Krusiski
8. Full Name of Father, Germany
9. Father's Occupation, Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kutzka

Address, 805 Ann St

Remarks,

1890-001304

said schedule shall be delivered. duly signed by the practitioner in the form of a certificate hereon required, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 29 1890
4. *Place of Birth, (Street and Number)*	1602 Light St
5. *Full Name of Mother,*	Mollie Bowen
6. *Mother's Maiden Name,*	Mollie Freburger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Bowen
9. *Father's Occupation,*	Letter Carrier
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr J B Noble MD
Address,	201 Warren Av
Remarks,	1890 - 001305

The ... shall ... sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of which such event occurs, or within the same time after the birth of a child shall occur without any attendance or after the birth of a child, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and any person or persons who shall refuse or neglect for the space of ten days after the same shall be required to make such report, shall be liable, on conviction thereof before any justice of the peace, to be recovered as other fines and forfeitures are recoverable.

G. G. GALANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 70536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24th - 1890
4. Place of Birth, (Street and Number) 1322 N. Washington St
5. Full Name of Mother, Jennie L. Reiter
6. Mother's Maiden Name, Jennie L. Cristiano
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Frederick Reiter
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. Wilmer Brenton, M.D.

Address, Calvert & Preston Sts.

Remarks,

1890-001305

said schedule shall be delivered daily, Sundays excepted, by the person or one of the persons in charge of the house, or by the occupant thereof, to the Registrar of the district in which such house is situated, or to such person as he may appoint to receive the same; and the Registrar shall deliver to such person or persons a receipt for the same. Every person who shall neglect to deliver such schedule as aforesaid, for the space of ten days after the third day of each and every month, shall forfeit and pay the sum of ten dollars for each and every such neglect; and every person who shall refuse to deliver such schedule shall forfeit and pay the sum of twenty dollars for each and every such refusal. Every person who shall give false information concerning the birth of any child, or who shall neglect or refuse to report the birth of any child, shall forfeit and pay the sum of twenty dollars; and the attendance of a physician or midwife at the birth of any child shall be deemed sufficient evidence to charge him or her with the duty of reporting the birth of such child to the Registrar of the district in which the birth occurred; and no other person shall be required to report the birth of such child, except in the absence of the physician or midwife, or of the parent or parents of such child, when it shall become the duty of the mother, immediately thereafter, if able, to report the birth of her child; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. S. BELSHY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25th 1890.
4. Place of Birth, (Street and Number) 511 N Strieker St.
5. Full Name of Mother, Mrs Ida L. Lohmeyer.
6. Mother's Maiden Name, Ida L. Webb.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Otto Lohmeyer.
9. Father's Occupation, Salesman.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. John S Pennington M.D.

Address, 804 N Carrollton Av.

Remarks,

1890 - 001307

Sec. 4 and 5. Be it further enacted, That it shall be the duty of every physician, midwife or other person who shall assist or be in attendance upon any case of birth occurring after the first day of January, eighteen hundred and ninety, to report the birth to the Commissioner of Health within ten days after the birth shall have occurred, and in case there shall be no physician, midwife or other person in attendance upon the mother, then it shall be the duty of the father or mother of any child born after the first day of January, eighteen hundred and ninety, to report the birth of such child to the Commissioner of Health, in the manner and within the period above specified; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 73531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 30th 1890.
4. Place of Birth, (Street and Number)	631 N Shroeder St.
5. Full Name of Mother,	Mrs Mary A Hogan,
6. Mother's Maiden Name,	Mary A McHugh.
7. Mother's Birthplace,	Baltimore City,
8. Full Name of Father,	John E Hogan.
9. Father's Occupation,	Carpenter.
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	James D Pennington M.D.
Address,	804 N Carrollton Av
Remarks,	

1890 - 001308

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then it shall be the duty of the person or persons having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

320539

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 31 / 90
4. *Place of Birth, (Street and Number)*	119 N. Eutaw St.
5. *Full Name of Mother,*	Kate Thron
6. *Mother's Maiden Name.*	Kate Schmelz
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Edw Thron
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. C. Skinner Jno.
Address,	
Remarks,	

1890 - 001309

parents, the date and place of birth, and the child schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when no physician or midwife is in attendance, the owner or occupier of the house in which such birth shall take place shall immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 20640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, March 3, 1890.

4. Place of Birth, (Street and Number) 709 N. Howard St.

5. Full Name of Mother, Laura V. Houck, Clark

6. Mother's Maiden Name,

7. Mother's Birthplace, Maryland

8. Full Name of Father, J. Whitney Houck

9. Father's Occupation, Agent

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. G Lane Taneyhill.

Address, 1103 Madison Avenue

Remarks,

1890-001310

MAR 28 1890 REGISTRAR

said certificate shall be delivered, duly signed by such physician or person, at the date and Place of birth, and the fact of each birth shall be reported to the Registrar of Vital Statistics, as aforesaid, within the first ten days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report said birth to the Commissioner of Health, as aforesaid, within the period above specified, and a person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, and the penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED APR 2 1890 REGISTRAR OF VITAL STATISTICS BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

3. Date of Birth, March 2, 1890.

4. Place of Birth, (Street and Number) 1110 Barclay St

5. Full Name of Mother, Sarah Rohrbaugh Frick

6. Mother's Maiden Name, "

7. Mother's Birthplace, Penna.

8. Full Name of Father, Chas. L. Rohrbaugh.

9. Father's Occupation, R. R. Engineer.

10. Father's Birthplace, Penna.

Name of Medical Attendant, or other person who makes this Return. G. Lane Taneyhill

Address, 1103 Madison Avenue

Remarks,

1890 001311

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the fifth day of each and every month to the office of the Commissioner of Health, or shall on like request be delivered to such other person as shall be appointed by the Commissioner of Health, in the manner and within the period above required, and the same duty and liability to report the birth shall become the duty of the person or parents of such child as hereinbefore provided in case there is no attendance upon the mother, immediately after the birth of such child, or in case the attendance of a physician or practitioner shall cease before the birth of such child, and the same duty and liability to report the birth shall become the duty of the person in charge of the premises where the birth occurs without the attendance of a physician or practitioner. Failure to comply with the provisions of this section on the part of the parents, the date and place of birth; and the name, sex and color of such child, or if such child dies before a certificate of birth is filed, then the fact of such death, shall be reported in the form of a certificate between the first and the fifth day of each and every month to the office of the Commissioner of Health, or shall on like request be delivered to such other person as shall be appointed by the Commissioner of Health, in the manner and within the period above required, and the same duty and liability to report the birth shall become the duty of the person or parents of such child as hereinbefore provided in case there is no attendance upon the mother, immediately after the birth of such child, or in case the attendance of a physician or practitioner shall cease before the birth of such child, and the same duty and liability to report the birth shall become the duty of the person in charge of the premises where the birth occurs without the attendance of a physician or practitioner. Failure to comply with the provisions of this section on the part of persons who shall hereafter fail to comply with the provisions of this section, as aforesaid, shall subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 90 042

At the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White.
4. Date of Birth, March 13. 1890.
5. Place of Birth, (Street and Number) 1302 Madison Avenue.
6. Full Name of Mother, Lillian Hize
7. Mother's Maiden Name, Cochran.
8. Mother's Birthplace, Maryland
9. Full Name of Father, John C. Hize
10. Father's Occupation, Merchant.
11. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return. G. Lane Taneyhill

Address, 1103 Madison Avenue

Remarks,

1890-001312

APR 23 1890 MD

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the person required by this section to report the birth, within ten days after the birth of any child and every month to the undertaker or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SUN. J. C. BULADY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person who shall have such attendance upon the mother, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 27. 1890
4. *Place of Birth, (Street and Number)*	Baltimore City
5. *Full Name of Mother,*	Susan Thomas
6. *Mother's Maiden Name,*	Susan Williams
7. *Mother's Birthplace,*	Howard Co Md
8. *Full Name of Father,*	Larkin B Thomas
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Montgomery Co Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Elizabeth Hicks
Address,	Carroll Post Office Balto
Remarks,	

1890 - 001313

G. BULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20 0744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 3
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	28 March
4. *Place of Birth, (Street and Number)*	Merriman + Roland Av
5. *Full Name of Mother,*	Margret Jenkins
6. *Mother's Maiden Name,*	Brown
7. *Mother's Birthplace,*	South Wales. Cardiff
8. *Full Name of Father,*	Robt B Jenkins
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other person who makes this Return.	Geo. Sullivan
Address,	
Remarks,	

1890 - 001314

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the second floor of a tenement or flat, or in any room above the second floor, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter to report the date of the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

G. DELANY & SON, CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-22-54

RETURN OF A BIRTH

A 20545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Lincoln 3rd Grady

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3 1890
4. Place of Birth, (Street and Number) 727 N. Carey St.
5. Full Name of Mother, Ellen C. Grady
6. Mother's Maiden Name, " " Godfrey
7. Mother's Birthplace, Maryland
8. Full Name of Father, Richard Grady M.D.
9. Father's Occupation, Dentist
10. Father's Birthplace, New York.

Name of Medical Attendant, or other person who makes this Return. G. Lane Taneyhill

Address, 1103 Madison Avenue

Remarks,

1890 001315

Third day of each month to the office of the Registrar in the form of a certificate of birth, and the attendance upon the child, and the mother, during the first ten days after birth. In case the birth of any child to report its birth to the Commissioner of Health. In the manner and within the time required, and subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

APR 28 1890 BALTIMORE MD.

GEO. J. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. *Sex (state whether male or female),* Colored
2. *Race or Color (if not of the white race),* March 30 1880
3. *Date of Birth,* 1320 West
4. *Place of Birth (Street and Number),* Helen Langford
5. *Full Name of Mother,* Helen Gaither
6. *Mother's Maiden Name,* unmarried
7. *Mother's Birthplace,* Benjamin Gaither
8. *Fult Name of Father,* farming b.m. Anne Arundel
9. *Father's Occupation,* Balto
10. *Father's Birthplace,* Marion Johnson

Name of Medical Attendant. or other person who makes this Return.

Address,

Remarks,

1890-001316

each and every month to the office of the Commissioner of Health, in order that the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above specified, the birth of such child, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 20547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 19 March 1890

4. Place of Birth, (Street and Number) 923 ~~Eutaw~~ Street Columbia Av.

5. Full Name of Mother, Kate Berry

6. Mother's Maiden Name. Kate Fuchs

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Berry

9. Father's Occupation, Cabinetmaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. E. Reinhard

Address, 220 N. Madison Street (formerly Howard)

Remarks,

1890 - 001317

APR 25 1890

...certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of the city, and the person or persons required by this ordinance to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A. 20678.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1st
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	March 22 1890
4. *Place of Birth,* (*Street and Number*)	273 N. Howard st
5. *Full Name of Mother,*	Louisa A. ~~Mutter~~ Eichman
6. *Mother's Maiden Name,*	" " Mutter
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	George J. Eichman
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other person who makes this Return.	David Streett MD
Address,	403 N. Exeter st.
Remarks,	Father to report. Also corr. address 1640-001318 DS

third day of each and every month, a physician or practitioner in the form of a certificate between the first and shall occur without the other, immediately thereafter, in the manner and within the time prescribed, and attendance upon, such birth to the Commissioner of Health, or should no other person be in any house where such birth occurs, such person shall report the same to the Commissioner of Health, and such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, 22nd March
5. Place of Birth, (Street and Number) 23 d allington avenue
6. Full Name of Mother, Jetuth Ell
7. Mother's Maiden Name, Smith Jones
8. Mother's Birthplace, Eastern Shore
9. Full Name of Father, Joseph Lee
10. Father's Occupation, Driver wagon
11. Father's Birthplace, west Point

Name of Medical Attendant, or other person who makes this Return. Mary E. Jones

Address, 112 Saratoga St

Remarks,

1890-001319

APR 26 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

L 20550

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth. March 4 90

4. Place of Birth. (Street and Number) 510 Gatewood Lane

5. Full Name of Mother. Katie Forst

6. Mother's Maiden Name. Katie M. Wahl

7. Mother's Birthplace. Balto

8. Full Name of Father. Wm. F. Forst

9. Father's Occupation. Brick Rutcher

10. Father's Birthplace. Balto County

Name of Medical Attendant, or other Person who makes this Return Dr. F. H. Kemp

Address, 1327 Montpelier

Remarks,

1890-001320

Duty of the birth and the said schedule shall be delivered, duly signed by the prescribed person, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the schedule of such other person as is attending upon the mother at the time of the birth shall be delivered, in the manner and within the time above required, except in the case of [illegible] and in such case the duty of delivering the schedule as aforesaid shall devolve upon the parent or parents of the child, if living in the city of Baltimore, and any person, or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines may be recovered.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 20331

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (~~state whether~~ male ~~or female~~)

2. Race or Color, (~~if not of the~~ white ~~race~~)

3. Date of Birth. March 7/90

4. Place of Birth. (Street and Number) 1838 N. Saratoga

5. Full Name of Mother. Mary E. Ewell

6. Mother's Maiden Name. " " Robinson

7. Mother's Birthplace. Dr. Chester County, Md.

8. Full Name of Father. Thos. Ewell

9. Father's Occupation. Farmer retired

10. Father's Birthplace. Cecil County

Name of Medical Attendant, or other Person who makes this Return. Dr. G. H. Lattimore

Address. 1327 N. Gilmor St

Remarks. 1890-001321

Penalty for neglect. Any physician or midwife shall be allowed, duly signed by the practitioner, in the form of a certificate, before the first and third day of each and every month to the Board of Health, a statement of the Birth of any child shall occur without the attendance of a physician, or a midwife, such physician or midwife shall then become the person to make the return required by this section. Any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 20532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 6 1890 REGISTRAR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 8th 1890
4. *Place of Birth, (Street and Number)*	614 McCulloh St
5. *Full Name of Mother,*	Elizabeth Morrison McElroy
6. *Mother's Maiden Name.*	" "
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Lieutenant Bruce McElroy
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	L. E. Neale M.D.
Address,	1210 N. Broadway
Remarks,	

1890-001322

parents, the date and place of birth, and the said schedule shall be subscribed, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance, then the parent or parents, or in case of their absence, the householder, shall be required to report the birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall forfeit and pay the sum of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

Murphy & Co., Law Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 70553

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d
1. *Sex*, (state whether male or female)	female
2. *Race or Color*, (if not of the white race)	white
3. *Date of Birth*	March 8 1890
4. *Place of Birth*, (Street and Number)	917 Mulberry ste
5. *Full Name of Mother*,	Carrie Kohlmann
6. *Mother's Maiden Name*,	C. Jost
7. *Mother's Birthplace*,	Baltimore City
8. *Full Name of Father*,	Henry Kohlmann
9. *Father's Occupation*,	painter
10. *Father's Birthplace*,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Marie E. Thalwitzer M. D.
Address,	925 Mulberry ste
Remarks,	

1890 - 001323

...ion Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~ 3d, &c.) Ralph Milburn A 30554

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth. March 9/90
4. Place of Birth, (Street and Number) 576 N Calhoun
5. Full Name of Mother. Carrie Milburn
6. Mother's Maiden Name. Burgess
7. Mother's Birthplace. St Joseph, Missouri
8. Full Name of Father. Willard G Milburn
9. Father's Occupation. Wholesale Liquor
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Geo. W. Linthicum

Address. 832 N Fayette St

Remarks. CHILD NAME ADDED 1-8-54

1890 1321

Rules of the Board, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should the other person required to register the birth neglect to do so, it shall then become the duty of the person in charge of the house in which the birth occurred, or of the parent, if living within the period above required, except in the case of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered before any of the Justices of the Peace in this City.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (State whether male or female) Male
3. Race or color, (if not of the white race) White
4. Date of Birth, March 11: 1890
5. Place of Birth, (Street and Number) 1802 Edmonson Ave
6. Full Name of Mother, Helen Handley
7. Mother's Maiden Name, " Secret
8. Mother's Birthplace, Balto.
9. Full Name of Father, J. Marion Handley
10. Father's Occupation, Physician
11. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. P. L. Williams

Address, 900 Madison Ave

Remarks, 1890-00132 5

The undersigned is required by law to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the facts and circumstances of the birth of each and every child born in the City of Baltimore, within ten days after the occurrence of such birth. No certificate for the burial of the dead body of any child shall be issued by the Registrar of Vital Statistics, unless the facts of the birth of such child shall have been previously reported to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the facts of such birth to the Commissioner of Health, in the manner and within the time required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

E. SULLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 20556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 13th 1890
4. Place of Birth, (Street and Number) 2210 Boyer St.
5. Full Name of Mother, Marion Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore "
8. Full Name of Father, Samuel Johnson
9. Father's Occupation, Sailor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Ames 2210 Boyer St.

Remarks, 1890 00132 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A2055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV
2. Sex, (state whether male or female) Gerhard Lay
3. Race or Color, (if not of the white race) White
4. Date of Birth, March 14th 1890
5. Place of Birth, (Street and Number) 64 Madison Ave Ext.
6. Full Name of Mother, Louisa Augusta Schmeisser
7. Mother's Maiden Name, L. A. Tait
8. Mother's Birthplace, Md.
9. Full Name of Father, Ernest Schmeisser
10. Father's Occupation, Tobacco merchant
11. Father's Birthplace, Philadelphia Germany

Name of Medical Attendant, or other Person who makes this Return. L. E. Keas M.D.

Address, 314 W. [illegible]

Remarks,

1890-001327

Duty & Co., City Printers and Stationers.

Parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate, and shall further state the attendance of a Physician or practitioner of midwifery, and the cause of death of any child that may have been born dead. In case the person who shall hereafter fail to comply with the provisions of this section shall also be required, and any such person for each offence to be recovered as other fines and forfeitures are recovered in the like of ten (10) dollars

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 10th A. 20338

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth. March 6 1898

4. Place of Birth. (Street and Number) 208 N Pratt St

5. Full Name of Mother. Bridget Gibney

6. Mother's Maiden Name. Hewo

7. Mother's Birthplace, Dublin Ireland

8. Full Name of Father, Patrick Gibney

9. Father's Occupation, Gas Inspector

10. Father's Birthplace, Dublin Ireland

Name of Medical Attendant, or other Person who makes this Return Dr. G. H. Lattin

Address, 327 W Fayette St

Remarks, 1898-001320

Place of birth, and the said schedule shall be delivered, duly signed by the prescribed person, in the form of a certificate, between the first and third day of each and every month to the Board of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, it shall then become the duty of the parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the case of the birth and death of illegitimate children, and any person or persons who shall neglect full to certify as aforesaid, or shall certify falsely, shall be severally, for each offence, to be recovered as other fines and penalties are recoverable, by a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] 1871 PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 20059.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 18th 1896

4. Place of Birth, (Street and Number) 312 N. 2d St.

5. Full Name of Mother, Lennie Beverly Lee

6. Mother's Maiden Name, " " Whiting

7. Mother's Birthplace, Balto.

8. Full Name of Father, Willis Lee

9. Father's Occupation, Solicitor

10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return. L. E. Neale M.D.

Address, 619 N. Eutaw St.

Remarks,

1896-001329

Parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a birth certificate hereto annexed, to the Registrar of Vital Statistics, within ten days after the birth, in case the birth be in an institution, the first and third duty devolves on the superintendent of the institution, in case the birth be in attendance upon the mother, midwifery or physician or practitioner of midwifery, or should no other person be in attendance upon the mother, midwifery thereafter it shall become the duty of the person or parents of such child, to Report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect or attempt to evade the performance of the duties herein required, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not less than ten (10) dollars nor more than fifty (50) dollars for each offence to be recovered as other fines and forfeitures are now by law recovered.

HEALTH DEPT.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

GIVEN NAME ADDED 7-29-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dorothy Rice Myers

A 70560

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 11

1. Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) White

3. Date of Birth March 21 1890

4. Place of Birth, (Street and Number) 533 N Gay St

5. Full Name of Mother, Catherine Myers

6. Mother's Maiden Name, Catherine Price.

7. Mother's Birthplace, Pa.

8. Full Name of Father, Wm P. Myers

9. Father's Occupation, Merchant

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. J. Wehrenberg

Address, 309 N Eutaw St

Remarks,

1890-001330

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Comptroller of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present at the birth, the mother herself shall make such return; and any such person or persons as aforesaid who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or fine (to) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 20661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	1st
1. Sex, (*State whether male or female*)	Male
2. Race or color, (*if not of the white race*)	White
3. Date of Birth,	March 21. 1890
4. Place of Birth, (*Street and Number*)	427 Lamnes St
5. Full Name of Mother,	Annie Harrington Hale
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	William Harrington
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	E. E. Williams
Address,	901 Madison Ave
Remarks,	1890 - 03 - 331

(1) Any physician or midwife required by the preceding section to deliver a certificate of birth, who shall refuse or neglect to deliver the same within the time specified, shall be liable to a penalty of ten dollars, to be recovered by the Commissioner of Health. In case the birth of any child shall not be reported as above required within ten days after the same shall occur, it shall be the duty of the physician or midwife in attendance upon the mother, or of the owner or agent of the premises where such birth occurred, to report the same within the period above required, and if such owner or agent shall neglect or refuse to comply with the provisions of this section he shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RECEIVED MAR 30 1890

G. HALLETT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 20564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 21 1890
4. Place of Birth, (Street and Number) 530 Hulsemans Court
5. Full Name of Mother, Annie Eckels
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Amelia E. Sommers

Address, 611 S. Patterson Park Ave.

Remarks,

1890-001332

and who shall be delivered. Duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, such duty thereafter shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

498, J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 8-25-54

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Elizabeth Amelia New Comer 1st A 20063

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth March 22. 1890
4. Place of Birth, (Street and Number) 1504 N Lanvale St
5. Full Name of Mother, Amelia Newcomer
6. Mother's Maiden Name, Amelia Schroder
7. Mother's Birthplace, Balto City
8. Full Name of Father, Jacob L. Newcomer
9. Father's Occupation, Printer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Holbrook Andrews

Address, 209 N Exeter St

Remarks,

1890-001333

parents, the date and place of birth, and the sex; schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Comptroller of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report its birth to the Comptroller of Health, it shall be the duty of the parents or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

on Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 20564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 26 the 1890
4. Place of Birth, (Street and Number) 26 Myrtle Ave
5. Full Name of Mother, Anna Vogt
6. Mother's Maiden Name, Anna Voegt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Charles Vogt
9. Father's Occupation, Fruit Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendent, or other person who makes this Return. Mrs W. Wammal Westcott

Address, 913 Penna Ave

Remarks,

1890-001334

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 20565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 27th

4. *Place of Birth, (Street and Number)* 528 N. Mound.

5. *Full Name of Mother,* Elizabeth Wilkes

6. *Mother's Maiden Name,* n Lanahan

7. *Mother's Birthplace,* Indiana

8. *Full Name of Father,* Frank Wilkes

9. *Father's Occupation,* Cabinet Keeper.

10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other Person who makes this Return. Truman F Hill M.D.

Address, 1401 N Fayette

Remarks,

1890-001335

Printed by A. Do. City Printers and Stationers.

RETURN OF A BIRTH A 90 BE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	27th March
4. *Place of Birth, (Street and Number)*	1005 Somerset st
5. *Full Name of Mother,*	Minnie Dader
6. *Mother's Maiden Name,*	" Bahn
7. *Mother's Birthplace,*	Harford co
8. *Full Name of Father,*	Charles W. Dader
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Nova Scotia
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Browne
Address,	940 N. Gay st
Remarks,	

1890 - 001336

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

child, and shall enter on the same opposite the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth of each child, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person last required to report said birth to the Commissioner of Health, within the period last specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, March 31: 1890
4. Place of Birth, (Street and Number) 1121 Madison Ave
5. Full Name of Mother, Annie F. Brady
6. Mother's Maiden Name, " " Watt
7. Mother's Birthplace, Balto
8. Full Name of Father, J. H. S. Brady
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. P. B. Williams

Address, 900 Madison Ave

Remarks. 1890 - 001337

and schedule shall be delivered, duly signed by the reputtioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person above required, and within the time above specified, to report such birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

E. G. GULAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, March 7 188

4. Place of Birth, (Street and Number) 833 Orchard St.

5. Full Name of Mother, Julia E. Jiles

6. Mother's Maiden Name, Julia A. Williams

7. Mother's Birthplace, Martinske Poynt Eastern Shore

8. Full Name of Father, Lorenzo Giles

9. Father's Occupation, Shipping for Adam & Express

10. Father's Birthplace, Harford Co.

Name of Medical Attendant, or other person who makes this Return, Mrs Hester Estaves

Address, 509 Preston Street

Remarks,

1890-001333

MAY 11 1890

BALTIMORE CITY

said schedule shall be delivered, duly signed by the practitioner [illegible] of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and for every birth not so reported as aforesaid the person who shall neglect or refuse to report the same, or cause the same to be reported, as aforesaid, shall be subject to the fine of ten (10) dollars for each offence. If no birth shall have occurred during the month, a report to that effect shall be required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence. If no other person is present at the birth, the mother shall be required to report the birth to the Commissioner of Health, and in default of her doing so, she shall be subject to the penalty above provided. Any midwife or physician in attendance upon the mother, immediately thereafter [illegible] Commissioner and within the time above required, and

SEE. J. S. SLEMY & SO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20670

GIVEN NAME ADDED H.L.S.S.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Adele McEmas Foote 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 26 1890
4. Place of Birth, (Street and Number) 137 N. Gay St.
5. Full Name of Mother, Mary A. Foote
6. Mother's Maiden Name, " " Frey
7. Mother's Birthplace, Balto.
8. Full Name of Father, Thos. C. Foote
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Edward P. McDaniel

Address, 208 Aisquith St.

Remarks,

MAY 31 1890

1890-001339

Every certificate delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person best able to give the information required by this section, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall wilfully fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 2057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 9th 1890

4. Place of Birth, (Street and Number) 3rd Ave and Sycamore St

5. Full Name of Mother, Jane Vanhorn

6. Mother's Maiden Name, " Hamilton

7. Mother's Birthplace, Towson Md

8. Full Name of Father, James Vanhorn

9. Father's Occupation, Engineer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Geo N Cairnes M D

Address, 3rd avenue Baltimore (Annex)

Remarks,

1890 - 001340

Penalty, The date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent or person having charge of the child within ten days after the birth, and a duplicate of the certificate of the birth of any child shall be delivered by the attendant of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report, as herein required, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 20577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[No.] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 11th

4. Place of Birth, (Street and Number) Pockwyrth Ave Waverly

5. Full Name of Mother, Mary Clemens

6. Mother's Maiden Name, Mary Bardley

7. Mother's Birthplace, Balt Co Md

8. Full Name of Father, A D Clemens Jr

9. Father's Occupation, Capitalist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, P H Reiche MD

Address, Waverly

Remarks,

1890-001341

HEALTH DEPARTMENT ... 1890 ... BALTIMORE, MD.

...each concerning its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20573.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT RECEIVED MAR 20 1890

1. Number Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, March 14th 90
5. Place of Birth, (Street and Number) Cor Yorkroad & 6th Sts
   Full Name of Mother, Susan Bakell
6. Mother's Maiden Name, Susan Gosnell
7. Mother's Birthplace, Balto.
8. Full Name of Father, A D Bakell
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. D H Roche M.D

Address, Govans

Remarks,

1890-001342

To effect a sale, obtain, &c. by false pretense, the date and place of birth, and the full name of each child shall be delivered, duly signed by the practitioner in charge, a certificate between the first and second days of the month to the office of the Commissioner of Health. In case there be no such attendance upon the mother, immediately by a physician or practitioner of midwifery, or should no other person in charge of any child shall neglect to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 20575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13, 1890.
4. Place of Birth, (Street and Number) 9 Fidler Front St.
5. Full Name of Mother, Helga Burkhavak
6. Mother's Maiden Name, Helga Moro
7. Mother's Birthplace, Russia
8. Full Name of Father, Mours Burkhavak
9. Father's Occupation. Fiddler
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, D Shwartzman

Address, 19 Albemarle St

Remarks,

1890-001343

GEO. J. O DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 2067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Name: Stanley Bertrand Miller

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 19th. 1890

4. Place of Birth, (Street and Number) 3rd Avenue near Roland ave

5. Full Name of Mother, Mary E Miller

6. Mother's Maiden Name, " " McClary

7. Mother's Birthplace, Maryland

8. Full Name of Father, William Miller

9. Father's Occupation, Merchant

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Geo H Barnes MD

Address, 3rd Avenue Balto Co (Arnoy)

Remarks,

1890-001344

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 20576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* One Male & one female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26th 1890
4. *Place of Birth, (Street and Number)* Mt Vernon (annex)
5. *Full Name of Mother,* Lizzie C Scheerwohl
6. *Mother's Maiden Name,* " " Kupfermann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John F Scheerwohl
9. *Father's Occupation,* Conductor N.C.R.R.
10. *Father's Birthplace,* York Pa

Name of Medical Attendant, or other Person who makes this Return. Geo N Cairnes M.D.

Address, 307 Ave Hampden

Remarks, Had partial "Placenta Praevia" Labor began very early with Copious hemorrhage, Membranes ruptured Early, then no further trouble

1890 B 01345

certificate between the first and third day of each and every month to the Office of the Registrar of Vital Statistics, in the form of a blank which will be furnished by said Registrar on application therefor. And every such physician, midwife or other person who shall neglect or refuse to report as aforesaid the birth of any child shall, if a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person neglecting or refusing to report as aforesaid the birth of such child, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 20577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male ~~or female~~)	
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 27th 1890
4. Place of Birth, (Street and Number)	Chestnut ave (annex)
5. Full Name of Mother,	Mary Cockerel
6. Mother's Maiden Name,	4 Stineberger
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Mary Cockerel
9. Father's Occupation,	machinist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Geo H Baines
Address,	3rd Ave Hampden
Remarks,	

1890-001346

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 70578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 9th 1890

4. Place of Birth, (Street and Number) 1010 S. Calvert

5. Full Name of Mother, Mary Ellen Lowman

6. Mother's Maiden Name, " " Biden

7. Mother's Birthplace, Arbutus, Balto. Co. Md.

8. Full Name of Father, Francis Marion Lowman

9. Father's Occupation, Telegraph Op.

10. Father's Birthplace, Odenton, A. A. Co. Md.

Name of Medical Attendant, or other person who makes this Return Mrs. W. Mannel Midwife

Address, 923 Penna Ave

Remarks, The dit not attent to it to fill out the blank

B 0 - 0 0 1 3 4 7

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should the other person required to report such birth be absent from attendance upon the mother, immediately thereafter it shall become the duty of the person or persons with whom the mother may be to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20579.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 2 1890

4. Place of Birth, (Street and Number) 719 W. Lombard St

5. Full Name of Mother, Emma J. Collins

6. Mother's Maiden Name, nee Chapman

7. Mother's Birthplace, Virginia

8. Full Name of Father, Samuel Collins

9. Father's Occupation, Agent

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Jno. D. Blake M.D.

Address,

Remarks,

1890-001348

WM. A. G. SHEARY & CO., CITY PRINTERS AND STATIONERS

third day of each and every month, it shall be the duty of the Registrar to file in the form of a certificate between the first and shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 2058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 5 98 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 10, 1890
4. Place of Birth, (Street and Number) 205 S. Spring St.
5. Full Name of Mother, Bluma Mazerovitz
6. Mother's Maiden Name, Bluma Blaz.
7. Mother's Birthplace, Russia
8. Full Name of Father. Benj. Mazerovitz
9. Father's Occupation. Upholsterer.
10. Father's Birthplace, Russia.

Name of Medical Attendent, or other person who makes this Return. D. Shwartzman

Address, 19 Albemarle St.

Remarks,

1890-001349

Every physician, midwife, or other person in attendance upon any birth, shall make a return thereof to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 26381.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 6 1890
4. Place of Birth, (Street and Number) 1616 Franklin St
5. Full Name of Mother, Kate Briney
6. Mother's Maiden Name, nee Voniff
7. Mother's Birthplace, Balto
8. Full Name of Father, Richard E Briney
9. Father's Occupation, Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jno D Nolan MD

Address,

Remarks,

1890-001350

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or the person or parents of such child is not able to make such certificate, it shall become the duty of the person or parents of such child to make such certificate immediately thereafter. It shall become the duty of any physician or midwife in attendance upon any case of birth to the Commissioner of Health, to comply with the provisions of this section, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 10582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white.
3. Date of Birth, Twenty fourth (24) March.
4. Place of Birth, (Street and Number) 34. Parkin Street.
5. Full Name of Mother, Lizzie Annie Reis
6. Mother's Maiden Name, Lizzie Annie Morlock
7. Mother's Birthplace, New York city
8. Full Name of Father, William Reis
9. Father's Occupation, Piano Maker
10. Father's Birthplace, New York city

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Seebrach

Address, 735 W. Pratt st

Remarks,

1890-001351

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20080.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Milburn Edgar Yeager 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 24 1890
4. Place of Birth, (Street and Number) 1123 Hanover
5. Full Name of Mother, Lizzie Yeager
6. Mother's Maiden Name, Eagner
7. Mother's Birthplace, City
8. Full Name of Father, Geo. F. Yeager
9. Father's Occupation, Glassblower
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Wm. T. Mace M.D.

Address,

Remarks,

1890-00135

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance on the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 24 1890 BALTIMORE

Name of Child: Josie Alberta Sprinkle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 10th 1890
4. Place of Birth, (Street and Number) 214 Hickory Av
5. Full Name of Mother, Laura Sprinkle
6. Mother's Maiden Name, Laura Fowble
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Noah Sprinkle
9. Father's Occupation, Railroading
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return. Harriet Simmons

Address, 200 Division St

Remarks,

1890-001353

Every Physician, Midwife, or other person who shall attend upon any birth, shall, within ten days after such birth, report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon such birth, the mother herself, if able, and if the mother be unable, then the father or other person having charge of such child, shall report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

G. BELANY & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20[illegible]

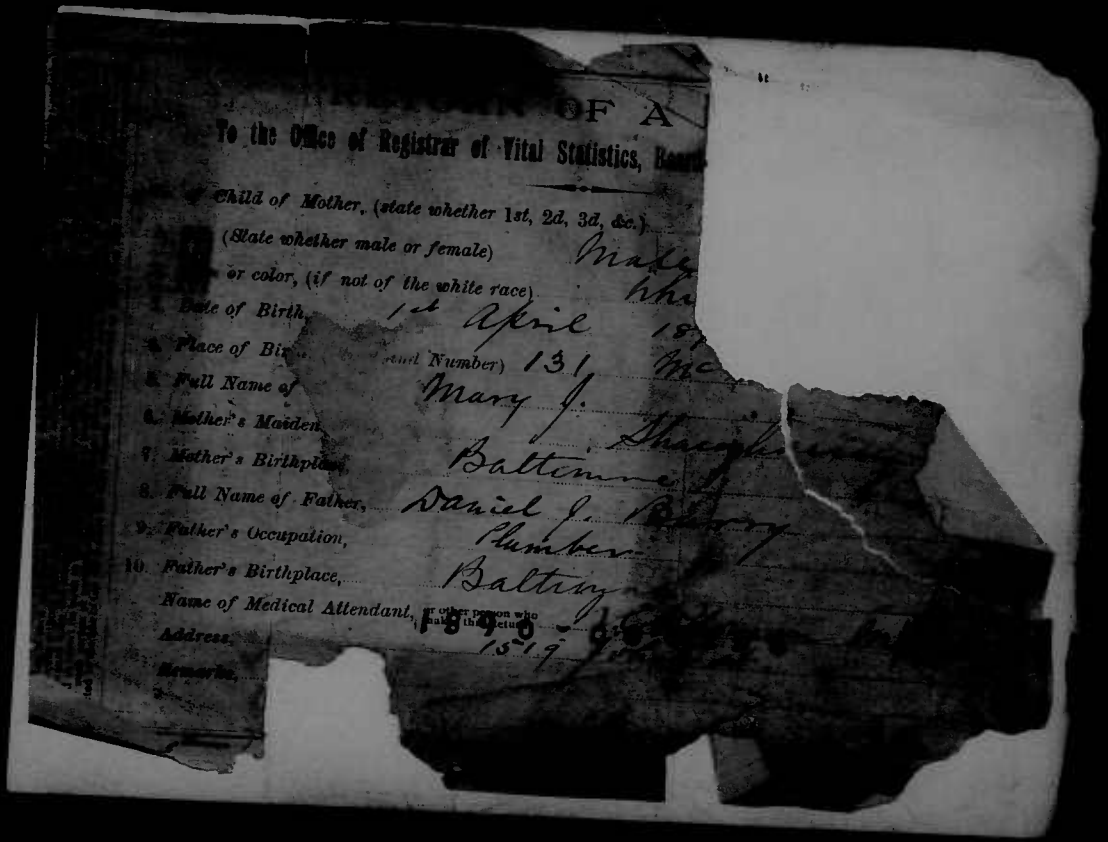
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 1/2
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	15 - 1/2 March 1890
4. *Place of Birth, (Street and Number)*	2812 Elliot St
5. *Full Name of Mother,*	Annie Casey
6. *Mother's Maiden Name.*	Elisham
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James T. Casey
9. *Father's Occupation,*	Police Officer
10. *Father's Birthplace,*	Balti
Name of Medical Attendant, or other person who makes this Return.	H. Mak
Address,	807 S Bond St
Remarks,	

+ 890 - 001354

...certificate is delivered, duly signed by the practitioner in the form of a certificate herewith furnished, stating the date and place of birth, sex, color, and number of child of the mother, and the name, residence, and occupation of the parents, and the name and residence of the physician or midwife in attendance upon the mother, to the Commissioner of Health, on or before the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, then it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and it shall be the duty of the undertaker or person who shall inter the remains of any child for which no certificate of birth shall have been delivered, duly signed by the practitioner in the form of a certificate herewith furnished, stating the date and place of birth, sex, color, and number of child of the mother, and the name, residence, and occupation of the parents, and the name and residence of the physician or midwife in attendance upon the mother, to the Commissioner of Health, on or before the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, then it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and it shall be the duty of the undertaker or person who shall inter the remains of any child for which no certificate of birth shall have been delivered as aforesaid, to report the same to the Commissioner of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

E. DULANY & CO., CITY PRINTERS AND STATIONERS.



OF A

To the Office of Registrar of Vital Statistics, Boar

Child of Mother, (state whether 1st, 2d, 3d, &c.)

(State whether male or female) Male

or color, (if not of the white race) Wha

Date of Birth, 1st April 18

Place of Bir... (Street Number) 131 Mc

Full Name of Mary J. Shaughn

Mother's Maiden

Mother's Birthplace Baltimore

Full Name of Father, Daniel J. Ri

Father's Occupation, Plumber

Father's Birthplace, Baltimo

Name of Medical Attendant, 1890 Dr

Address, 1819

Remarks,

RETURN OF A BIRTH A70

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) female child
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, first of April
4. Place of Birth, (Street and Number) Stockholm St 809
5. Full Name of Mother, Eliza Moulton
6. Mother's Maiden Name, She is single
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Matlock
9. Father's Occupation, Day Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Lucrena Mills

Address, 819 Stockholm St

Remarks, She is [illegible]

Every midwife, nurse or other person, not being a physician or practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any such person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 1st
5. Place of Birth, (Street and Number) 137 Pratt St
6. Full Name of Mother, Lidia Stahl
7. Mother's Maiden Name, Lidia Kephardt
8. Mother's Birthplace, Germany
9. Full Name of Father, Conrad Stahl
10. Father's Occupation, Baker
11. Father's Birthplace, Germany

Name of Medical Attendant, [illegible] 1900 - 001357

Address, 641 Lombard St

Remarks,

Sec. 4. And be it further enacted, That the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth, and the name of the physician or midwife present at the birth, if there was any such person in attendance upon the mother, shall be delivered, duly signed by the parent or parents of such child, or by the person in charge of the house in which the birth occurred, if the parents are absent, to the office of the Commissioner of Health, within ten days after the birth of such child; and the attendance of a physician or practitioner at the birth of any child shall be sufficient evidence that it is the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or parents who shall neglect or refuse to make such report, or who shall knowingly report falsely, shall be subjected to the fine or fine not exceeding ten dollars, to be recovered as debts of like amount are recoverable.

RETURN OF A BIRTH A 20634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	4. Child
Sex, (*state whether male or female*)	Boy
Race or Color, (*if not of the white race*)	White Race
3. Date of Birth,	Born April 1st 1890
4. Place of Birth, (*Street and Number*)	#113 Stafford Str
5. Full Name of Mother,	Mrs Kate Schultz
6. Mother's Maiden Name,	Miss " Doerer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mr Henry Schultz
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Balt Str
Remarks,	1890-001358

said schedule shall be delivered, duly signed by the practitioner in the case, or by the person making the return, and the third day of each and every month to the office of the Commissioner of Health, Baltimore City, as aforesaid, and all births which shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person to be in charge of such case within ten days after the birth of the person or persons to report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall, upon conviction, be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED MAY 5 1890 REGISTRY OF VITAL STATISTICS BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 1st 1890
4. Place of Birth, (Street and Number) 613 China St
5. Full Name of Mother, Mary Ann Bilz
6. Mother's Maiden Name, Mary Ann Bahrmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Richard Bilz
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wellmore a anderson

Address, 1434 Patapsco St

Remarks, White 1890-00 1359

Section 5 shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 20606

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 1st 1890
4. Place of Birth (Street and Number)	1123 Washington Ave.
5. Full Name of Mother	Maggie K. Barry
6. Mother's Maiden Name	" Kavanaugh
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John J. Barry
9. Father's Occupation	Mechanic
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Thos. P. McConnell M.D.
Address	1421 Eutaw Place
Remarks	1890 - 001360

GIVEN NAME ADDED 4-6-55

RETURN OF A BIRTH A 20657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Gertrude

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 1st 1890
4. Place of Birth, (Street and Number)	114 Weber St.
5. Full Name of Mother,	Annie Kohlhoefer
6. Mother's Maiden Name,	Karl
7. Mother's Birthplace,	America
8. Full Name of Father,	Friedrich Kohlhoefer
9. Father's Occupation,	Boilermaker
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohmasser midwife
Address,	1032 Hanover st.
Remarks,	1890-001361

paid schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the City Registrar of Births, and in case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of causing the birth of any child to be reported as herein required shall devolve upon the parent or parents of such child, or in case the parents are dead or absent from the city, upon the householder. Immediately thereafter it shall become the duty of the person to be in any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. SULAKY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED / [redacted]

RETURN OF A BIRTH A 20658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Maria Theda Tjarks

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born April 5th 1890
4. Place of Birth, (Street and Number)	# 2109. Frederick ave
5. Full Name of Mother,	Mrs Christina Tjarks
6. Mother's Maiden Name,	Miss " Krbtz
7. Mother's Birthplace,	Bayern Germany
8. Full Name of Father,	Mr John Tjarks
9. Father's Occupation,	Bar
10. Father's Birthplace,	Hanover Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt st
Remarks,	1890-001362

said schedule shall be delivered duly signed by the practitioner in attendance at such birth, or by the father or mother of such child, or in case there is no father or mother capable of making such return, by the householder in charge of the premises where such birth occurs, within ten days after the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or in case the person in attendance upon the mother, immediately thereafter, shall become the duty of the person having charge of such child to report the birth to the Board of Health in the manner aforesaid. And any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20669.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) 2nd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1st 1890
4. Place of Birth, (Street and Number) 40 E Montgomery
5. Full Name of Mother, Emma M Patton
6. Mother's Maiden Name, Emma " Littlefield
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm L Watson
9. Father's Occupation, Machinist
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return. Thos. Cooke

Address, 914 N Charles

Remarks,

890-001363

RA

said schedule shall be delivered duly signed by the person or [illegible] to whom the same is issued, the date and place of birth; and the said schedule shall be delivered duly signed by the person or [illegible] to whom the same is issued, the date and place of birth; and the shall deliver such schedule to the office of the Registrar of Health, in the form of a certificate between the first and [illegible] days after the birth of any child [illegible] to the office of the Registrar of Health, [illegible] the birth of any child shall occur without the attendance of a physician or [illegible] midwifery, or should no other person be in attendance upon the mother, immediately thereafter, [illegible] mother and within the [illegible] above required, and child to report its birth to the Registrar of Health, [illegible] to comply with the provisions of [illegible] section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] other fines and forfeitures are recoverable.

WM. J. G. BLAKNEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

2660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1st 1890
4. Place of Birth, (Street and Number) 423 W. Mulberry St
5. Full Name of Mother, Bessie Heyn Derr
6. Mother's Maiden Name, Bessie Heyn
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Samuel Derr
9. Father's Occupation, Coachman
10. Father's Birthplace, Penna

Name of Medical Attendant, or other Person who makes this Return. Robert W. Mifflin

Address, 321 N. Paca St

Remarks,

690-001364

Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or shall no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons failing to shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 20061

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) colar
3. Date of Birth 2 april [redacted]
4. Place of Birth (Street and Number) 1014 chappel
5. Full Name of Mother
6. Mother's Maiden Name Lilly Daniel
7. Mother's Birthplace Baltimor
8. Full Name of Father
9. Father's Occupation Goldar
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. Lilla Howe

Address No 38 Chappel st

Remarks

690-001365

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 12066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. April 2. 1890

4. Place of Birth. (Street and Number) 153 Washington Place

5. Full Name of Mother. Emma Burke

6. Mother's Maiden Name. Emma Nepke

7. Mother's Birthplace. City

8. Full Name of Father. James Burke

9. Father's Occupation. Carpenter

10. Father's Birthplace. Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return George C. Thomas M.D.

Address. 1107 Washington Pl.

Remarks,

890-001366

...CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) ...fill...
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 April
4. Place of Birth, (Street and Number) 1162 Towe st.
5. Full Name of Mother, Matilda Hadung
6. Mother's Maiden Name, Hardaga
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, Friedrique Hadung
9. Father's Occupation, cigarmaker
10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Central Av.

Remarks, 1890-001367

...sex, color, the full names and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required to report its birth to the Commissioner of Health, as in this section provided, then it shall be the duty of the mother, immediately thereafter, to make out and deliver a certificate, as above required, and ...child to report its birth to the Commissioner of Health, as in this section provided, shall neglect to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, April 2, 1896
4. Place of Birth, (Street and Number) 821 E. Eager Street
5. Full Name of Mother, Elizabeth Smith
6. Mother's Maiden Name, Elizabeth Rayner
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Joseph Warren Smith
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Jane L. Easton

Address, 16 Hamilton Street

Remarks, 1890-001368

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health, in case a birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

E. SELLMAN & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), white, acl.
3. Date of Birth, April 2nd 190,
4. Place of Birth (Street and Number), 235 Grindel St.
5. Full Name of Mother, Babara Hormung.
6. Mother's Maiden Name, Barbara Michler.
7. Mother's Birthplace, Adelsberg Germany.
8. Full Name of Father, Andrew Hormung.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Adelsberg Germany.

Name of Medical Attendant, or other person who makes this Return. Anamaria Goeller

Address, 1703 Hanover St

Remarks, Baltimore City

189-001369

shall be delivered, duly signed by the practitioner in attendance, or if a certificate be required by the next of kin, then by such next of kin, to the Registrar of Births and Deaths of the district within which the birth occurred, within thirty-six hours after such birth, and every person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

A 20666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, April 3rd 1890
4. Place of Birth (Street and Number), 1412 Hanover
5. Full Name of Mother, Alice Harrison
6. Mother's Maiden Name, Alice Sherbert
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, Zedikiah Harrison
9. Father's Occupation, Painter
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant or other person who makes this Return. M. Lake Hodges M.D.

Address, 1327 Hanover St

Remarks, 1890-001370

Sun and Monday, and a copy by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the father or mother of such child, within five days after the birth, to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sun Printing Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 20667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Daniel Robert Davis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st - (first)
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	April 3 1899
4. Place of Birth, (Street and Number)	111 S. Howard -
5. Full Name of Mother,	Johanna E Davis
6. Mother's Maiden Name,	" " O'Connell
7. Mother's Birthplace,	New York
8. Full Name of Father,	Robt E Davis
9. Father's Occupation,	Painter Decorator
10. Father's Birthplace,	New York
Name of Medical Attendant, or other person who makes this Return.	David Stott M.D
Address,	403 E Eager -
Remarks,	CITIZEN MADE AGENT of - 20 05133 7 1

APR 7 1899

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father, mother or householder where the birth occurs shall report the same within the time above named, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 20681

To the Office of Registrar of Vital Statistics. Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race	
3. Date of Birth	April 3rd 1891
4. Place of Birth (Street and Number)	2025 Pickens Ave
5. Full Name of Mother	Cora Reddicord
6. Mother's Maiden Name	Cora Knight
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Howard Reddicord
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return.	John G. Hogaday
Address	714 Hillen str
Remarks	

890-001372

RETURN OF A BIRTH A 20669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 3d 1890

4. Place of Birth, (Street and Number) 1183 Sheppard St.

5. Full Name of Mother, Margaret Berry.

6. Mother's Maiden Name, Berry.

7. Mother's Birthplace, City

8. Full Name of Father, Joseph Ellison

9. Father's Occupation, Laborer

10. Father's Birthplace, City.

Name of Medical Attendant, or other person who makes this Return. E. J. Wheeler MD

Address, 2826 Eleventh St

Remarks,

1890 - 001373

Sec. 8. Be it further ordained by the authority aforesaid, That no person shall be entitled to the benefit of a certificate as to the first and second births, as provided for in the preceding section, unless application for the same shall be made within one year after the birth of any child; and in case the birth of any child shall occur without the limits of the City of Baltimore, or should no other person be entitled to make the return required by this section, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required by this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. DALRYMPLE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A1170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), colard race
3. Date of Birth, March April 3 1890
4. Place of Birth (Street and Number), Sharp Street alley Baltimore
5. Full Name of Mother, Lucy Thomas
6. Mother's Maiden Name, Lucas
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Thomas
9. Father's Occupation, Labor
10. Father's Birthplace, St mary county

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Harris

Address, 223 S Eutaw St Balti

Remarks,

Sec. 3rd every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then the mother, and in case she be unable, then the person in attendance upon the mother, immediately thereafter it shall become the duty of the father, mother and all persons present to report the same to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ore Publishing Co., City Printers and Stationers

090-001374

RETURN OF A BIRTH A 2671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

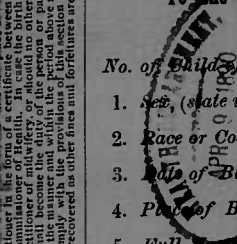
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored Race
3. Date of Birth,	714 Durham St.
4. Place of Birth, (Street and Number)	April 3rd 1890
5. Full Name of Mother,	Mary Brown
6. Mother's Maiden Name,	Mary Nutt
7. Mother's Birthplace,	West Moreland County Va.
8. Full Name of Father,	John C Brown
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Hanover County Va.
Name of Medical Attendant, or other person who makes this Return.	Lucinda Walker
Address,	432 North Register St
Remarks,	No Remarks

1890 C 01375

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 4th

1. Sex, (*state whether male or female*) Male
2. Race or Color, (*if not of the white race*) White
3. Date of Birth, April 2nd 1880
4. Place of Birth, (*Street and Number*) Garfield st
5. Full Name of Mother, Billie Stein
6. Mother's Maiden Name, Tillie Natus
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Stein
9. Father's Occupation, Boss Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Baptiste Bru

Address, 160 N. Wash

Remarks,

1890 - 001376

said schedule shall be delivered. duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the mother, within ten days after the birth of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. KELLNEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 3rd 1890
4. Place of Birth, (Street and Number)	# 1822 Wilkens Ave
5. Full Name of Mother,	Maggie Schneider
6. Mother's Maiden Name,	Dilhardy
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Schneider
9. Father's Occupation,	Scholaster
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	[illegible] Snider
Address,	# 100 S. Monroe St
Remarks,	

1890-001377

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any practitioner, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HDQ. J. C. BLANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 4th 1890

4. Place of Birth, (Street and Number) 315 W. Saratoga St.

5. Full Name of Mother, Lizzie Rund Seelye

6. Mother's Maiden Name, Lizzie Rund

7. Mother's Birthplace, Baltimore

8. Full Name of Father. Phillip Seelye

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return R W Mifflen M.D.

Address, 321 N. Paca

Remarks, This child was in the 7th Ward Dispensary 8

of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born April 4th 1890
4. Place of Birth, (Street and Number)	# 10 Frederick Ave
5. Full Name of Mother,	Mrs Mary Breuning
6. Mother's Maiden Name,	Miss " Reitmiller
7. Mother's Birthplace,	Hanover Germany
8. Full Name of Father,	Mr Jacob Breuning
9. Father's Occupation,	Gatekeeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt St
Remarks,	

1890-001379

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 4th 1890
4. Place of Birth, (Street and Number)	323 N. Eutaw
5. Full Name of Mother,	Sophia Mary Hahn
6. Mother's Maiden Name,	Batt
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Henry B. Hahn
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	David Streett MD
Address,	403 N. Eutaw
Remarks,	1890 - 001380

third day of each and every month in the year, to the office of the Commissioner of Health, or shall cause the same to be done, under the penalty of ten dollars for each offense, to be recovered as debts of like amount are recovered. And any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as debts of like amount are recovered.

SEC. 4. And be it enacted, That it shall be the duty of the Commissioner of Health, or some person to be designated by him, to visit, as often as may be necessary, each case reported as above, and to see that the provisions of this section are attended to; and the Commissioner of Health is hereby authorized to appoint such assistants as may be necessary to carry out the provisions of this section, and such assistants shall be authorized to enter any house or premises for the purpose of visiting any case reported as above, and to examine the register of births, and any person who shall refuse to give the information required by this section, or shall give false information, shall be subject to a penalty of ten dollars for each offense, to be recovered as debts of like amount are recovered.

SEC. 5. And be it enacted, That it shall be the duty of the Commissioner of Health to cause to be printed such blank forms as may be necessary to carry out the provisions of this section, and to furnish the same to the physicians and midwives of the city, and to the clergymen and magistrates who perform the rites of matrimony, and to the undertakers who bury the dead, and to the keepers of the public institutions of the city, and to the keepers of the almshouses of the city, and to the keepers of the prisons of the city, and to the keepers of the lying-in asylums of the city, and to the keepers of the hospitals of the city, and to the keepers of the infirmaries of the city, and to the keepers of the dispensaries of the city, and to the keepers of the orphan asylums of the city, and to the keepers of the reformatory institutions of the city, and to the keepers of the penitentiaries of the city, and to the keepers of the jails of the city, and to the keepers of the workhouses of the city, and to the keepers of the houses of correction of the city, and to the keepers of the houses of refuge of the city, and to the keepers of the houses of industry of the city, and to the keepers of the houses of reformation of the city, and to the keepers of the houses of detention of the city, and to the keepers of the houses of confinement of the city, and to the keepers of the houses of imprisonment of the city, and to the keepers of the houses of punishment of the city, and to the keepers of the houses of correction of the city, and to the keepers of the houses of refuge of the city, and to the keepers of the houses of industry of the city, and to the keepers of the houses of reformation of the city, and to the keepers of the houses of detention of the city, and to the keepers of the houses of confinement of the city, and to the keepers of the houses of imprisonment of the city, and to the keepers of the houses of punishment of the city.

SEC. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	April 4/90.
4. *Place of Birth, (Street and Number)*	No. 2. 16 Light St.
5. *Full Name of Mother,*	Mary C. Beale.
6. *Mother's Maiden Name,*	" " Bradley.
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Robert H. Beale.
9. *Father's Occupation,*	Mate on Steamship.
10. *Father's Birthplace,*	Westmoreland. Virginia.
Name of Medical Attendant, or other person who makes this Return.	Annie Grumps.
Address,	No. 11. 14 Light St.
Remarks,	Yours. Respectfully.

890-00138 1

any such person or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 20678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered duly signed by the practitioner in charge of the case to the parent or other person having charge of such child, within the first and third day of each and every month, a certificate of birth. In case the birth of any child shall occur without the attendance of any such practitioner or of midwife, or in case no other person be in attendance who shall be required to report its birth, immediately thereafter it shall become the duty of the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 4. 1890.
4. Place of Birth, (Street and Number)	Garrett & M 1408.
5. Full Name of Mother,	Ernstinna Weiland
6. Mother's Maiden Name,	Ernstinna Roodyeaubz.
7. Mother's Birthplace,	Germena
8. Full Name of Father,	Adolf Weiland
9. Father's Occupation,	Labeuner
10. Father's Birthplace,	Germena
Name of Medical Attendant, or other person who makes this Return.	Mrs. Ethel
Address,	1619. Cuba St
Remarks,	Baltimore

1890 - 01382

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 30679.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 9 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex,* (State whether male or female) Female

2. *Race or color,* (if not of the white race)

3. *Date of Birth* April 5th 1890

4. *Place of Birth,* (Street and Number) 628 N. Calvert

5. *Full Name of Mother,* Louise D. Coburn

6. *Mother's Maiden Name,* " " Stolch

7. *Mother's Birthplace,* N. York City

8. *Full Name of Father,* Richard Coburn

9. *Father's Occupation,* Contractor.

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo B Reynolds Md

Address, 71 Pl Calvert St

Remarks,

890-001383

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 5th/90
4. *Place of Birth, (Street and Number)* #1602 Lemon St.
5. *Full Name of Mother,* Louisa Baette
6. *Mother's Maiden Name,* " " Thum
7. *Mother's Birthplace,* Selters Germany
8. *Full Name of Father,* Christopher Baette
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Annie Linder

Address, #106 S. Haven

Remarks,

... the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

B90-001384

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH A. 20681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 7th

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) W
3. Date of Birth, April the [illegible]
4. Place of Birth, (Street and Number) No 1164 Washington Ave
5. Full Name of Mother, Catherine ~~Hausbitz~~ Hausbitz
6. Mother's Maiden Name, " Fitsch
7. Mother's Birthplace, City
8. Full Name of Father, John Hausbitz
9. Father's Occupation, Shumaker
10. Father's Birthplace, Lowered County

Name of Medical Attendant, or other person who makes this Return. Mrs A Sedley

Address, 1004 W Lexington St

Remarks,

1890-001385

If any child born alive in the City of Baltimore shall not have been registered within the period above required, and the death of such child shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child to report the birth of such child to the Commissioner of Health, or the person in charge of the funeral of such child shall report the birth to the Commissioner of Health, before the burial of such child shall take place, and every such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. SHLAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether mate or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 6th
4. *Place of Birth (Street and Number),* 103 W. Lombard St.
5. *Full Name of Mother,* Ellen Langmead
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Springfield Co. Bristol Colony
8. *Full Name of Father,* Alfred Edwin Langmead
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Belstone, Devonshire, England

Name of Medical Attendant, or other person who makes this Return. Elizabeth Lashborough

Address, No. 12 E. Lexington St. Baltimore

Remarks,

Baltimore Publishing Co., City Printers and Stationers

1890 - 001386

Sec. 2. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the name of each child, if any shall have been born, to be ascertained as far as the same can be ascertained the full name of each child, if any shall have been born, to be ascertained as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth of such child, which information shall be delivered, duly written and signed, to the Commissioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person in whose house or premises such birth shall occur, or in whose charge the child may be, to report the birth to the Commissioner of Health. It shall become the duty of the person or parents, each and every such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH A 20683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) W.
3. Date of Birth, April the 1st 1870
4. Place of Birth, (Street and Number) 233 Barton St
5. Full Name of Mother, Barbara Lemlar
6. Mother's Maiden Name. Kreazar
7. Mother's Birthplace, Germany
8. Full Name of Father, Georg Lemlar
9. Father's Occupation, Neets Carrear
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. M. A. Godley

Address, 1004 Lexington St

Remarks,

890 - 00 1387

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, within ten days after the birth of every child born in said city, by the physician or midwife in attendance, or if there is no physician or midwife in attendance, then by the father of such child, or the householder in whose house the child was born, to the office of the Commissioner of Health. In case no other person be in attendance, then the father of such child, or the householder in whose house the child was born, shall cause the said schedule to be delivered, within ten days after the birth of every child born in said city, to the office of the Commissioner of Health, in the manner and within the period above required; and the attendance of a physician or practitioner of the healing art upon the person or parents of such child shall not relieve the midwife, householder or other person in attendance from the duty of causing the said schedule to be delivered as aforesaid. Any midwife, householder or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. SHAW & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 6th

1. Sex, (~~state whether~~ male ~~or female~~) .....
2. Race or Color, (~~if not of the~~ white race) .....
3. Date of Birth, April 5th 1890.
4. Place of Birth, (Street and Number) 835 N Fayette St.
5. Full Name of Mother, Hannah Mann.
6. Mother's Maiden Name, Hannah Simpson.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Henry Mann.
9. Father's Occupation, Wholesale Clothier.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Wm. L. L. Kluge M.D.

Address, 662 W Lexington St.

Remarks, ...

1890-001388

...as the same can be ascertained the full name of each child. In case of a ... been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, of any child born alive, a certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month next succeeding the birth, stating the name and residence of the mother, the date and place of birth, and the sex and color of the child. Such certificate shall be delivered to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person occupying such premises to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall wilfully neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 20685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7th. 90.
4. Place of Birth, (Street and Number) 329 S. Fulton Ave.
5. Full Name of Mother, Carrie L. Pilson
6. Mother's Maiden Name, Carrie L. Leahy
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, George W. Pilson
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. H. C. Ohle M.D.

Address, 1031 W. Fayette St.

Remarks,

890-001389

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or person in attendance, or the father or mother of such child, or the owner or occupant of the house in which such birth occurs, within ten days after the birth of any child born in such house, to the Registrar of Vital Statistics, or his authorized agent, who shall issue a certificate therefor. If any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form as above provided; and any such person or persons neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	April 9
4. Place of Birth (Street and Number),	610 John St.
5. Full Name of Mother,	Jean Harris
6. Mother's Maiden Name,	Harris
7. Mother's Birthplace,	Canada
8. Full Name of Father,	John F Harris
9. Father's Occupation,	Agent
10. Father's Birthplace,	Balt
Name of Medical Attendant, or other person who makes this Return.	A.M. Wilson
Address,	1008 Mad. Ave.
Remarks,	

Every birth, sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

690-001390

RETURN OF A BIRTH A 20687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col'd

3. Date of Birth, Apr 1 90.

4. Place of Birth, (Street and Number) 20 N Bruce St

5. Full Name of Mother, Mary J Torrey

6. Mother's Maiden Name, Mary J Whitehead

7. Mother's Birthplace, Md

8. Full Name of Father, Washington Torrey

9. Father's Occupation, Lab'r

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Jane Whitehead

Address,

Remarks,

590-001391

...ed to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, the name of each child born alive ...ithin the city limits, and the name and occupation of the parents, the date and place of birth, sex and ...olor of the child, and such other facts as can be ascertained. The return of the birth of any child ...hall be made as soon as possible after the birth, and before the child leaves the house, and ...hall be duly signed by the physician in attendance, or if there be no physician, then by the ...ther person present at the birth. If no other person be present, then the mother, if able, shall ...ake such return. Every physician or midwife who shall attend upon any case of birth shall ...ithin ten days after the birth of any child ...ake a certificate containing the facts required to be returned by the parent, and ...ithin the first ten days of each month deliver to the Commissioner of Health, or ...is duly appointed agent, all certificates ...igned by him during the preceding month. ...ny physician or midwife who shall neglect ...r refuse to make such certificate, or to ...eport the birth of any child which he ...hall attend, shall forfeit and pay for ...ach offence a sum not exceeding ten ...ollars, to be recovered as other fines and ...orfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Color
3. Date of Birth,	April 1st 1890
4. Place of Birth, (Street and Number)	141 Hennrietta St.
5. Full Name of Mother,	Sarah L. Brown
6. Mother's Maiden Name,	Sarah L. Johnson
7. Mother's Birthplace,	Dorchester county MD
8. Full Name of Father,	Charles H Brown
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Caroline county MD
Name of Medical Attendant, or other person who makes this Return.	Scharlottie Williams
Address,	940 Leadenhall st
Remarks,	five dollars

890-001392

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20689.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Female Male
2. Race or Color, (if not of the white race)	—
3. Date of Birth,	April 2. 99
4. Place of Birth, (Street and Number)	214 S. Pattison St. Bal.
5. Full Name of Mother,	Mrs. Lida A. Gray Jones
6. Mother's Maiden Name,	Miss Lida A. Gray
7. Mother's Birthplace,	Balt. Md.
8. Full Name of Father,	Capt John Thos. Jones
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Delaware
Name of Medical Attendant, or other person who makes this Return.	G. G. Burke
Address,	1000 E. Balt. St.
Remarks,	Natural Delivery

1899 - 001393

AUG 12 1900

...month, and the fee to be as for the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and residence of its parents, the date and place of birth; and the said Schedule shall be delivered, duly signed by the practitioner in person, or mailed, postage prepaid, within ten days after the birth; and if any such birth shall occur without the attendance of a physician or midwife, or should no other person required to report the same, then it shall be the duty of the person in charge of the premises where such birth occurs, within ten days after the same, to report the same to the Commissioner of Health. In case of the death of any child without the attendance of a physician or midwife, the person or parents of such child shall report the same to the Commissioner of Health, as above required, and in default thereof shall be subject to the penalties hereinafter provided for violations of this section. All fines and penalties shall be recovered as other fines and penalties are recovered.

Sec. 4. And be it further ordained, That it shall be the duty of the Commissioner of Health to report monthly to the Mayor and City Council the number of births and deaths which have occurred in the City during the month, and the names of the persons who shall hereafter fail to report births or deaths, as required by this ordinance, and the Mayor and City Council shall cause the persons so reported to be prosecuted with due diligence, and subjected to the fine of ten dollars for each offence, to be recovered as other fines are recovered.

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 2 the April
5. Place of Birth, (Street and Number) 2219 Canton Ave.
6. Full Name of Mother, Berka Pross
7. Mother's Maiden Name, = Koch
8. Mother's Birthplace, Efslingen (Württemberg) Germ.
9. Full Name of Father, Julius Pross
10. Father's Occupation, Backer
11. Father's Birthplace, Neuenburg (Württemberg) Germ
12. Name of Medical Attendant, or other person who makes this Return. Mrs. E. Weis
13. Address, 2524 Lancaster St. Canton
14. Remarks, 1 Month Baby

690-001394

BALTIMORE CITY HEALTH DEPARTMENT APR 12 2 PM 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 3rd April
5. *Place of Birth, (Street and Number)* 2312 Alsacam
6. *Full Name of Mother,* Mary Krupski
   Mother's Maiden Name, Mary Krupski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Krupski
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Krupski

Address, 806 Ann St

Remarks,

890-601395

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS APR 14 1890

month, and shall set forth as far as the same can be ascertained the full name of such child. If any shall have been conferred; its sex, color, the full name and residence of its parents, the date and place of birth; and the said midwife shall be delivered, duly signed by the practitioner in his stead, the date and place of birth; and the shall on or within the first week of every month to the office of the Commissioner of Health. In case the child dies and attendance upon the mother, since the birth of such child, the name and residence of such person be in like manner reported to the Commissioner of Health, in the manner and within the time required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20697.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3rd 1890
4. Place of Birth, (Street and Number) 17 Wagg St.
5. Full Name of Mother, Jennie Todd
6. Mother's Maiden Name, Jennie Larson
7. Mother's Birthplace, Hoopers Island
8. Full Name of Father, William Todd
9. Father's Occupation, Captain
10. Father's Birthplace, St Mary's District.

Name of Medical Attendant, or other person who makes this Return. M. R. Cooley

Address, 213 E. Hoath St

Remarks, Doing Well

890-001396

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of ... and the third day of each and every month to the office of the Commissioner of Health, and the said ... shall ... upon the mother, immediately thereafter. It shall become the duty of the person or persons who shall have ... child to report its birth to the Commissioner of Health, in the manner and within the period above ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ... Jetsel to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are ...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White race
3. Date of Birth,	4th April
4. Place of Birth, (Street and Number)	St Peter St 863
5. Full Name of Mother.	Catherine Delsher
6. Mother's Maiden Name,	Cathrine Smith
7. Mother's Birthplace,	Baltimore
8. Full Name of Father.	George Delsher
9. Father's Occupation,	Carter
10. Father's Birthplace,	Baltimer
Name of Medical Attendant, or other Person who makes this Return.	Cathrine Riley
Address,	1126 Russell
Remarks,	

C78-00139?

Murphy & Co., City Printers and Stationers.

Permits the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the mother, if living, or to the father, or other relative of the mother living in the house in which the birth occurred, or to the undertaker who shall be employed to bury the body of such child, within ten days next after the birth of any child, and every such practitioner, midwife or undertaker who shall neglect or refuse to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 2069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,*
4. *Place of Birth (Street and Number),*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

C 70 - 001398

RETURN OF A BIRTH A 20695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 5th
4. *Place of Birth, (Street and Number)*	1923 Ridge Place
5. *Full Name of Mother,*	Isabella O. Magness
6. *Mother's Maiden Name,*	" Oliver
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William J. Magness
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs R. Kirby
Address,	
Remarks,	

690 - 001399

WM. A. S. BALLANTY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 5th
4. Place of Birth, (Street and Number) 232 Fullerton ave
5. Full Name of Mother, Ellen [illegible]
6. Mother's Maiden Name, Roth
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1890 - 001400

been conferred) its sex, color, the full name and occupation of its parents, the name of each child, if any shall have been previously born to the mother, the number of such children now living, and the number of such children now dead. And the said actor shall, in every month, so the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the mother of such child to report the birth to the Commissioner of Health within the period above required, and any such mother who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case of births occurring in his practice, or by the person in charge of such lying-in establishment, in case the birth of any child shall occur within the same, or by the father, mother or other person having knowledge of the facts, within the third day of each and every month to a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such family where the birth occurred to report the same within the next succeeding ten days, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col'd
3. *Date of Birth,*	April 5 90
4. *Place of Birth, (Street and Number)*	222 Lemon al
5. *Full Name of Mother,*	Sidonia Smith
6. *Mother's Maiden Name,*	Sidonia Williams
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Wm Smith
9. *Father's Occupation,*	Lab'r
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Jane Woodland
Address,	
Remarks,	

1890-001401

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70695

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 5th 90.
4. *Place of Birth, (Street and Number)*	1377 N. Stricker
5. *Full Name of Mother*	Mary Phelps
6. *Mother's Maiden Name,*	H. Horkamp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Phelps
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Geo. W. Annis M.D
Address,	1501 Pennsylvania Ave
Remarks,	Baltimore

1 6 9 0 - 0 0 1 4 0 2

& CO., CITY PRINTERS AND STATIONERS

"Hospitals, Physicians, and others, giving distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH A. 20699.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, the Sixth of April
4. Place of Birth, (Street and Number) No 643 Calhoun Street
5. Full Name of Mother, Senna Gallash
6. Mother's Maiden Name, Mrs Weaver
7. Mother's Birthplace, Germanie
8. Full Name of Father, Henry Weaver
9. Father's Occupation, Baker
10. Father's Birthplace, Germanie

Name of Medical Attendant, or other person who makes this Return. Kathern Doll

Address, No 349 Bantaloe St

Remarks,

1890 - 001403

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, if there was one, in the form of a certificate between the first and said schedule on and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the nearest relative present, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 10700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*. 2*d*. 3*d*, &c.)	8
1. Sex, (*State whether male or female*)	Male
2. Race or color, (*if not of the white race*)	white
3. Date of Birth.	April 11 C 91
4. Place of Birth, (*Street and Number*)	ad 2724 Hudson st
5. Full Name of Mother,	Ella Abram
6. Mother's Maiden Name.	Hamon
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Columbus Abram
9. Father's Occupation,	Stevedore
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	wm J Hampton
Address,	ad 924 Piney st
Remarks,	Twins

1890 - 001404

been conferred. Its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife present at the birth, if there was one. The first and second births shall be delivered duly signed by the physician or midwife present at the birth, or if there be no such person, by the father or mother of such child, within ten days after the birth, and the third day of each and every month to the office of the Registrar of Vital Statistics; and no other person be in default if such certificate be delivered by the father or mother of such child. Any physician or midwife who shall neglect or refuse to make such return as herein required, shall forfeit and pay for each and every such offence the sum of ten dollars, to be recovered as other debts of like amount are recoverable. And it shall become the duty of the father or mother of any child attendance upon the birth of such child, to report the birth to the Commissioner of Health, in the manner and within the time prescribed in this section, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (ten dollars for each offence) to be recovered as other debts and forfeitures are recoverable.

J. C. FULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 6. 1890
4. Place of Birth, (Street and Number) 638 Pulaski St.
5. Full Name of Mother, Sadie Thomas
6. Mother's Maiden Name, " Robuck
7. Mother's Birthplace, Balto Co. Md
8. Full Name of Father, Cornelius Thomas
9. Father's Occupation, Carrier
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Marion Brown M.D.

Address, 1146 McCulloh St.

Remarks,

690-001405

been conferred. Its sex, color, the full name and occupation of its parents, the exact place of birth, and said schedule, he delivered, duly signed and sworn to before a certificate to the effect, between the first and third day of each month to the office of the Commissioner in the form of a certificate to be furnished by him, and shall occur without the attendance of a physician or practitioner of Health. In case a birth or stillbirth shall child to receive upon the mother, immediately after the birth of any child, or the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. S. GILLAN & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* April 7
4. *Place of Birth, (Street and Number)* South Beathel Street No 134
5. *Full Name of Mother,* Mrs Johnnie Keene
6. *Mother's Maiden Name,* " Johnnia House
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Mr George Lake Keene
9. *Father's Occupation,* work In A parlore
10. *Father's Birthplace,* In the Contry Eastenshore

Name of Medical Attendant, or other Person who makes this Return. Mrs Georgeannia Webb

Address, 211 Alley No 24

Remarks,

1890 - 001406

ascertained the full name of each child (if any shall have been omitted), its sex, color, the full name and occupation of its parents, the date and place of birth of each child, and every month to the Office of the Commissioner of Health. In case the parents have been married, the date of their marriage. Each physician or midwife who shall be employed, duly signed by the practitioner in the form of a certificate herein required, to be delivered to the person making the return of the birth of any child, as aforesaid, before he shall be entitled to receive any fee for his services. Every physician or midwife who shall be in attendance upon the mother, immediately before and within the period above required, and any such person report the birth to the Commissioner of Health in the manner and within the period above required, and any such person who shall be in attendance upon the mother, and who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 20703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	April 7/90
4. Place of Birth (Street and Number),	129 Irving Place
5. Full Name of Mother,	Lida Jones
6. Mother's Maiden Name,	Lida Hill
7. Mother's Birthplace,	Md. City
8. Full Name of Father,	Rev. Geo. E. Jones
9. Father's Occupation,	Minister
10. Father's Birthplace,	Delaware
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M.D.
Address,	129 S. Broadway
Remarks,	

1890-001407

Penalty.—Any person who shall neglect or refuse to make the return required by this act, or who shall make a false return, shall be guilty of a misdemeanor, and on conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment not exceeding thirty days, or both, at the discretion of the court.

Form.—Its sex, color, the full name and nationality of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form, as certified to hereof, to the said registrar within ten days after the birth. And every midwife, or other person who shall attend at any birth, other than the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, the time and within the period above specified, and any such person or persons who shall neglect or refuse to make such report shall be subjected to the like penalties and forfeitures for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

CERTIFICATE CORRECTED 11-30-49

RETURN OF A BIRTH A 20705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Wilma Moehlmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex, (State whether male or female)	Girl
2. Race or color, (if not of the white race)	White
3. Date of Birth,	7th of April 1890
4. Place of Birth, (Street and Number)	228 North Chester St.
5. Full Name of Mother,	Barbara Beck Moehlmann
6. Mother's Maiden Name,	Barbara Hartman Beck
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Hartman Moehlmann
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Cornelius Kunkel
Address,	213 North Chapel St. per Justina Kunkel
Remarks,	Healthy

890-001408

been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second days of each month, to the Commissioner of Health. If a certificate of any birth at which a midwife shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with these requirements shall for each such offense be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	8 6 [illegible]
4. Place of Birth, (Street and Number)	928 W.n. Washington st
5. Full Name of Mother,	Minnie May [illegible]
6. Mother's Maiden Name,	Minnie Hofer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry May [illegible]
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Baltimore Harry Walter
Name of Medical Attendant, or other person who makes this Return.	Mary Walter
Address,	503 N Caroline st
Remarks,	

1890-001409

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the day, month and year of its birth, and the name, residence and occupation of its parents, the date and place of birth, and the said return of each and every month to the office of the Commissioner of Health. It shall be the duty of the person or parents of such child to give the information required, and in default thereof, it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, to be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Tuesday April 8th/90.
4. Place of Birth, (Street and Number) 1714 Lancaster St.
5. Full Name of Mother, Mary Croefuld.
6. Mother's Maiden Name, " Kolb
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Jacob Croefuld.
9. Father's Occupation, Cook.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Ulrica Goetzke

Address, 114 S. Bond St.

Remarks,

1890-001410

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, apr 8/20
4. Place of Birth, (Street and Number) 507 Bruce St
5. Full Name of Mother, Kate Poe
6. Mother's Maiden Name, Kate Poe
7. Mother's Birthplace, Va
8. Full Name of Father, Henry Williams
9. Father's Occupation, Coachman
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

890-001411

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 8th 90
4. *Place of Birth, (Street and Number)*	120 W. Pratt St.
5. *Full Name of Mother,*	Sarah Worselus
6. *Mother's Maiden Name,*	Polish
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Wm Worselus
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	H W Webster
Address,	403 Hanover St
Remarks,	

L 10 - 0 1 4 1 2

From and after the 1st day of July, 1875, it shall be the duty of the physician or midwife in attendance upon any birth, within the limits of Baltimore City, to report such birth to the Commissioner of Health, within ten days thereafter, giving the full name of the child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified. And any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	white
3. *Date of Birth,*	April 9/20
4. *Place of Birth (Street and Number),*	2101 E. Lombard St.
5. *Full Name of Mother,*	Ella Eisenhauer
6. *Mother's Maiden Name,*	Horney
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Geo. W. Eisenhauer
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Carroll Co. Md.
Name of Medical Attendant. or other person who makes this Return.	R. W. Mansfield M.D.
Address,	129 S. Broadway
Remarks,	

690-001413

Penalty: In sex, color, the full names and occupation of the parents, the date and place of birth, and the self-subscription shall be disproved, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the mother herself shall be required to make such return as aforesaid, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Guttman & Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH, A 20710

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (stote whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Dote of Birth 9th of April
4. Place of Birth, (Street and Number) 125 ½ William St.
5. Full Name of Mother annie E Kennedy
6. Mother's Maiden Name annie E Brickell
7. Mother's Birthplace Cecil County
8. Full Name of Father Thomas Kennedy
9. Father's Occupation Fireman for B&O Ohio
10. Father's Birthplace Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. Mrs Conway

Address

Remarks Sent 6 hours after birth. Cause unknown

Thomas Father 70 001414

Please write plainly, with ink. City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

No. 2011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 9th 90
4. *Place of Birth, (Street and Number)* 645 Franklin St.
5. *Full Name of Mother,* Hannah Shafer
6. *Mother's Maiden Name,* " Horn
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jacob C. Shafer
9. *Father's Occupation,* Provision Dealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. F. Keller M.D.

Address, 639 Franklin St.

Remarks,

Murphy & Co., City Printers and Stationers.

1890 - 001415

RETURN OF A BIRTH

A 20712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	9th of April 1890
4.	*Place of Birth, (Street and Number)*	918 Cor. Fayette & Chapel St.
5.	*Full Name of Mother,*	Mary Schmitt
6.	*Mother's Maiden Name,*	Mary Staggenwald
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	George Staggenwald
9.	*Father's Occupation,*	Engenmier
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Crescintia Kunkel
	Address,	213 North Chapel st. per Ignatina Kunkel
	Remarks,	Healthy.

690-001416

APR 25 1890

WM. J. C. DULANY CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept. 10
4. Place of Birth (Street and Number),	673 Druid Hill Ave.
5. Full Name of Mother,	Grace Keach Guest
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Balt.
8. Full Name of Father,	Cyrus W. Keach
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Balt.
Name of Medical Attendant, or other person who makes this Return.	A. Nicholson
Address,	1008 Mad. Ave.
Remarks,	

shall be delivered, duly signed by the practitioner in attendance upon the case, or other person having charge of the same, to the Registrar of the district, and the said schedule shall be delivered, duly signed by the practitioner in attendance upon the case, or other person having charge of the same, to the Registrar of the district, and the said schedule in no case shall any fee be charged for the first such return. It shall be the duty of every physician or midwife in attendance upon any case of birth, to make out and deliver to the Registrar of the district, the first said third day of each and every month to the office of the Commissioner of Health. It shall be the duty of every physician or midwife in attendance upon any case of birth, to make out and deliver to the Registrar of the district, the first said third day of each and every month to the office of the Commissioner of Health. In the absence of a physician or midwife, the duty of making such return shall devolve upon the father, mother, householder or nurse in charge of the parent or parents of such child, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Rimoe Publishing Co., City Printers and Stationers

C90-001417

... been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 2714.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* April 10th 1890
4. *Place of Birth, (Street and Number)* No 1530 Hanover St
5. *Full Name of Mother,* Amanda Mates
6. *Mother's Maiden Name,* Amanda Meck
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* John Mates
9. *Father's Occupation,* Glass worker
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 1644 South Charles Street

Remarks,

1890-001418

J. C. Bulany & Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890-001419

J. C. BULAMY & CO., CITY PRINTERS AND STATIONERS

Every physician or midwife in attendance upon a birth in this State shall ascertained the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of its parents, the date and actual place of birth; and the said child, if born in the city of Baltimore, shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of such child shall occur without the attendance of such physician or midwife, or if the person in attendance upon a birth shall be prevented from complying with the provisions of this section, it shall be the duty of each and every month to the office of the Commissioner of Health, within the period above required, said attendance upon a birth to the Commissioner of Health, in like manner and with like effect as if he had been in such attendance; and the failure of any person in charge of the premises where such birth occurs to report the same immediately thereafter it shall become the duty of the person in charge of the premises where such birth occurs to report the same within the period above required, and shall comply with the provisions of this section, which shall be enforced as other fines and forfeitures are recoverable. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20716

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10th 1890
4. Place of Birth, (Street and Number) 9. Pearl st
5. Full Name of Mother. Sophy Winkie
6. Mother's Maiden Name. " Schultz
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Albert Winkie
9. Father's Occupation, ~~Baltimore city~~ Barber
10. Father's Birthplace. Baltimore city

Name of Medical Attendant, or other Person who makes this Return W. W. Wright MD

Address, 220 N Gilmor st

Remarks.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 10 1890
4. Place of Birth, (Street and Number) 1506 Brocken Street
5. Full Name of Mother, Emily R Travers
6. Mother's Maiden Name, " Hooper
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William J Travers
9. Father's Occupation, Plain bricklayer
10. Father's Birthplace, Dorchester County Md

Name of Medical Attendant, or other person who makes this Return. Marbury Brewer M.D.

Address, 1106 McCulloh Street

Remarks,

1890 - 00142 1

J. B. GALAXY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Thursday April 10/96.
4. Place of Birth, (Street and Number) 408 N. Bond St.
5. Full Name of Mother, Theresia Japh.
6. Mother's Maiden Name, Kobber.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Japh.
9. Father's Occupation, Tinner-cutter.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Alice Wolke.

Address, 114 N. Bond St.

Remarks,

690 001422

Every birth which occurs in Baltimore City shall be registered, and the name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the name of the said schedule shall be delivered, duly signed by the practitioner or person in charge, to the Commissioner of Health. In case the birth of any child third day of each and every month, a return of all births which have occurred during the preceding month, on a schedule to be furnished by the Commissioner of Health, and within the first and such return with the names of the children omitted. And it shall become the duty of the person so required, and upon the mother, immediately thereafter, if able, to report the birth to the Commissioner of Health, in case there be no physician or practitioner of midwifery, or should no other person be in attendance, or in case of the inability of the person so required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. No 719.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10th 1890
4. Place of Birth, (Street and Number) 119 N. Perry St
5. Full Name of Mother, Katie Strouski
6. Mother's Maiden Name, Cyonuse
7. Mother's Birthplace, Russia
8. Full Name of Father, B. Strouski
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. H. W. Webster

Address, 403 Hanover St.

Remarks,

above, and if the birth as far as the same can be ascertained the full name of each child, if any shall have been concealed its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be signed by the practitioner in the form of a certificate between the first and third days of each and every month after the time of birth. It shall be the duty of any child attendance without the attendance of a physician or practitioner of midwifery, or should no other person shall occur without the attendance of a physician or practitioner of midwifery, or should no other person duly authorized to act as aforesaid be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. SALADY & CO., CITY PRINTERS AND STATIONERS

I-E-V-8-0-0-1-4-2-3

RETURN OF A BIRTH A 70720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, April 6th 20

4. Place of Birth (Street and Number), 565 Barre St

5. Full Name of Mother, Alice V. Hartzell

6. Mother's Maiden Name, Alice Gerwig

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ed Hy. Hartzell

9. Father's Occupation, Coachman

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Dr. Thos. Thomas Ind.

Address, 6 W. Lanvale Ave

Remarks,

APR 15 1920

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance [illegible] the mother, immediately thereafter it shall become the duty of the [illegible] and any such person or persons the Commissioner of Health may designate, to report the same to the [illegible] and any such person or persons who shall have failed to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Publishing Co., City Printers and Stationers

E 90 - 001424

RETURN OF A BIRTH A. 20 [illegible]

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

GIVEN NAME ADDED 3-2265

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~First~~ Anna Lipper
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	April. 10 1890
4. Place of Birth, (Street and Number)	1677 N. Gay Street.
5. Full Name of Mother,	Lena Lipper
6. Mother's Maiden Name.	Lena ~~Roth~~ Rode
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry J. Lipper
9. Father's Occupation.	Engineer
10. Father's Birthplace.	Germany
Name of Medical Attendant, or other Person who makes this Return,	D. F. Martenet
Address,	1441 N. Gay Street
Remarks.	Mrs Roth nurse

1890 - 004425

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH A 20732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	white
3. Date of Birth,	April 11 1880
4. Place of Birth, (Street and Number)	1220 Park st
5. Full Name of Mother,	Arabell Burns
6. Mother's Maiden Name,	Clark
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Alexander Burns
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Sarah J Harrington
Address,	124 Binney st
Remarks,	

1890 - 001426

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Apl 10/90
4. *Place of Birth, (Street and Number)* #1042 W Lexington St
5. *Full Name of Mother,* Mamie E Hartnedy
6. *Mother's Maiden Name,* Mamie E Lloyd
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Cornelius J A Hartnedy
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* New York City N.Y.

Name of Medical Attendant, or other person who makes this Return. M A J Lilley

Address, 1004 W Lexington St.

Remarks,

1890-001427

APR 14 1890

J. W. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 10721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.). 7th Child

1. Sex, (*State whether male or female*) Girl

2. Race or color, (*if not of the white race*) White

3. Date of Birth, 10th of April 1890.

4. Place of Birth, (*Street and Number*) 1913 Jefferson street

5. Full Name of Mother, Amelia Hober

6. Mother's Maiden Name, Amelia Strasheim

7. Mother's Birthplace, Germany

8. Full Name of Father, Frederick Strasheim

9. Father's Occupation, Schaffer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Gresinthe Kunkel

Address, 213 North Chapel st. for Justina Kunkel

Remarks, Healthy.

L 890-001428

Every person who shall make any false statement in the above certificate, or shall refuse to give any information required by the Registrar, or shall neglect or refuse to sign the certificate after it is prepared for signature, as directed, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars. The certificate shall be delivered, duly signed by the practitioner in the first case, or midwife in the second case, to the parent or person having charge of the child, within ten days after the birth, and a certificate shall be delivered, duly signed by the practitioner in the first case, or midwife in the second case, to the parent or person having charge of the child, within ten days after the birth, and every month to the office of the Registrar of Vital Statistics, between the first and third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person be in attendance, then by the midwife or practitioner in whose district the birth shall occur, and in case the birth of any child shall occur without the attendance of any person required by this section to report such birth, then it shall become the duty of the person or persons in charge of the house or premises where the birth occurs within five days after the birth occurs, to report such birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 20 7215

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 11th 1899
4. Place of Birth (Street and Number)	906 Hollins St
5. Full Name of Mother	Mary Hendrihan Cavanaugh
6. Mother's Maiden Name	Mary Hendrihan
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Thos. Cavanaugh
9. Father's Occupation	Machinist
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Thos. J. P. McConnick M.D
Address	1421 Eutaw Place
Remarks	Normal Labor

1899-001429

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 90
4. Place of Birth, (Street and Number) 726 Aisquith St
5. Full Name of Mother, Jennie C Maguire
6. Mother's Maiden Name, Hilland
7. Mother's Birthplace, Balto City
8. Full Name of Father, W H Maguire
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Madison Mississippi

Name of Medical Attendant, or other Person who makes this Return. Dr Maguire MD

Address, 11 S Ohio St

Remarks,

1890 No 1436

Murphy & Co., City Printers and Stationers.

Persons who fail to file all items of each child, if any shall have been conferred, by sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled out, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth of any child shall occur without sufficient excuse therefor, or shall knowingly or wilfully make any false statement in the certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth of any child shall occur without sufficient excuse therefor, or shall knowingly or wilfully make any false statement in the certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth of any child shall occur without sufficient excuse therefor it shall become the duty of the person or parents of such child to be in attendance at the office of the Commissioner of Health, in the manner and within the period of time above mentioned, and report all the facts required to be given in the certificate, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 11th 1890

4. Place of Birth, (Street and Number) 1614 E Eager st

5. Full Name of Mother, Willie May Adams

6. Mother's Maiden Name. " " White

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Emelious George Adams

9. Father's Occupation, Master Painter

10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. J J Pierpont M D

Address, 19 N Patterson Park Ave

Remarks,

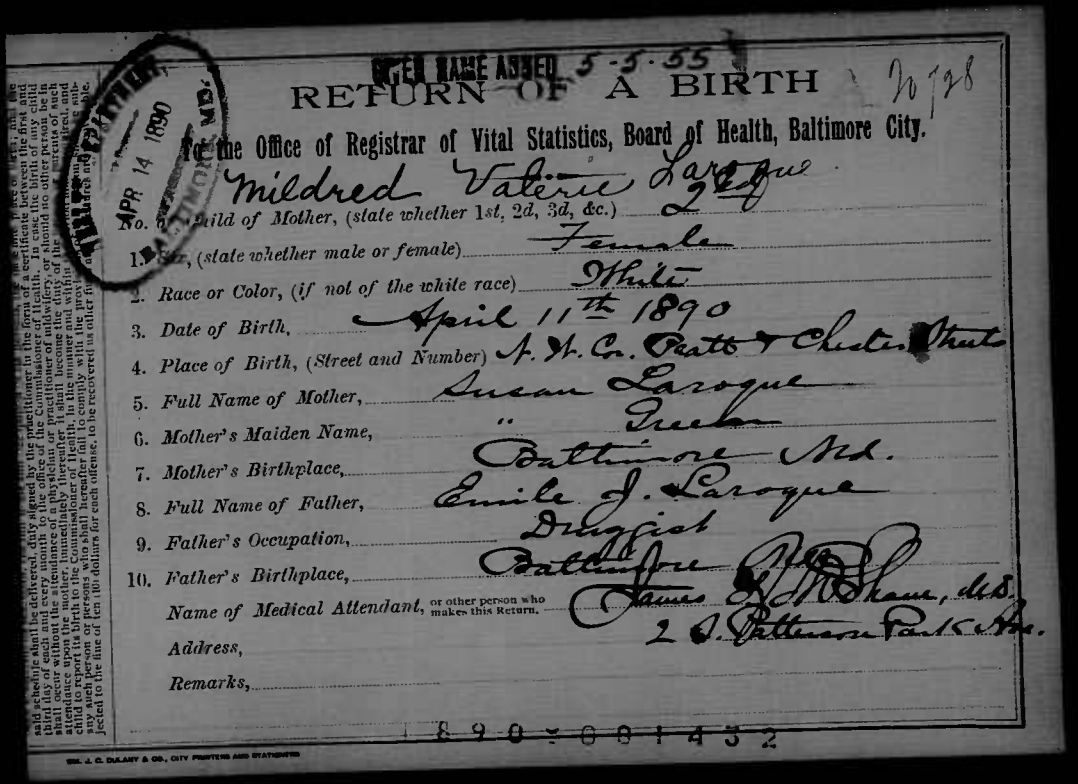
1890-001431

APR 14 1890

REGISTERED

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be signed by the practitioner in the form of a certificate between the first and third days of each month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report in birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered. [illegible] female.

Murray & Co., City Printers and Stationers



GIVEN NAME ADDED 5-5-55

RETURN OF A BIRTH

20728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 14 1890 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mildred Valerie Laroque 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 11th 1890

4. Place of Birth, (Street and Number) N. W. Cor. Pratt & Chester Sts

5. Full Name of Mother, Susan Laroque

6. Mother's Maiden Name, " Pruden

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Emile J. Laroque

9. Father's Occupation, Druggist

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. James F. McShane, M.D.

Address, 20 S. Patterson Park Ave.

Remarks,

1890 - 081432

said schedule shall be delivered, duly signed by the practitioner in the form of which a certificate has been given to him, and the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, it shall become the duty of the [illegible] of such child to report the birth to the Commissioner of Health. In the manner and within the time prescribed in this section. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in the manner provided by law.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20489

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, April 12th 1890. 11 A.M.
4. Place of Birth, (Street and Number) 796 E Lombard St
5. Full Name of Mother, Fannie Kuhl
6. Mother's Maiden Name, " Thaling
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Kuhl
9. Father's Occupation, Stock Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return — Mrs. A. Thrasher Nurse

Address, 1102 E Baltimore St

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

C 75 - 001433

RETURN OF A BIRTH A 41130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) W
3. Date of Birth, 12th April 1891
4. Place of Birth, (Street and Number) 213 N Schroeder St
5. Full Name of Mother, Maggie Faulmer
6. Mother's Maiden Name, Ledley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Faulmer
9. Father's Occupation, Metal worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Ledley

Address, 1004 N Lexington St.

Remarks,

890-001434

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. G. SHLAW & SO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10781

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex.* (state whether male or female)	Female
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth.*	April 12th 1890
4. *Place of Birth.* (Street and Number)	#910 W. Baltimore St
5. *Full Name of Mother.*	Barbara Bottiger
6. *Mother's Maiden Name.*	Barbara Buttner
7. *Mother's Birthplace.*	Germany
8. *Full Name of Father.*	George W. Bottiger
9. *Father's Occupation.*	Shoe Maker
10. *Father's Birthplace.*	Suffolk Va
Name of Medical Attendant. or other Person who makes this Return	Dr. Sparrow M.D.
Address.	#1037 N. Fulton Avenue
Remarks.	

1890 - 001435

... CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 20134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleven

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, April 12 00

4. Place of Birth (Street and Number), 106 Cumberland St

5. Full Name of Mother, Sarah Alice

6. Mother's Maiden Name, Sarah A Edwards

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jno. C. Alex

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. McCracken

Address,

Remarks,

890-001436

shall be delivered, duly signed by the practitioner in the form of a certificate, to the said registrar of births, as the case may be, between the first and third days of each and every month, in the office of the Commissioner of Health, in which shall be recorded the name, surname, residence and occupation of each parent, the date and place of birth, and the said registrar shall give to the said physician or practitioner a certificate of the birth of any child mentioned upon the same; and it shall be the duty of the person or parents, or other person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers

RETURN OF A BIRTH A 20133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether male or female),	F
2. Race or Color (if not of the white race),	W
3. Date of Birth,	April 13th 1890
4. Place of Birth (Street and Number),	210 Laurens St
5. Full Name of Mother,	Laura V Jenkins
6. Mother's Maiden Name,	Talbot
7. Mother's Birthplace,	Howard Co. Md
8. Full Name of Father,	Frank X. Jenkins
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Prince Georges Co, Md
Name of Medical Attendant, or other person who makes this Return.	Dr R. Winslow
Address,	1 Mt Royal Terrace
Remarks,	

1890 001437

Publishing Co., City Printers and Stationers

shall be delivered, duly signed by the practitioner in the form of a certificate hereinbefore prescribed, to the said registrar within the first and third day of each and every month to the office of the registrar of births, or should no other person be in attendance upon the mother at the birth of any child, it shall become the duty of the person or parents of such child, to report the same to the registrar of births, in the manner and within the period aforesaid, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 13
4. Place of Birth, (Street and Number)	1325 Hoeton St
5. Full Name of Mother,	Sophia Cronse
6. Mother's Maiden Name,	Sophia Alida
7. Mother's Birthplace,	Germaney
8. Full Name of Father,	Michel Crons
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Germaney
Name of Medical Attendand, or other person who makes this Return.	Mrs Donnelly
Address,	1635 Walbut St
Remarks,	None

1890 - 001438

J. C. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20735

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	5th
1. Sex. (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 13/90
4. Place of Birth, (Street and Number)	Unchester on Old Frederick Rd
5. Full Name of Mother,	Ellen M. Lee
6. Mother's Maiden Name,	" Hefner
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Michael M. Lee
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Geo W. Morris M.D.
Address,	1501 Pennsylvania Ave Baltimore
Remarks,	

If ch, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

B 70 - 001439

RETURN OF A BIRTH A 20736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 14th 1890
4. Place of Birth, (Street and Number) 1615 Light St.
5. Full Name of Mother, Annie Rosebrook
6. Mother's Maiden Name, Annie Love
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Rosenbrook
9. Father's Occupation, Potatoes
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return. M. R. Cookes
Address, 2136 Madison St
Remarks, Doing Well.

890-001440

HEALTH DEPARTMENT RECEIVED DEC 15 1890 BALTIMORE

said schedule shall be delivered, duly filled out, to the undertaker in the form of a certificate between the first and third days of each month, to the office of the commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Board shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as aforesaid.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20137.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 1 1890
4. *Place of Birth, (Street and Number)*	1218 Potopsco St
5. *Full Name of Mother,*	Mary E. Dowell
6. *Mother's Maiden Name,*	Mary E. Collison
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Amos J. Dowell
9. *Father's Occupation,*	Clerk in Tobacco Ho. House
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	W. B. Noble M.D.
Address,	301 Franklin ave City
Remarks,	

L 890 - 001441

been conferred) its sex, color, the full name and occupation of its parents, the date and the exact place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second visits to the mother. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person required, and shall not have been delivered, duly signed by the practitioner in the form of a certificate between the first and second visits to the mother. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person as is aforesaid report its birth to the Commissioner of Health, it shall become the duty of the person above required, and shall occur without the mother. Immediately thereafter, to the manner and within the time specified in this section shall be subject to a fine of ten (10) dollars for each offence. Any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. C. GUNBY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH E. 20738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 9 Third one

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct the 5 1890

4. Place of Birth, (Street and Number) No 5 Freemans Lane City

5. Full Name of Mother, Lucon Marshall

6. Mother's Maiden Name, Lucon Scott

7. Mother's Birthplace, Port Deposit Md

8. Full Name of Father, Robert Lee Marshall

9. Father's Occupation, Farming Work

10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return. Dr. C. T. Winkler Grad Wk

Address, No 28 Mount St Waverly

Remarks, None

890-001442

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 20739.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White race

3. Date of Birth 1 of April 1890

4. Place of Birth (Street and Number) abt 71 Walnut Alley

5. Full Name of Mother Kate Kreiner

6. Mother's Maiden Name Kate Schwitzer

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Kreiner

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Seiler No 538 Biddle abv

Remarks

690 - 001443

the name of the mother of such child or children.
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden

RETURN OF A BIRTH A 20740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White race.
3. Date of Birth,	April. 11/90
4. Place of Birth, (Street and Number)	No. 20.17. Whyman's Ct.
5. Full Name of Mother,	Lizzie. H. Lowe.
6. Mother's Maiden Name,	W.C. Call.
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	William Lowe.
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Annie. Gems
Address,	No. 1714 Light St.
Remarks,	Yours. Respectfully.

1890-001444

child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by such rules and regulations as may be established by the Board of Health, and any such person neglecting or refusing to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. BLAND & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH B. No 7441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 16 1890

BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, April 11th 1890
4. Place of Birth, (Street and Number) No 134 E. Frederick st
5. Full Name of Mother, Clara Jones
6. Mother's Maiden Name, Not Married
7. Mother's Birthplace, Boston
8. Full Name of Father, Unknown.
9. Father's Occupation, Unknown
10. Father's Birthplace, Given as Boston

Name of Medical Attendant, or other person who makes this Return. D. Ridgway Andre M D

Address, 1123 E Baltimore st

Remarks,

E 90 x 00 1445

THE J. S. DELACY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and such person is hereby required, to report the birth to the Commissioner of Health in the manner and within the time above specified, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 of April
4. Place of Birth, (Street and Number) 1006 Wolfe St
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace, Kent County
8. Full Name of Father,
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

690-001446

APR 1890

...the full name and occupation of its parents, the date and place of birth of each child, if any shall have occurred since the last return, and the sex and color of each child. In case the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child attendance upon the mother during her confinement, shall, within five days after the birth, report the particulars of such birth to the Commissioner of Health, in the manner and with the information required, and shall observe and be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 da

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 of April
4. Place of Birth, (Street and Number) 1016 Eastern st
5. Full Name of Mother, Ellen Smith
6. Mother's Maiden Name, McGinnis
7. Mother's Birthplace, Ft Kent Co Maine
8. Full Name of Father, Richard Smith
9. Father's Occupation, Coal Driver
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr Edward Davis

Address, 528 Aisquith

Remarks,

690-001447

been conferred; his or her color, the full name and occupation of its parents, the name of the physician or midwife present at the birth, and the place of residence between the first and second of each month, of all births which may have occurred within the city during the preceding month, and which may be delivered, duly signed by the Commissioner in the form of a certificate, to the parents or other person having charge of such child, or should no other person call for said certificate, then to the undertaker who may have charge of the interment of such child. The Commissioner of Health, or should no other person, such undertaker shall be required to report to the Commissioner of Health, within the first and second of each month, of all births which may have occurred within the city during the preceding month, and which may not have been reported to the Commissioner of Health, by the physician or practitioner in attendance upon the same, or by the parents or other person having charge of such child, or should no other person call for said certificate, then to the undertaker who may have charge of the interment of such child. The Commissioner of Health, or such other person as he may appoint for the purpose, shall visit every dwelling house in the city at least once in every month, and shall ascertain whether any births have occurred therein, and whether the same have been reported as required, and shall enter the same in a book to be kept for the purpose. Any physician or midwife who shall neglect or refuse to report any birth in the manner and within the time required, and any undertaker who shall neglect or refuse to report any birth to the Commissioner of Health, as required by this section, shall be subject to a fine of not less than ten dollars nor more than fifty dollars for each offense. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20744

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (~~state whether~~ 1st, ~~2d, 3d, etc.~~) 1st

1. Sex, (~~state whether~~ male or ~~female~~) male

2. Race or Color, (~~if not of the white race~~) white

3. Date of Birth, April 14th 1890 = 9.50 P.M.

4. Place of Birth, (Street and Number) 109 N Bond St

5. Full Name of Mother, Mary E. Rosenstine

6. Mother's Maiden Name, " " Shamberger

7. Mother's Birthplace, Md.

8. Full Name of Father, Reuben Rosenstine

9. Father's Occupation, Salesman

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return Mrs J. Sharkey Mid

Address, 1102 E Balto St

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

E 9 8 - 0 1 4 4 8

RETURN OF A BIRTH A 27446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colo

3. Date of Birth. April 25 th 1 o'clock A. 2. o'clock

4. Place of Birth, (Street and Number) Baltimore City No 235 Forrest st.

5. Full Name of Mother. Ella V. Gantt

6. Mother's Maiden Name, Ella V. Miller

7. Mother's Birthplace. Baltimore City

8. Full Name of Father. Joseph E. Gantt.

9. Father's Occupation. Labore Man.

10. Father's Birthplace. Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Hester Henson.

Address, No 422. Dallas St.

Remarks,

Murphy & Co., City Printers and Stationers.

5 9 0 - 0 0 1 4 4 9

RETURN OF A BIRTH.

2076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) F.
2. Race or Color, (if not of the white race) W
3. Date of Birth April 1 - 90
4. Place of Birth, (Street and Number) 1006 Concord St
5. Full Name of Mother, Rebecca Jones
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Birmingham England
8. Full Name of Father, John Evd. Jones -
9. Father's Occupation, Porculane worker
10. Father's Birthplace, Birmingham Eng

Name of Medical Attendant, or other Person who makes this Return, J. Wm Millard

Address, 1207 E Monument St

Remarks,

SEC. 3. Be it further enacted, That any person who shall wilfully refuse or neglect to report, as herein required, the birth of any child, or the particulars required to be reported in relation thereto, or who shall report any false information relative thereto, or who shall refuse or neglect to furnish any information in his possession required by the Registrar, or who shall refuse or neglect to register the birth of any child, or who shall refuse or neglect to perform any other duty required of him by this ordinance, shall be subjected to a fine of not less than one (1) dollar nor more than ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SEC. 4. Be it further enacted, That it shall be the duty of the Registrar to furnish to the parents, or parent, of each child born in the City of Baltimore, after the passage of this ordinance, a certificate of birth, on the presentation of a return of birth, signed by the physician or midwife in attendance upon the mother, or by the parents, or parent, of such child, which certificate shall be delivered, duly signed by the practitioner in the form of a birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the parents, or parent, to certificate between the first and third days after such occurrence, and it shall be the duty of the person or persons who shall report its birth to the Registrar of Vitals Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall be subjected to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

6 9 0 - 0 0 1 4 5 0

RETURN OF A BIRTH A 20747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Color
3. Date of Birth,	Birth
4. Place of Birth, (Street and Number)	1427 Fairmount ave
5. Full Name of Mother,	Mary Clark
6. Mother's Maiden Name.	Mary Washington
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wilson Washington
9. Father's Occupation,	Driving
10. Father's Birthplace,	Balto Point
Name of Medical Attendant, or other Person who makes this Return.	Gorgian Webb
Address,	24 Chew Al
Remarks,	

890 00 1451

Murphy & Co., City Printers and Stationers.

Births, the date and place of birth, and the said schedule shall be delivered, duly signed by the person in the form of a certificate, to the said Registrar within ten days after the birth, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person in whose house or tenement the child shall be born to report the birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons shall be liable and subjected to the penalties of this section, and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH A 20748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 1 1890
4. Place of Birth, (Street and Number)	617 Hillyman
5. Full Name of Mother,	Lizzie L. Marsh
6. Mother's Maiden Name,	Jahn
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Ernest Marsh
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1605 Walker St
Remarks,	

APR 1 1890

190 - 001452

Sec. 2. Be it further ordained, &c., That the said schedule shall state the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Registrar of Vital Statistics, for the City of Baltimore, of all births which shall occur within the said City during the preceding month, in the case where there is a physician in attendance upon the mother, and without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person neglecting or refusing to comply with the provisions of this section shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five nor more than ten dollars for each offense, to be recovered before any justice of the peace, and forfeitures are recoverable.

GEO. A. S. GALAXY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girle
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 4th 1890
4. Place of Birth, (Street and Number) Baltimore Boyd Street No 129
5. Full Name of Mother, Mary Crane
6. Mother's Maiden Name, Mary Kinsella
7. Mother's Birthplace, Ireland
8. Full Name of Father, Walter Crane
9. Father's Occupation, Labourer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchel

Address, No 848 west Pratt Street Baltimore

Remarks,

890-001453

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month of a physician or practitioner of the city, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above named, and shall cause the same to be registered in the office of the Commissioner of Health, and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 4 1890

4. Place of Birth, (Street and Number) N Eccor Bank and Duncan alley

5. Full Name of Mother, Emma Beckman

6. Mother's Maiden Name, Schmer

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Frank Beckman

9. Father's Occupation, Stockdyer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St.

Remarks,

890 - 001454

said schedule shall be delivered, duly signed by the practitioner in the case, the date and place of birth, and the name of such child, if any, to the office of the Commissioner of Health. It shall be the duty of every physician or midwife who shall attend the birth of any child after the same shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon such birth, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-4-58

RETURN OF A BIRTH

A 20757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ferdinand Henry Engel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 of April 1890
4. Place of Birth, (Street and Number) 890 Baltimore Baltimore Md. L.
5. Full Name of Mother, Rose Engel
6. Mother's Maiden Name, Rose Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. H. Engel
9. Father's Occupation, Barber
10. Father's Birthplace, E West city

Name of Medical Attendant, or other person who makes this Return, Swan Hunter

Address, 234 S Payne Pratten St

Remarks,

690 - 001455

said schedule shall be delivered, duly filled, to the Registrar of Vital Statistics, the date and place of birth, and the name and residence of the parents, and the occupation of the latter, as required by this section. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or persons in charge of the mother during her confinement, and of the father of such child, if present at the birth, to report the same to the Registrar of Vital Statistics in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 5 1890
4. *Place of Birth, (Street and Number)* 2123 Keyser St
5. *Full Name of Mother,* Annie Warfield
6. *Mother's Maiden Name,* Munroe
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Leonard Warfield
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St.

Remarks,

690 - 001456

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter to comply with the provisions of this section. If any child is born with a defect, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. GALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Buxton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7, 1890
4. Place of Birth, (Street and Number) 1147 York Road
5. Full Name of Mother, Billie I. Buxton
6. Mother's Maiden Name, Billie I. Schell
7. Mother's Birthplace, Frederick Co. Md.
8. Full Name of Father, Clarence M. Buxton
9. Father's Occupation, Railroader
10. Father's Birthplace, Frederick Co. Md.

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M. D.

Address, 811 Jefferson Ave. Waverly, Baltimore.

Remarks, GIVEN NAME ADDED 3-11-54 L.M.

690-001457

Penalty.—The person required to make the foregoing return who shall neglect or refuse to make such return within the time and in the manner required by this section, or who shall make a false return, shall be subjected to a fine of not less than ten (10) dollars nor more than one hundred (100) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 8th
4. *Place of Birth, (Street and Number)* 29 Little Broadford
5. *Full Name of Mother,* Mary E. Bradford
6. *Mother's Maiden Name,* Mary Boddy
7. *Mother's Birthplace,* Anne Arundel Co Md
8. *Full Name of Father,* John E. Bradford
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Georgiana Webb

Address, 21 Iron Alley

Remarks,

6 9 0 - 0 0 1 4 5 8

Murphy & Co., City Printers and Stationers.

persons, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the parent of a child or parents, or person having charge of such child, within ten days after the birth of such child, to be by him or her forwarded without the attendance of a Physician, or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the time specified above, to report the same, and for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8th 1890
4. Place of Birth, (Street and Number) 845 Lindenave
5. Full Name of Mother, ——— Dougherty
6. Mother's Maiden Name, —
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michael Dougherty
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. J. D. Lightart

Address, 1214 Linden ave. Balto

Remarks, Parents & grandparents Roman Catholic

840-001459

And be it further enacted, That the certificate herein provided for shall be signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall wilfully neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO'S CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 9 th April 1890
4. Place of Birth, (Street and Number) 245 N Amity St
5. Full Name of Mother, Mrs Anna Ruettinger
6. Mother's Maiden Name, Miss Anna Kirchner
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mr Michel K Ruettinger
9. Father's Occupation, Tailor
10. Father's Birthplace, Bevaria

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 d Poynter av

Remarks,

1890 - 001460

...ed its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...ed, and ...ed to ...ed in the form of a certificate between the ...ed of any child ...ed Commissioner of Health, it would be the duty of the person or parents of such ...ed, or other person to ...ed, within the period above ...ed, and ...ed to comply with the provisions of this section, shall be sub- ...ed for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 20753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 —
1. *Sex, (state whether male or female)*	M —
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth*	April 10/90
4. *Place of Birth, (Street and Number)*	1336 N Eden
5. *Full Name of Mother,*	Addie Elizabeth Seipp — Simmonds
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	BC
8. *Full Name of Father,*	Frank Seipp
9. *Father's Occupation,*	Conductor
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	Virgil Wilcox M
Address,	1217 E Monument St
Remarks,	

c 90 - 5 0 1 4 6 1

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled out, by the Attendant at the time of a certificate between the first and third day of each and every Physician or practitioner of midwifery, or should no other person be in attendance, then the nearest relative present at the birth, or the occupant of the house in which any child shall occur, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 2158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 4

1. Sex, (*state whether male or female*) girl
2. Race or Color, (*if not of the white race*) white
3. Date of Birth, April 12th 1890
4. Place of Birth, (*Street and Number*) Parkin Street No 199
5. Full Name of Mother, Hannah Myers
6. Mother's Maiden Name, Harriett Kelley
7. Mother's Birthplace, New York
8. Full Name of Father, Thomas Myers
9. Father's Occupation, Labourer
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks,

1890 - 001462

...occupation of the parents, the date and place of birth; and the ...said schedule shall be delivered to the ...third day of each month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or midwife, or should no other person required, and ...child to report its birth to the ... who shall hereafter fail to comply with the provisions of this section shall be ...any such person or persons ... dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ject to the fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ORE, J. S. DILLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, April 12th 1900
4. Place of Birth, (Street and Number) 3-38 N. Bond
5. Full Name of Mother, Anna Penrose
6. Mother's Maiden Name, " Sellers
7. Mother's Birthplace, Va.
8. Full Name of Father, Frank Penrose
9. Father's Occupation, Janitor
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. Dan'l Platt M.D.

Address, 2038 N. Bond

Remarks,

690 001463

said setherbite shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, nurse or householder in charge of the premises where such birth occurs shall report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18 1890
4. Place of Birth, (Street and Number) 623 Eastern
5. Full Name of Mother, Anna C. Fiock
6. Mother's Maiden Name, " Hofland
7. Mother's Birthplace, Rhein Hess
8. Full Name of Father, Herman
9. Father's Occupation, Gardener
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. David Rhett M.D.

Address, 423 S. Exeter

Remarks,

890-001464

RECEIVED APR 19 1890 BOARD OF HEALTH

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...said schedule shall be delivered, or caused to be delivered, by the physician, midwife or other person in attendance, or by the parent or parents, the date and place of birth; and the...shall be duly signed by the practitioner in the first case, or certificate between the first and...to the office of the Commissioner of Health. In case the birth of any child...attendance of a physician or midwife, or should no other facts of such...become the duty of the person above required, and...with the provisions of this section shall be sub-...hereafter fail to comply with the provisions of this section shall be...dollars for each offense, to be recovered as other fines and forfeitures are recoverable...

RETURN OF A BIRTH A 20761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 17 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18 1890
4. Place of Birth, (Street and Number) 614 E. Fayette
5. Full Name of Mother, Mary C. Voyer
6. Mother's Maiden Name, [illegible] C. Conley
7. Mother's Birthplace, Italy
8. Full Name of Father, Charles Voyer
9. Father's Occupation, Confectioner
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. David Stott M.D.

Address, 4239 Eastern Ave

Remarks,

890 - 001465

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto annexed, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attended upon the said practitioner shall occur after the said practitioner shall have ceased to attend upon the mother, then after the expiration of ten days from the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 14, 1890
4. Place of Birth, (Street and Number) No 415 N Durham St
5. Full Name of Mother, Annie Raden
6. Mother's Maiden Name, Annie Webb
7. Mother's Birthplace, Topsomuc, Virginia
8. Full Name of Father, James H. Raden
9. Father's Occupation, Labor
10. Father's Birthplace, Pillsburg Va.

Name of Medical Attendant, or other person who makes this Return, Susan Haynes

Address, No 123 N Durham St

Remarks,

890 - 801465

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the duty of reporting such birth shall devolve upon the person in attendance upon the mother; immediately thereafter. It shall become the duty of the parents or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures may be.

RETURN OF A BIRTH A 20763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (State whether male or female)*	Female,
2. *Race or Color, (if not of the white race)*	Mulatto,
3. *Date of Birth,*	Apl. 15. 1890.
4. *Place of Birth, (Street and Number)*	429 N. Howard st,
5. *Full Name of Mother,*	Harriet Stans,
6. *Mother's Maiden Name,*	Scott,
7. *Mother's Birthplace,*	Virginia,
8. *Full Name of Father,*	Shipperd Stans,
9. *Father's Occupation,*	Upholsterer,
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	J. L. Engle M.D.
Address,	1007 W Fayette st
Remarks,	

890-001467

C. ULLANY & CO., CITY PRINTERS AND STATIONERS

All persons are hereby required to cause the birth of any child to be registered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child it shall be the duty of the person in whose house or tenement such birth shall occur to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of not less than two dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, A. 20764

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Primipara

1. Sex (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 7.30 o'clock A.M. April 16th 1890
4. Place of Birth, (Street and Number) 925 Curley St
5. Full Name of Mother Maggie Smith
6. Mother's Maiden Name Miller
7. Mother's Birthplace Germany
8. Full Name of Father John Smith
9. Father's Occupation Machinist
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. John E. Pickard MD

Address 1010 Chesapeake St A midwife was in attendance

Remarks all night I was call 7 o'clock A.M. Delivered with Forceps child is alive with deformed head Both mother and child seem to be doing well

890 - 001468

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 1st 1890
4. *Place of Birth, (Street and Number)*	832 N. Bond St.
5. *Full Name of Mother,*	Catherine Linsenburgh
6. *Mother's Maiden Name,*	Stamm
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John J. Linsenburgh
9. *Father's occupation,*	Clothing [illegible]
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	S. H. Soldner M. D.
Address,	S. E. Cor Caroline & Eager Sts.
Remarks,	

1890 - 001469

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance within the month next preceding, such midwife or other person shall report the fact to the Commissioner of Health, in the manner and within the time above specified, and pay such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or fine not to exceed ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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... Commissioner of
Health. This schedule shall contain a list of the births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 2016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 1st 1890.
4. *Place of Birth, (Street and Number)* 2107 Linden Av.
5. *Full Name of Mother,* Mrs Annie Sellman.
6. *Mother's Maiden Name,* Annie Keiger.
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* James L. Sellman.
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, John Pennington M.D.

Address, 804 N Carrollton Av

Remarks,

1890-001470

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20767.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 5th 1890
4. Place of Birth, (Street and Number)	1618 E Monument St
5. Full Name of Mother,	Annie M. Brady
6. Mother's Maiden Name,	Huston
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William J Brady
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S H Seldner M D
Address,	S. E. Cor. Caroline & Eager Sts
Remarks,	

C 90 - 001471

C. BULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, April 5th
4. Place of Birth, (Street and Number) 1622 Pressbury St
5. Full Name of Mother, Ruth Arendoff
6. Mother's Maiden Name, Rosy Winder
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, Randal M Arendoff
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Jno E. H. Beach

Address, 1603 Pressbury ave

Remarks, Health

690-001472

Every certificate of birth, the full name and occupation of its parents, the date and place of birth, and the sex and color of each child born alive in the limits of the city of Baltimore shall be delivered, duly signed by the practitioner in the form of a return of such birth, or by the person in charge of the premises where the birth of any child shall occur without the attendance of a practitioner, within ten days after the birth, and on the first day of each and every month to the officer of the Commissioner of Health, in the district in which such birth shall occur without the attendance of a practitioner. It shall become the duty of the parent or parents of such child to cause the same to be registered as herein required, and in case no other person be in attendance upon the mother at the time of the birth, it shall become the duty of the parent or parents to report such birth to the Commissioner of Health, in the manner and within the time above specified. Any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child.
1. *Sex (state whether male or female),*	Female.
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	April 6.
4. *Place of Birth (Street and Number),*	1809 Little Wall Street.
5. *Full Name of Mother,*	Susan Tator
6. *Mother's Maiden Name,*	Susan Gruschier.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	John Tator.
9. *Father's Occupation,*	Carpenter.
10. *Father's Birthplace,*	Baltimore city.
Name of Medical Attendant, or other person who makes this Return.	Mark Jones.
Address,	1337 Whatcoat Street
Remarks,	

890-001473

RETURN OF A BIRTH A 70170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, April 6
4. Place of Birth, (Street and Number) Foot Alley No 910
5. Full Name of Mother, rory dundy
6. Mother's Maiden Name, rory Hollen
7. Mother's Birthplace, accomack Virginia
8. Full Name of Father, Mores Hollen
9. Father's Occupation, labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Jane Wilson

Address, Hurley st No 115

Remarks,

690 - 001474

said schedule shall be delivered; duty signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, or other cases where the mother shall request it, the person or persons present at such birth shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6th
4. Place of Birth, (Street and Number) Church at Hampden
5. Full Name of Mother, Catherine A Kilroy
6. Mother's Maiden Name, " Mulcahey
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Martin Kilroy
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Md

Name of Medical Attendant or other Person who makes this Return, Miss Olivia Ruby

Address, Woodberry Md

Remarks,

6702001475

...ley & Co., City Printers and Stationers.

RETURN OF A BIRTH A 20777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 7th 1890
4. Place of Birth, (Street and Number) 1102 E. Pratt St.
5. Full Name of Mother, Annie Blessing
6. Mother's Maiden Name, Annie Nieckoski
7. Mother's Birthplace, Germany
8. Full Name of Father, Andrew Blessing
9. Father's Occupation, Bag Manufacturer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Ulmer Brinton M.D

Address, Calvert & Preston St.

Remarks,

890-801476

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2003

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 8. 1890.
4. *Place of Birth, (Street and Number)*	~~1816~~ 1816 Park ave
5. *Full Name of Mother,*	Mrs Virginia Merritt
6. *Mother's Maiden Name,*	Carr
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles S. Merritt
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who make this Return.	Alfred Wandlaw M.D.
Address,	809 Cathedral St.
Remarks,	

890-001477

JOHN B. PIET, PRINTER & STATIONER, BALT.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

20774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 8th 1890

4. Place of Birth, (Street and Number) Baldwin St Woodberry

5. Full Name of Mother, Mary D. Ricketts

6. Mother's Maiden Name, " " Stricker

7. Mother's Birthplace, Washington D C

8. Full Name of Father, R W Ricketts

9. Father's Occupation, Lotion

10. Father's Birthplace, Montgomery Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Olivia Ruby

Address, Woodberry Md

Remarks,

530-001478

Penalty for failure to report births.—Any person required by this section to report the birth of any child who shall neglect or refuse to make such report as herein required, shall be subject to a fine of not more than one hundred dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Duty to report births.—It shall be the duty of each and every midwife, physician or person who shall be in attendance upon the mother, immediately after the birth of any child, to report in writing to the Commissioner of Health, within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of not more than one hundred dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Kelly & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 20776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9th 1870
4. Place of Birth, (Street and Number) Balto Johnson 1638
5. Full Name of Mother, Christina A. Seitz
6. Mother's Maiden Name, Catharina Ebert
7. Mother's Birthplace, Germany
8. Full Name of Father, Leo A. Seitz
9. Father's Occupation, Wall Paper Hanger
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, A. Lee Reed

Address, 1603 Preston St Balto

Remarks, Healthy C

890-001479

ance conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth; and the said midwife shall every month, in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health; in the manner and within the period above named; and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

GEO. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd,
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 9th - 1890
4. Place of Birth, (Street and Number)	412 E. Chase St,
5. Full Name of Mother,	Linda E. Whemett.
6. Mother's Maiden Name,	Linda E. Clark
7. Mother's Birthplace,	North Carolina
8. Full Name of Father,	Wm. H. Whemett,
9. Father's Occupation,	Painter
10. Father's Birthplace,	Harford Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton. M.D.
Address,	~~Ch~~ Calvert & Preston Sts,
Remarks,	

1890 - 091480

Sec. 50. Be it enacted, &c., That it shall be the duty of the father of any child born in this State, and in case of his death, absence from the State or inability, then of the mother, and in case of the death of both father and mother, then of the guardian of such child, and in case there be no guardian, then of the person having charge of such child, to report the birth of such child to the Registrar of Vital Statistics of the district in which such birth occurred, within ten days after the same shall have occurred, the full name and surname of such child, if it has been named, the sex of such child, whether white, black or mulatto, the day, month and year of its birth, the name, surname, residence, occupation and birthplace of each parent, and the maiden name of the mother, and such other information as may be required by the Registrar for the purpose of carrying out the provisions of this Act; and it shall be the duty of the physician or midwife in attendance upon the mother, immediately thereafter to report to the Registrar the birth of such child, and the sex thereof, and the name and residence of the parents; and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of the district in which such birth occurred, with the name of the child, if it has been named, the sex of the child, whether white, black or mulatto, the day, month and year of its birth, the name, surname, residence, occupation and birthplace of each parent, and the maiden name of the mother, and such other information as may be required by the Registrar for the purpose of carrying out the provisions of this Act; and it shall be the duty of the physician or midwife in attendance upon the mother, immediately thereafter to report to the Registrar the birth of such child, and the sex thereof, and the name and residence of the parents; and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail, refuse or neglect to comply with the requirements of this section shall be subjected to the like or ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 first

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 4 1886

4. Place of Birth, (Street and Number) 416 King Street

5. Full Name of Mother, Annie Mallory

6. Mother's Maiden Name, Annie

7. Mother's Birthplace, Anne Arundel County Md

8. Full Name of Father, Edw B. Mallory

9. Father's Occupation, Farmer

10. Father's Birthplace, Anne Arundel County Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Kate R Lund

Address, 711 S Ann St

Remarks,

698-001481

Murphy & Co., City Printers and Stationers.

Name, &c., and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a Physician or practitioner of midwifery, or should no such official be in attendance, it shall become the duty of the person or persons who shall hereafter fail to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Friday April 11th (2.15 P.M.)
4. Place of Birth, (Street and Number) 222 Myrtle Ave
5. Full Name of Mother, Mary F. Dawson
6. Mother's Maiden Name, Mary F. Hunter
7. Mother's Birthplace, Belair Md
8. Full Name of Father, Thos. A. Dawson
9. Father's Occupation, Salesman
10. Father's Birthplace, Worcester Co Md

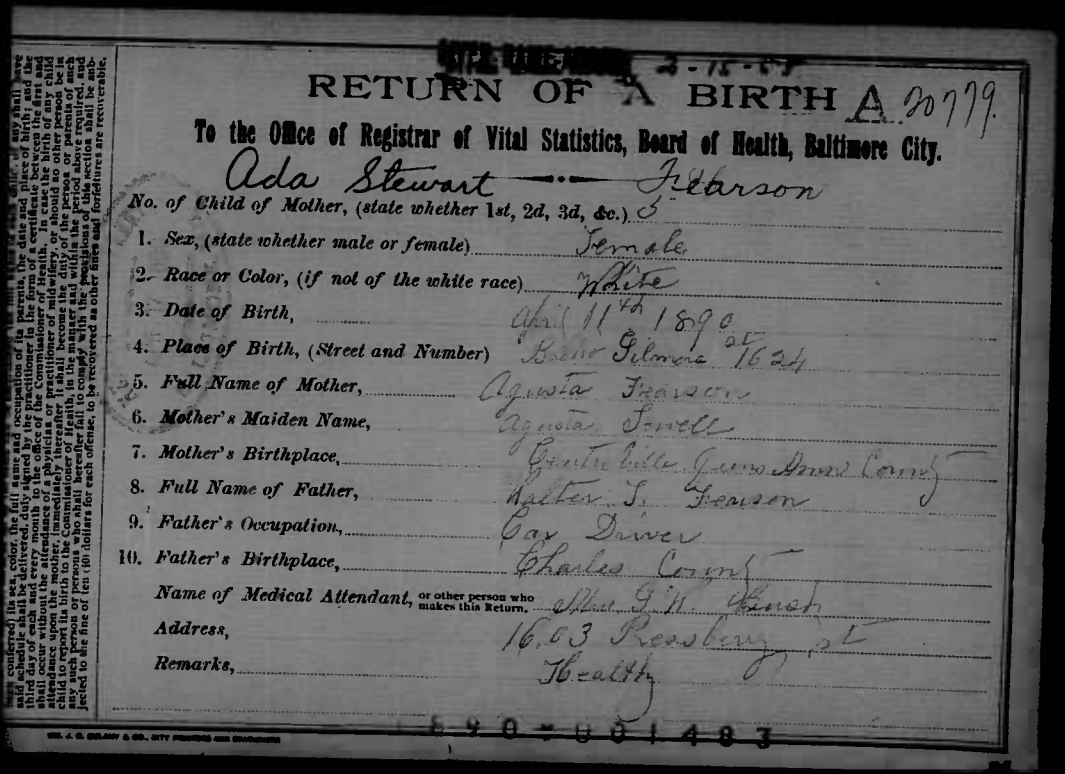
Name of Medical Attendant, or other Person who makes this Return. Elsmlch Md

Address, Brooklyn & Curtain Sts City

Remarks,

L 40 - 06 | 482

...ion Murphy & Co., City Printers and Stationers.



RETURN OF A BIRTH A 20779.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ada Stewart Pearson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 1890
4. Place of Birth, (Street and Number) Bond Gilmore 1624
5. Full Name of Mother, Agusta Pearson
6. Mother's Maiden Name, Agusta Sewell
7. Mother's Birthplace, Centerville Queen Anne Co. Md
8. Full Name of Father, Walter S. Pearson
9. Father's Occupation, Car Driver
10. Father's Birthplace, Charles County

Name of Medical Attendant, or other person who makes this Return. Mrs. G. H. Bond

Address, 1603 Rossburg St

Remarks, Health

590-001483

...conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case no other person be in attendance who shall be required by this section to report the birth of such child, it shall become the duty of the person in whose house or premises such child was born, or in which the mother of such child may be at the time of its birth, to report its birth to the Commissioner of Vital Statistics as required by this section, and any such person or persons who shall hereafter fail to make such report within the period above required, and subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* 14 April 98
4. *Place of Birth, (Street and Number)* 36 Caroline
5. *Full Name of Mother,* Lizzie Carter
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* "
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. Alexander, Wm

Address, 31 N Eutaw St

Remarks,

Penalties.—Any Physician or Midwife who shall neglect or refuse to make out and deliver to the Registrar of Vital Statistics, within the time prescribed by law, a certificate in the form of a return of the birth of any child which he or she may attend, or shall knowingly make a false return of the birth of any child which he or she may attend, or shall in any other case be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to make such return, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

Kelly & Co., City Printers and Stationers.

B 98 - 80144

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 1st of April 1895

4. *Place of Birth, (Street and Number)* 125 S. Wash. Ave.

5. *Full Name of Mother,* Mattie Smith

6. *Mother's Maiden Name,* Mattie Smith

7. *Mother's Birthplace,* Baltimore Co. Md.

8. *Full Name of Father,* Geo. Stephens

9. *Father's Occupation,* Porter

10. *Father's Birthplace,* Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Wm. Fisher M.D.

Address, 112 Fish St.

Remarks,

C 90-000 1485

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A. 20782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th of April 1890
4. *Place of Birth, (Street and Number)*	408 North ~~Eutaw~~ Caxsel St.
5. *Full Name of Mother,*	Mary Lizzie Gilling
6. *Mother's Maiden Name,*	Mary Lizzie Casteel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Casteel
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Healthy.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereof, the first and third day of each month, at the office of the Registrar of Births, Board of Health, Baltimore City. Any child born in Baltimore City, of which the mother shall be delivered by a physician or midwife, or which shall die without attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

540-001486

RETURN OF A BIRTH. A 20783

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the seventh child
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	white race
3. *Date of Birth*	15th day of April
4. *Place of Birth (Street and Number)*	No 211 Madiera St.
5. *Full Name of Mother*	Mrs. Mary B. Fisher
6. *Mother's Maiden Name*	Mrs. Mary B. Ulrich
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Mr. John Fisher
9. *Father's Occupation*	Stevedore
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks.	Mrs. Mary Fisher No 206 Madiera St.

690 - 001487

RETURN OF A BIRTH A 20784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15th
4. Place of Birth, (Street and Number) 634 Columbia Ave
5. Full Name of Mother, Louisa Kramer
6. Mother's Maiden Name, Louisa Becker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Kramer
9. Father's Occupation, Manufacturer of Toys
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Hellgonder Cleffer

Address, 641 So Paca

Remarks,

590-001488

...shall be constructed to use color, the full name and occupation of its parents, the date and place of birth; and the certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the parents, at the time of the birth of each child, if there be a midwife or nurse in attendance, and if not, then within thirty days after the birth of each and every such child, to the office of the Commissioner of Health. In the manner and within the period above required, and every midwife or nurse who shall fail to make such return, or shall make any false return, or shall do any act to prevent the same being made, or shall cause the same to be made falsely, or shall permit the same to be made falsely, or shall make any false statement in any certificate required by this section, or shall refuse to make such return, or shall refuse to deliver to the parent or parents of such child the certificate required by this section, or shall refuse to deliver the same to the midwife or nurse in attendance upon the birth of such child, or shall refuse to deliver the same to the practitioner in attendance upon the birth of such child, or shall refuse to deliver the same to the Commissioner of Health, in the manner and within the period above required, or shall neglect or refuse to comply with any of the requirements of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	16 April
4. *Place of Birth, (Street and Number)*	Eastern Avenue 1636
5. *Full Name of Mother,*	Louise Brandt
6. *Mother's Maiden Name,*	Louise Brandt
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Johan Kratzmann
9. *Father's Occupation,*	Saloonkeeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Johann Schumann
Address,	327 S. Bond Street, Baltimore
Remarks,	

590 001489

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Thursday April 16th 1903
4. Place of Birth, (Street and Number) 225 S. Broadway St.
5. Full Name of Mother, Mary E. Madden
6. Mother's Maiden Name, Mary E. Casey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Conductor. B. & O. R.R.
9. Father's Occupation, John Madden
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. F. Lacy

Address, 413 S. Broadway

Remarks,

890-001490

DULANY & CO., CITY PRINTERS AND STATIONERS.

said referrals shall be issued, shall name and occupation of its parents the date and place of birth, and the third day of each and every month be filed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should either of the parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the facts to the Board of Health. In the manner and within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 90787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether mate or femate),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	April 17 90 —
4. *Place of Birth (Street and Number),*	242 S. Collington Ave
5. *Full Name of Mother,*	Mary R. Patience —
6. *Mother's Maiden Name,*	Mary R. Carter
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	James Patience —
9. *Father's Occupation,*	Sea Captain —
10. *Father's Birthplace,*	Scotland
Name of Medical Attendant, or other person who makes this Return.	N. L. Dashiell Jr. M.D.
Address,	700 S. Broadway —
Remarks,	Born 4.10 A.M. —

formerly, its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the presence of a witness, to the person in charge of each and every house in the district at the time of the visit; and every child born thereafter in such house shall be reported within the first twenty-four hours after birth, in the manner and within the time prescribed for the first report. In case of the absence of a physician or practitioner at childbirth, or should no other person be in attendance upon the mother when the child is born, then the person or parents of such child is required to report the birth to the Commissioner of Health. In the manner and within the time prescribed for the first report. Every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

C 90 - 001491

RETURN OF A BIRTH A 30788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh child

1. *Sex, (state whether male or female)* Male

2. *Race or color, (if not of the white race)* White

3. *Date of Birth,* 17th of April

4. *Place of Birth, (Street and Number)* 624 Wyeth Street

5. *Full Name of Mother,* Mrs. Rebecca Higdon

6. *Mother's Maiden Name,* " " Carston

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* James Higdon

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Crose

Address, 413 S. Poppleton St

Remarks,

690-001492

... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Mulany & Co., City Printers and Stationers.

RETURN OF A BIRTH A 20784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17th of April 1890.
4. *Place of Birth, (Street and Number)*	19 South Chapel st.
5. *Full Name of Mother,*	Mary Block
6. *Mother's Maiden Name,*	Mary Soure
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jakob Soure
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st per Justina Kunkel
Remarks,	Healthy.

1890 : 001493

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 17th 1890
4. Place of Birth, (Street and Number) # 234 N. Mount Street
5. Full Name of Mother. Mary J. Rogers
6. Mother's Maiden Name. Mary J. Henry
7. Mother's Birthplace. New York City
8. Full Name of Father. Michael H. Rogers
9. Father's Occupation. Clerk
10. Father's Birthplace. Baltimore City

Name of Medical Attendant, or other Person who makes this Return Dr. L. J. Sparrow No. 9

Address. # 1037 N. Fulton Avenue

Remarks.

...CO., CITY PRINTERS AND STATIONERS.

096 - 001424

RETURN OF A BIRTH A 20791.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 18 1890

4. Place of Birth, (Street and Number) 743 Lorah Alley

5. Full Name of Mother. Grace Washington Adams

6. Mother's Maiden Name. Smith

7. Mother's Birthplace. Baltimore

8. Full Name of Father. James Washington

9. Father's Occupation, Hod Carrier

10. Father's Birthplace. Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Dr. J. Collins Or

Address, 437 N. Biddle St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

. CITY PRINTERS AND STATIONERS

S 5 0 7 0 0 1 4 9 5

RETURN OF A BIRTH A 20792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th ✓

Sex, (state whether male or female) Male ✓

2. Race or Color, (if not of the white race) White ✓

3. Date of Birth, April 1st ✓

4. Place of Birth, (Street and Number) 1413 McCulloh St ✓

5. Full Name of Mother, Mrs J. R. Edmunds ✓

6. Mother's Maiden Name, Miss Keyser ✓

7. Mother's Birthplace, City ✓

8. Full Name of Father, J. R. Edmunds ✓

9. Father's Occupation, Cashier of Bank ✓

10. Father's Birthplace, Baltimore ✓

Name of Medical Attendant, or other person who makes this Return. F. A. Ashby ✓

Address, 1125 Mad. Ave

Remarks,

890 001496

WM. A. S. GILMAN & CO., CITY PRINTERS AND STATIONERS

...said schedule shall be delivered, duly signed by the attendant, or if there be none, by the father or mother of such child, within ten days after the birth, and the undertaker or person acting as undertaker for the burial of any dead body found which shall appear to have been that of a child whose birth has not been registered, shall within three days after such burial deliver to the Registrar a certificate of the facts required to be reported in regard to births, so far as the same may be known to him; and every such undertaker or person who shall neglect to make such certificate, or shall make a false certificate, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

COVER PAGE ADDED 3-2-51

RETURN OF A BIRTH A 20793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Walter Price ~~Sherman~~

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, April 1st 1890
4. Place of Birth (Street and Number), 510 N Wolf St
5. Full Name of Mother, Sarah W Sherman
6. Mother's Maiden Name, Sarah E Gross
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, George W Sherman
9. Father's Occupation, Plumber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm E Price

Address, 1710 Edmondson Ave

Remarks,

Every birth occurring in a family shall be reported within ten days after occurrence by the attending physician or midwife, or in default thereof, by the householder. Every certificate required to be made by a physician or midwife shall be delivered, duly signed by the attending physician or midwife, to the householder, who shall deliver it to the undertaker employed by the family, or to the person acting as undertaker, who shall present it to the Registrar of the district in which the death occurs, before a burial permit shall be issued. Every certificate required to be made by a householder shall be delivered by him to the undertaker employed by the family, or to the person acting as undertaker, who shall present it to the Registrar of the district in which the death occurs, before a burial permit shall be issued. Every undertaker who shall bury or remove any dead body without complying with the provisions of this section shall be subjected to the fine of fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

1890 001497

RETURN OF A BIRTH A 31794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 6th 1890
4. *Place of Birth, (Street and Number)*	718 Light st
5. *Full Name of Mother,*	Mary C Spragg
6. *Mother's Maiden Name,*	Mary C Goodwin.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Singleton A Spragg
9. *Father's Occupation,*	Painter.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs A A Cottrell
Address,	606 Hanover st.
Remarks,	

B 90 - 001498

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Said schedule shall be delivered duly filled by the undertaker to the person in charge of the house in which the death occurred, or to the physician, midwife or other person who shall sign the certificate of death, before the burial of such dead body; and a like schedule shall be delivered duly filled by the person in charge of the house in which a birth occurs, or by the physician or midwife in attendance upon the mother, to the Commissioner of Health, in case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report in writing to the Commissioner of Health the particulars required to be stated in the schedule of birth, which report shall be made within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 2079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth April 7th 1890
4. Place of Birth, (Street and Number) 224 Glenedwards Ave.
5. Full Name of Mother, Lizzi Prell
6. Mother's Maiden Name, Lizzi Kinfel
7. Mother's Birthplace, Germany
8. Full Name of Father, Balthasear Prell
9. Father's Occupation, Engineer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. M. Latham M.D.

Address, 410 North Ave.

Remarks,

C.90 88 1499

Sec. 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the Registrar of Vital Statistics of Baltimore City to cause to be delivered to the parent or parents, guardian or guardians, or other person having charge of any child born in Baltimore City, a blank form of return of birth, which shall contain the name and occupation of the parents, the date and place of birth, and the full address of the physician or midwife, or should no other person be in attendance upon the mother, then of the parent or parents, guardian or guardians, or other person having charge of any child born in Baltimore City, a blank form of return of birth, which shall contain the name and occupation of the parents, the date and place of birth, and the full address of the physician or midwife, or should no other person be in attendance upon the mother, then of the parent or parents, guardian or guardians, or other person having charge of any child born in Baltimore City, a blank form of return of birth, which shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the parent or parents, guardian or guardians, or other person having charge of any such child shall cause the same to be registered in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 20796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	3 Child
1. Sex, (*state whether male or female*)	Male
2. Race & Color, (*if not of the white race*)	
3. Date of Birth,	April 11 1890.
4. Place of Birth, (*Street and Number*)	134 Hamburg st.
5. Full Name of Mother,	Lizzie Dohrmann
6. Mother's Maiden Name,	Carger.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Hermann Dohrmann
9. Father's Occupation,	Butcher.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lehmasser Midwife
Address,	1032 Hanover st.
Remarks,	

1890 - 001500

Each certificate of birth shall have written upon it the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the undertaker in the form of a certificate between the first and third days of each month, and by him to the office of the Commissioner of Health. In cases where no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, said attendance with full particulars of birth, in the manner and within the period above required, and any such person or undertaker who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

REGISTERED APR 14 1890 REGISTRAR

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, A 20797

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.) _____

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 11th 1870
4. *Place of Birth, (Street and Number)* 116 S Pulaski av
5. *Full Name of Mother* Carrie Miller
6. *Mother's Maiden Name* Wicks
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry W. Miller
9. *Father's Occupation* Physician
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. W. McClure

Address 1401 Linden av

Remarks _____

690 - 01501

RETURN OF A BIRTH A 20798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 11 — 1890.
4. *Place of Birth, (Street and Number)*	1000 Johnson st.
5. *Full Name of Mother,*	Amonika Eisel.
6. *Mother's Maiden Name,*	Egen.
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John Eisel.
9. *Father's Occupation,*	Can maker.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return,	J. Schwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

BALTIMORE MD. APR 29 1890

1890-001502

and so to be delivered daily thereafter, and the Midwife, Nurse or other person who shall neglect or refuse to make such return as aforesaid, or who shall make a false return, or who shall neglect to deliver the first and third day of each and every month to the Commissioner of Health, the certificates required by this section, or who shall cause without the attendance of a Physician or Midwife, or shall himself or herself practice fraud or deception in the discharge of his or her duty in attendance upon the mother immediately hereafter, shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore City, shall be punished by a fine not exceeding one hundred dollars, or by imprisonment in the city jail not exceeding ninety days, or by both fine and imprisonment, in the discretion of the Court; and any such person or persons who shall hereafter refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BLEASBY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (~~state whether male~~ or female)*
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Apr. 11. 1892
4. *Place of Birth, (Street and Number)* 333 W. Hoffman
5. *Full Name of Mother,* Jessie Coleman
6. *Mother's Maiden Name,* Ferguson
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Lewis H. Coleman
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return, D. A. Fleming M.D.

Address, 928 Madison Ave

Remarks,

890-001503

Penalty for neglect of duty.—Any physician or midwife who shall neglect to make the return required by this ordinance, for each birth to which he or she is in attendance, within the time prescribed, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than one dollar nor more than five dollars for each offense.

Penalty for false return.—Any person who shall knowingly make a false return of any birth, or who shall knowingly make a false return of the particulars required to be recorded concerning any birth, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 70800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, April 13 1890

4. Place of Birth (Street and Number), 525 S Paca Street

5. Full Name of Mother, Mary Frances Gunther

6. Mother's Maiden Name, Mary Frances Mitchell

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Adam John Gunther

9. Father's Occupation, Silk carrier

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Anne Taylor

Address, 41 Guilford Alley

Remarks,

3900001504

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance, then it is the duty of the mother of such child to make such return, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 20801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	13th April 1890
4. *Place of Birth, (Street and Number)*	1913 N Baltimore St
5. *Full Name of Mother,*	Julia Agnes Becker
6. *Mother's Maiden Name,*	F Weltmann
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Augustus Becker
9. *Father's Occupation,*	Boarding keeper
10. *Father's Birthplace,*	Hamburg Germany
Name of Medical Attendant, or other Person who makes this Return.	J. L. Weltmann
Address,	254 Cross St Baltimore
Remarks,	

Section 4. The date and place of birth, and the said Physician shall be delivered, duly attested by the practitioner in the form of a certificate between the first and third day of each month to the Office of the Commissioner of Health, or such other person as may be appointed for that purpose by the Board of Health. In the absence of a Physician or practitioner, the parent or parents of such child to report the birth of any child and the mother, immediately thereafter, shall give notice within the period above required, and any such person or persons who shall hereafter fail to report as above required, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

C 50-001505

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 70302

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 17 1893

4. Place of Birth, (Street and Number) 1824 Edmondson Ave

5. Full Name of Mother, Mary A Parotti

6. Mother's Maiden Name, Mason

7. Mother's Birthplace, Baltimore

8. Full Name of Father, David F Parotti

9. Father's Occupation, Musician

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm H Hendrickson M.D.

Address, 1421 Bolton St

Remarks,

"Sec. 13. Every physician concerned, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

C 90 - 001506

RETURN OF A BIRTH A 20803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), White
3. Date of Birth, April 4th 13 1890
4. Place of Birth (Street and Number), 1 35 east York City
5. Full Name of Mother, Mary Griffith
6. Mother's Maiden Name, Mary Sheridan
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Griffith
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Ann Taylor

Address, 41 Guilford Ave

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, then it shall be the duty of the mother, within ten days after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...n Publishing Co., City Printers and Stationers

C90-001507

RETURN OF A BIRTH A 20804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) appii 15 1900

1. Sex (state whether male or female), 1 Female

2. Race or Color (if not of the white race), Colored

3. Date of Birth, appii 15 1900

4. Place of Birth (Street and Number), 221 & 223 Cornelius St

5. Full Name of Mother, Sallie J. Foreman

6. Mother's Maiden Name, Sallie A. Smith

7. Mother's Birthplace, Goldsborough N.C.

8. Full Name of Father, William H. Foreman

9. Father's Occupation, House Carpenter

10. Father's Birthplace, Raleigh N.C.

Name of Medical Attendant, or other person who makes this Return. Margaret Jones

Address, 101 E. Madison St

Remarks,

...e Publishing Co., City Printers and Stationers

690-001508

GIVEN NAME ADDED 10-13-56

RETURN OF A BIRTH A 20800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Franklin Miles 3 rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15 th 1870
4. Place of Birth, (Street and Number) 407 Parrish St
5. Full Name of Mother, Carrie Miles
6. Mother's Maiden Name, Bailes
7. Mother's Birthplace, Balto city
8. Full Name of Father, John Miles
9. Father's Occupation, Engineer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Mary Jamie Downing

Address, 414 South Stricker St

Remarks, Mother and Child are doing well

1890 - 001509

Sec. 4. Be it enacted, That the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person, be in attendance at the birth of such child, then the father or mother of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

Sec. 5. Be it enacted, That it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 16 1890

4. Place of Birth, (Street and Number) No 950 N Howard St

5. Full Name of Mother, Caroline Thomas

6. Mother's Maiden Name, Caroline Griffith

7. Mother's Birthplace, Howard County Md

8. Full Name of Father, Wm H Thomas

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Barnes

Address, No 930 N Eutaw St

Remarks,

said act he is not delivered, duly signed by the practitioner in the form of a certificate as above set forth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother of such child shall become liable to the penalty of this section, and it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above stated; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890 APR 16

1908 091510

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20807.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 17th 1890
4. *Place of Birth, (Street and Number)*	28 E Edmondson Av
5. *Full Name of Mother,*	Margaret Wright Manning
6. *Mother's Maiden Name,*	Margaret Wright
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Martin Manning
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm M A Cottrell
Address,	606 Hanover st.
Remarks,	

C 20 - 001511

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should there be no other person required by this section to report such birth, the mother herself, if able, shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 70808.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	11 April
4. *Place of Birth, (Street and Number)*	1141 Nicomico St.
5. *Full Name of Mother,*	Mary Schlag
6. *Mother's Maiden Name,*	Mary Kreamer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Schlag
9. *Father's Occupation,*	Moulder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Gross M.D.
Address,	413 S. Pulaski St.
Remarks,	

890-001512

...& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20809

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex. (state whether male or female)	Male
2. Race or Color. (if not of the white race)	White
3. Date of Birth.	April 18. 1890
4. Place of Birth. (Street and Number)	1476 N Mount
5. Full Name of Mother.	Lizzie Cosby
6. Mother's Maiden Name.	Lizzie Burns
7. Mother's Birthplace.	Baltimore
8. Full Name of Father.	John Cosby
9. Father's Occupation.	Laborer
10. Father's Birthplace.	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Geo. W. Jones M.D
Address,	1501 Pulaski
Remarks.	Baltimore

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

C 50 - 001513

RETURN OF A BIRTH A 20870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (If not of the white race)	
3. Date of Birth,	April 18 — 1890.
4. Place of Birth, (Street and Number)	1145 Hanover st.
5. Full Name of Mother,	Minnie Schmidt
6. Mother's Maiden Name,	Fromme
7. Mother's Birthplace,	America.
8. Full Name of Father,	William Schmidt
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lahrasser Midwife.
Address,	1032 Hanover st.
Remarks,	

1890 - 001514

BALTIMORE CITY REGISTRY APR 18 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the informant, to the Commissioner of Health, within ten days after the birth; and the informant shall also state the full name and residence of the physician or midwife, if any, in attendance upon the mother, and the day of the month on which he or she last attended professionally upon the mother. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and supply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 70811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)
1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 18, 1890
4. Place of Birth, (Street and Number) No. 1427 Mc Eldery St
5. Full Name of Mother, Mrs. Annie Siegel
6. Mother's Maiden Name, Miss Annie Jansiman
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Frederick Wm Siegel
9. Father's Occupation, Cook
10. Father's Birthplace, Baltimore Md,

Name of Medical Attendant, or other person who makes this Return Wm H. Clendinen M.D.

Address, 1700 East Fayette St Cor. Broadway

Remarks,

890001515

...shall be delivered, duly signed by the practitioner in the form of a certificate hereunto annexed, or by the father, mother, householder, nurse, or other person present at the birth, to the office of the Commissioner of Health, within the period of ten days next after the birth, and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, then the father of such child shall report the birth of such child to the Commissioner of Health, in the manner and within the period above mentioned. And it shall occur without the attendance of a physician or nurse, it shall become the duty of the person or parents of such child to report the birth of such child to the Commissioner of Health, in the manner and within the period above mentioned. And it shall occur without the attendance upon the mother, then the father of such child to report the birth of such child to the Commissioner of Health, in the manner and within the period above mentioned. Any physician, nurse, or other person who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offence, to be recovered before any justice of the peace, as other debts of like amount are recoverable. Any physician or other persons who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offence, to be recovered before any justice of the peace, as other debts of like amount are recoverable.

...& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 70812

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Wilson Graham Cole

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 18 1890
4. Place of Birth (Street and Number)	838 Harlem Ave
5. Full Name of Mother	Mrs. J. Wilson Cole
6. Mother's Maiden Name	Lilah Liddle
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	J. Wilson Cole
9. Father's Occupation	Bank Clerk
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Joseph T. Smith M.D.
Address	1010 McCulloh Ave
Remarks	GIVEN NAME ADDED 3-19-53

0 9 0 - 0 0 1 5 1 6

Every Birth in the City of Baltimore, in any case, which the City of Baltimore shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH A 20813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) twins 7th & 8th

1. Sex, (state whether male or female) 2 boys
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 18th 1890
4. Place of Birth, (Street and Number) 110. W. Hill St
5. Full Name of Mother, Martha Lachar
6. Mother's Maiden Name, Martha McMillian
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adolph Lachar
9. Father's Occupation, Lithographer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Auguste Bolien

Address, No 3 W Henrietta st

Remarks,

130-001517

APR 21 1890

said schedule shall be delivered, duly signed by the occupation of its parents, the date and place of birth; and the name, occupation and residence of the person giving information in the form of a certificate; between the first and third day of each and every month; and in case the first born child shall occur without the other, immediately thereafter. In case no other person be in attendance within ten days after the birth of any child, any physician or midwife of the person or parents of such child, or person having charge of such child, shall within the period above required, and in the manner above directed, make return of such birth to the Commissioner of Health, and shall also comply with all the provisions of this section under the penalty such person or persons who shall neglect, to be recovered as debts of like amount are recoverable. Subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

GEO. A. S. BALDWIN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20814.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, April 12th 1920

4. Place of Birth, (Street and Number) 1711 Lovell Street Hamilton

5. Full Name of Mother, Sarah Jane Eccleston

6. Mother's Maiden Name, Sarah Jane Williams.

7. Mother's Birthplace, Bell Co. County Maryland.

8. Full Name of Father, Walter Ray Eccleston

9. Father's Occupation, Laborer.

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. Resident Physician Government Hospital

Address, Hamilton

Remarks,

1920-001518

Sec. 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the parents, or in case of their death, absence or inability, of the guardian, of every child born in the State of Maryland, to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, which said report shall be made upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon the mother at the birth of such child; and such other facts as may be required by the Registrar of Vital Statistics. Sec. 2. Be it further enacted, That it shall be the duty of the physician in the house or room where a child is born, if he shall attend upon the mother at the birth of such child, and if not, then of the midwife, or other person who shall attend upon the mother at the birth of such child, or if no such person shall attend upon the mother at the birth of such child, then of the father of such child, or the person having charge of such child, to report its birth to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, and to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics, upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon the mother at the birth of such child; and such other facts as may be required by the Registrar of Vital Statistics. Sec. 3. Be it further enacted, That it shall be the duty of the physician, midwife or other person who shall attend upon the mother at the birth of such child, if he shall attend upon the mother at the birth of such child, and if not, then of the father of such child, or the person having charge of such child, to report its birth to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, and to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics, upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon the mother at the birth of such child; and such other facts as may be required by the Registrar of Vital Statistics. Sec. 4. Be it further enacted, That it shall be the duty of the physician, midwife or other person who shall attend upon the mother at the birth of such child, if he shall attend upon the mother at the birth of such child, and if not, then of the father of such child, or the person having charge of such child, to report its birth to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, and to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics, upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon the mother at the birth of such child; and such other facts as may be required by the Registrar of Vital Statistics. Sec. 5. Be it further enacted, That it shall be the duty of the physician, midwife or other person who shall attend upon the mother at the birth of such child, if he shall attend upon the mother at the birth of such child, and if not, then of the father of such child, or the person having charge of such child, to report its birth to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, and to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics, upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon the mother at the birth of such child; and such other facts as may be required by the Registrar of Vital Statistics. Sec. 6. Be it further enacted, That it shall be the duty of the physician, midwife or other person who shall attend upon the mother at the birth of such child, if he shall attend upon the mother at the birth of such child, and if not, then of the father of such child, or the person having charge of such child, to report its birth to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, and to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics, upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon the mother at the birth of such child; and such other facts as may be required by the Registrar of Vital Statistics. Sec. 7. Be it further enacted, That it shall be the duty of the physician, midwife or other person who shall attend upon the mother at the birth of such child, if he shall attend upon the mother at the birth of such child, and if not, then of the father of such child, or the person having charge of such child, to report its birth to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, and to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics, upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon the mother at the birth of such child; and such other facts as may be required by the Registrar of Vital Statistics. Sec. 8. Be it further enacted, That it shall be the duty of the physician, midwife or other person who shall attend upon the mother at the birth of such child, if he shall attend upon the mother at the birth of such child, and if not, then of the father of such child, or the person having charge of such child, to report its birth to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, and to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics, upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon the mother at the birth of such child; and such other facts as may be required by the Registrar of Vital Statistics. Sec. 9. Be it further enacted, That it shall be the duty of the physician, midwife or other person who shall attend upon the mother at the birth of such child, if he shall attend upon the mother at the birth of such child, and if not, then of the father of such child, or the person having charge of such child, to report its birth to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, and to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics, upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon the mother at the birth of such child; and such other facts as may be required by the Registrar of Vital Statistics. Sec. 10. Be it further enacted, That it shall be the duty of the physician, midwife or other person who shall attend upon the mother at the birth of such child, if he shall attend upon the mother at the birth of such child, and if not, then of the father of such child, or the person having charge of such child, to report its birth to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, and to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics, upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon the mother at the birth of such child; and such other facts as may be required by the Registrar of Vital Statistics. Sec. 11. 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Be it further enacted, That it shall be the duty of the physician, midwife or other person who shall attend upon the mother at the birth of such child, if he shall attend upon the mother at the birth of such child, and if not, then of the father of such child, or the person having charge of such child, to report its birth to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, and to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics, upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon the mother at the birth of such child; and such other facts as may be required by the Registrar of Vital Statistics. Sec. 41. Be it further enacted, That it shall be the duty of the physician, midwife or other person who shall attend upon the mother at the birth of such child, if he shall attend upon the mother at the birth of such child, and if not, then of the father of such child, or the person having charge of such child, to report its birth to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, and to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics, upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon the mother at the birth of such child; and such other facts as may be required by the Registrar of Vital Statistics. Sec. 42. Be it further enacted, That it shall be the duty of the physician, midwife or other person who shall attend upon the mother at the birth of such child, if he shall attend upon the mother at the birth of such child, and if not, then of the father of such child, or the person having charge of such child, to report its birth to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, and to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics, upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon the mother at the birth of such child; and such other facts as may be required by the Registrar of Vital Statistics. Sec. 43. Be it further enacted, That it shall be the duty of the physician, midwife or other person who shall attend upon the mother at the birth of such child, if he shall attend upon the mother at the birth of such child, and if not, then of the father of such child, or the person having charge of such child, to report its birth to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, and to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics, upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon the mother at the birth of such child; and such other facts as may be required by the Registrar of Vital Statistics. Sec. 44. Be it further enacted, That it shall be the duty of the physician, midwife or other person who shall attend upon the mother at the birth of such child, if he shall attend upon the mother at the birth of such child, and if not, then of the father of such child, or the person having charge of such child, to report its birth to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, and to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics, upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon the mother at the birth of such child; and such other facts as may be required by the Registrar of Vital Statistics. Sec. 45. Be it further enacted, That it shall be the duty of the physician, midwife or other person who shall attend upon the mother at the birth of such child, if he shall attend upon the mother at the birth of such child, and if not, then of the father of such child, or the person having charge of such child, to report its birth to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, and to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics, upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon the mother at the birth of such child; and such other facts as may be required by the Registrar of Vital Statistics. Sec. 46. Be it further enacted, That it shall be the duty of the physician, midwife or other person who shall attend upon the mother at the birth of such child, if he shall attend upon the mother at the birth of such child, and if not, then of the father of such child, or the person having charge of such child, to report its birth to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, and to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics, upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon the mother at the birth of such child; and such other facts as may be required by the Registrar of Vital Statistics. Sec. 47. Be it further enacted, That it shall be the duty of the physician, midwife or other person who shall attend upon the mother at the birth of such child, if he shall attend upon the mother at the birth of such child, and if not, then of the father of such child, or the person having charge of such child, to report its birth to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, and to make, or cause to be made, a record of the birth of such child, and to report the same to the Registrar of Vital Statistics, upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the following facts, viz: The name, sex, color, date and place of birth of such child; the name, maiden name, birthplace, occupation and residence of the parents of such child; the number of children born to the mother, and the number now living; the name and address of the physician, midwife or other person who shall attend upon

RETURN OF A BIRTH A 20815.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 19
4. Place of Birth, (Street and Number) 1122 Eden Street
5. Full Name of Mother, Lillie Jones
6. Mother's Maiden Name, Lillie Smith
7. Mother's Birthplace, Va
8. Full Name of Father, Haywood Jones
9. Father's Occupation, Waiter
10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other person who makes this Return. J. W. Christian

Address, 433 Eutaw St

Remarks, Brooklyn Case

C 70 - 001519

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinbefore set forth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

880. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Own

RETURN OF A BIRTH A 20816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joseph Stanley Bateman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 19/1890
4. *Place of Birth, (Street and Number)* 406 N. Exeter St.
5. *Full Name of Mother,* Mamie V. Bateman
6. *Mother's Maiden Name,* " V. Cleaveland
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Walter Bateman
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. David Streett M.D.

Address, 403 N. Eden St.

Remarks,

1890-001520

... schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

over

RETURN OF A BIRTH A 20817.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Eligha D. Perkins 3rd.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19th. 90.
4. Place of Birth, (Street and Number) 318 S. Patrick St.
5. Full Name of Mother, Florence Perkins
6. Mother's Maiden Name, Florence Boyroll
7. Mother's Birthplace, Raleigh N. C.
8. Full Name of Father, David R. Perkins
9. Father's Occupation, Laborer
10. Father's Birthplace, Goldsborough. N. C.

Name of Medical Attendant, or other person who makes this Return. H C Ohle M. D.

Address, 1202 W. Fayette St

Remarks,

890 - 001521

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as set forth in said schedule, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20 818.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 19th 1890
4. Place of Birth, (Street and Number) King St Baltimore Md
5. Full Name of Mother, Minty Henson
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father,
9. Father's Occupation, Wagoner
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary F. Holland

Address, 832 Vine St

Remarks, A large Child

890-001522

said schedule shall be delivered, duly signed by the mother, or in her absence by the person in attendance upon the mother at the birth of the child, to the office of the Commissioner of Health, within the period above required, and each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

WM. A. C. HILLERY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20819.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 20th. 90.

4. Place of Birth, (Street and Number) 911 Ryan St.

5. Full Name of Mother, Ida Thompson McGeehan

6. Mother's Maiden Name, Ida Thompson

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Thomas McGeehan

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. K.C. Okle M.D.

Address, 202 W Fayette St.

Remarks,

890-001523

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of such birth, then the same duty is required of the parent of such child, or other person residing in the house where such birth occurs, and the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (~~state whether~~ male ~~or female~~)*	
2. *Race or Color, (if not of the white race)*	W Lit
3. *Date of Birth,*	April 20th 1890
4. *Place of Birth, (Street and Number)*	31 Brisby St Waverly Bmore
5. *Full Name of Mother,*	Catherine C. Conn
6. *Mother's Maiden Name,*	Nolan
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	William J. B. Conn
9. *Father's Occupation,*	House Painter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	M L Rankin M D
Address,	Waverly Baltimore Md
Remarks,	

...ers, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...N B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH A 20821.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st of April 1890
4. Place of Birth, (Street and Number) 1401 A. Small Street
5. Full Name of Mother, Sarah Jacks
6. Mother's Maiden Name, " Isaac
7. Mother's Birthplace, Russia
8. Full Name of Father, P. Jacks
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Scheuman

Address, No. 103 Adams Street

Remarks,

B90-001525

said schedule shall be delivered. duly signed by the person in charge of the house, or by the nurse in attendance upon the mother, within three days after the birth of such child, and in case the birth shall occur without the attendance of a physician or practitioner or midwife, or should no other person in attendance upon the mother, immediately thereafter, it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, who shall furnish the necessary blanks for that purpose. Any such person who shall refuse or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

BALTIMORE

MDS. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 2nd
4. Place of Birth, (Street and Number)	801 Plowman St. Nasta Pekane
5. Full Name of Mother,	Lia
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Italy
8. Full Name of Father,	James Pekane
9. Father's Occupation,	Fruit-dealer
10. Father's Birthplace,	Italy
Name of Medical Attendant, or other person who makes this Return.	Mrs. Mary Furst
Address,	19 N. Eden St.
Remarks,	

E 90 - 001526

said schedule as will be delivered, duly signed by the [illegible] Section 1. Be it enacted by the General Assembly of Maryland, That the [illegible] after the passage of this Act, the physician or midwife in attendance upon any birth, or in the absence of such physician or midwife, the father, mother or other person having charge of such child, shall cause to be delivered to the Commissioner of Health, at his office in the city of Baltimore, a certificate of such birth, in the form of a certificate between the first and tenth day of each and every month to the Commissioner of Health. In case no other person be in attendance upon such birth, the physician or midwife in attendance shall be required to make such certificate and deliver the same as aforesaid. Sec. 2. And be it enacted, That it shall be the duty of the person or parents of such child to procure the certificate of birth required by this Act, and if such person or parents shall neglect or refuse to procure such certificate, he, she or they shall become liable to a penalty of five dollars for each and every month that shall elapse after the first month in which such certificate should have been delivered to the Commissioner of Health, as aforesaid, and shall be collected by the Commissioner of Health, as other debts are collected, and paid into the treasury of the city of Baltimore. Sec. 3. And be it enacted, That it shall be the duty of the physician or midwife in attendance upon any birth, or in the absence of such physician or midwife, the father, mother or other person having charge of such child, to report such birth to the Commissioner of Health, as aforesaid, and to comply with the provisions of this Act, and any person or persons who shall neglect or refuse to comply with the provisions of this Act shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 24 1890 BALTIMORE MD.

2. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3th (Th) April 1890

4. Place of Birth, (Street and Number) 108 Low Street

5. Full Name of Mother, Sarah Hafberger

6. Mother's Maiden Name, Sarah Hafberger

7. Mother's Birthplace, Austria

8. Full Name of Father, Charles Hafberger

9. Father's Occupation, Button Hole maker

10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. G. Schumann

Address, No 113 Monument St.

Remarks,

690-001527

said schedule shall be delivered to the office of the Commissioner of Health, in the manner and within the time aforesaid, or if any person shall wilfully sign any such schedule which shall be false in any material statement, or if any person shall refuse or neglect to report the birth of any child as required by this ordinance, or shall report the birth of any child to the Commissioner of Health, without the attendance of a physician or midwife, when such attendance was required by this ordinance, or if any physician or midwife shall refuse or neglect to report the birth of any child to which he or she shall have been in attendance, as required by this ordinance, or if any person shall refuse or neglect to report the birth of any child to the Commissioner of Health, in the manner and within the time aforesaid, or if any person who shall hereafter fail to comply with the requirements of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 208724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 3rd of April 1890
5. *Place of Birth, (Street and Number)* 211 High Street
6. *Full Name of Mother,* Dora Silberman
7. *Mother's Maiden Name,* " Cohen
8. *Mother's Birthplace,* Russia
9. *Full Name of Father,* Simon Silberman
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. J. Schuman

Address, No. 183 Albemarle Street

Remarks,

1890 - 001528

APR 21 1890 BALTIMORE

and each child shall be delivered, duly signed by the person so required, the date and place of birth; and the name, residence and occupation of the parents of such child, within ten days after the birth of any child, and on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth as herein required, and within the same time, under the same penalties as are imposed upon any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 4th April 1890
5. Place of Birth, (Street and Number) 113 Market Space
6. Full Name of Mother, Mary Myerberg
7. Mother's Maiden Name, nee Bozale
8. Mother's Birthplace, Russia
9. Full Name of Father, Abram Myerberg
10. Father's Occupation, Shoe-maker
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, G. Ellerman M.D.

Address, No. 103 Alleman's Ln

Remarks,

890-001529

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-8-56

RETURN OF A BIRTH A 20826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rose Feldman

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 4th April 1890

Place of Birth, (Street and Number) 114 Market Place

5. Full Name of Mother, Ethel Feldman

6. Mother's Maiden Name, Ethel Rosenberg

7. Mother's Birthplace, Russia

8. Full Name of Father, Dave Feldman

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, C. H. A. Sherman

Address, 113 Monroe St.

Remarks,

1890 001530

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20827.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 25 1890

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd
2. Sex, (state whether male or female) Clarence Linde Bolgiano Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 5th 1890
5. Place of Birth, (Street and Number) 317 Fourth Street
6. Full Name of Mother, Mary Bolgiano
7. Mother's Maiden Name, Mary Hofacker
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Thomas P. Bolgiano
10. Father's Occupation, Agent
    Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Hessinger

Address, 543 N. Eutaw Street

Remarks: Full name of child added by father when applying for transcript

May 29 1894 Thos. P. Bolgiano Father 543 N. Eutaw St. John Cull Jr. Deputy Clerk

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 70828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2nd 1890
4. Place of Birth, (Street and Number) 2009 Jefferson st
5. Full Name of Mother, Magdalena Brandner
6. Mother's Maiden Name, Riesel
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Brandner
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. John Engel M.D.

Address, 1927 E Monument st

Remarks,

1890 - 001532

Murphy & Co., City Printers and Stationers.

Section 4, Ordinance approved April 1, 1890, requires that the return of every birth shall be signed by the practitioner in the form of a certificate, before any burial permit shall be issued, and that duplicate returns of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and form prescribed by the Board of Health, and any person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of Ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 10824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth to it

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, April 1st 1890

Place of Birth, (Street and Number) 749 Saratoga Street

Full Name of Mother, Lizzie Baer

Mother's Maiden Name, Lizzie Keller

Mother's Birthplace, New York

8. Full Name of Father, George Baer

9. Father's Occupation, Grinder

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Meinhold

Address, 543 N. Eutaw Street

Remarks,

1890-001533

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the physician, midwife or other person in attendance, or if there shall be no such person in attendance, then by the father or mother of such child, within ten days after the birth, to the Commissioner of Health of Baltimore City, who shall issue a certificate therefor, and the third day of each and every month of a physician, midwife or other person in attendance upon the birth, or if there shall be no such person in attendance, then by the father or mother of such child, within ten days after the birth, to the Commissioner of Health of Baltimore City, who shall issue a certificate therefor, and the shall occur upon the mother, immediately after the birth of any child, it shall be the duty of the person in charge of such case, or if there shall be no such person in charge, then the father or mother of such child, to report its birth to the Commissioner of Health of Baltimore City, who shall issue a certificate therefor, and the first and every month thereafter until such report is made. In case the birth of any child or should no other person be in attendance, or if the person in attendance or the father or mother of such child shall neglect or refuse to report such birth within the period above required, and any such person or persons, who shall be guilty of a violation of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other debts are recoverable. forfeitures are recoverable.

APR 25 1890 BALTIMORE MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 70830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 7th 20

4. Place of Birth, (Street and Number) 1505 E Madison St.

5. Full Name of Mother, Annie Lucas

6. Mother's Maiden Name, Annie Funk

7. Mother's Birthplace, Balt City

8. Full Name of Father, Charles Lucas

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return. John F. Chamberlain M.D.

Address, 516 N. Calvert & Read

Remarks,

5902-01534

CERTIFICATE

HEALTH DEPARTMENT

BALTIMORE

Certificate between the first and third day of each and every month to the Office of the Comptroller of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report the birth to the Comptroller of Health, the address and residence of the mother, and the number of children born to her, with the sex of each child, and the number living. Every person who shall neglect to do the duty required by this section shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...rgley & Co., City Printers and Stationers.

RETURN OF A BIRTH A No 831.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 April 1896
4. Place of Birth, (Street and Number) 103 E. Lombard St.
5. Full Name of Mother, Sara L. Mechitti
6. Mother's Maiden Name, Lanier
7. Mother's Birthplace, Richmond
8. Full Name of Father, Joseph Mechitti
9. Father's Occupation, Grocer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. C. Sherman

Address, 103 Albemarle

Remarks,

+ 8 9 0 - 0 0 1 5 3 5

said schedule shall be delivered, duly signed by the practitioner in ... This duty ... birth; and the third day of each and every month to the office of the Commissioner of Health, in the city ... and shall occur without the attendance of a ... or midwife, or should no other person be in attendance upon such birth, the ... shall immediately thereafter. It shall ... duty of the person or persons in attendance upon such birth to the Commissioner of Health, in the manner and within the time ... duty, such person or persons who shall hereafter fail to comply ... liable to a penalty ... and forfeiture ... recoverable ... jacket to the fine of ten (10) dollars for each offense, to be recovered as debts of like ...

... BEN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First & M
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 8 M 1890
4. Place of Birth, (Street and Number)	817 Saratoga Street
5. Full Name of Mother,	Maggie Fogel
6. Mother's Maiden Name,	Maggie Kimmerling
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Faldine Fogel
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs A Mangold
Address,	843 N Mechanic Street
Remarks,	

590-001536

been conferred) its sex, color, the full name and occupation of its parents, the date and exact place of birth, and the number of the child of the mother, only signed by the practitioner in the form of a certificate, and the said schedule shall be every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other form of such certificate be procured as is required by this section, the duty of the householder required, and in all cases where there is no householder it shall become the duty of the person having charge of such child to report its birth as required by this section. Any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BRS. J. C. BULANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) black

3. Date of Birth, April 8 th 1890

4. Place of Birth, (Street and Number) 515 N. Warren Ave

5. Full Name of Mother, Eugenia V. Robinson

6. Mother's Maiden Name, Fretel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George F. Robinson

9. Father's Occupation, Barber

10. Father's Birthplace, Kansas

Name of Medical Attendant, or other Person who makes this Return. John Lyde M.D.

Address, 1931 E. Monument St

Remarks,

0 5 0 - 0 0 1 5 3 7

Murphy & Co., City Printers and Stationers.

Every case of birth, and the sex, color and date of birth of each child born alive, within the limits of the City, shall be reported to the Office of the Commissioner of Health, by the person in charge of the case, within the first and third week of each and every month, in the form of a certificate between the first and third week of each and every month to the Office of the Commissioner of Health, by the attendance of a Physician or practitioner of midwifery or parents of such child to be as follows, and the mother, immediately thereafter it shall become the duty of the Physician or midwife present at the birth of any child and the mother, immediately thereafter it shall become the duty of the Physician or midwife present at the birth of any child and the mother, within the period above required, and any such person shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 70534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	April 9th 90
4. Place of Birth (Street and Number),	316 W. Mulberry St.
5. Full Name of Mother,	Alberta Horner
6. Mother's Maiden Name,	" Wyrott
7. Mother's Birthplace,	Balto. City
8. Full Name of Father,	Frank Horner
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Balto. City
Name of Medical Attendant, or other person who makes this Return.	F. B Gardner
Address,	424 N. Greene St.
Remarks,	A seven months child.

L 2 0 0 0 9 1 5 3 9

shall be delivered, duly signed by the practitioner in the form of a certificate hereof, to the Registrar of the district in which such birth occurred within the first and third day of each and every month; to the office of the Commissioner of Health; and no other person be in attendance upon the the attendance of a physician or midwife, shall become the duty of the person or parents of such child to report the birth to the Registrar of the district in which such birth occurred, and also within the first and third days of each and every month, to the office of the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the like penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 20835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d
1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 11th 1890
4. *Place of Birth (Street and Number),* 221 Amity St.
5. *Full Name of Mother,* Mary Ward Gravey
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Ward
9. *Father's Occupation,* Paver
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks,

1900015339

shall be delivered, duly signed by the practitioner in the form of a certificate hereof, to the Registrar of Vital Statistics, within the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 20836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 21 1890 BALTIMORE MD.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 11 April 1890
5. *Place of Birth, (Street and Number)* 204 Eutaw
6. *Full Name of Mother,* Lena Cohen
7. *Mother's Maiden Name,* Lena Meinas
8. *Mother's Birthplace,* Russia
9. *Father's Occupation,* Barnard Cohen
10. *Father's Birthplace,* A Tailor of Pattern Cutter
    Name of Medical Attendant, or other person who makes this Return, Russia
    Address, E. Sherman
    Remarks, 103 Aliceanna St

1890 001540

SEE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 70837.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 13th 1820
5. Place of Birth, (Street and Number) 111 S Wolf St
6. Full Name of Mother, Katherine Meier
7. Mother's Maiden Name, Zeiler
8. Mother's Birthplace, City
9. Full Name of Father, Adolph Meier
10. Father's Birthplace, Bad Baden
Name of Medical Attendant, or other Person who makes this Return. City
Address, John Cuyler M.D.
Remarks, 937 S Wenmount St

C 96 - 001541

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, at his office, or to such person as may be appointed by the Commissioner of Health. In cases in which there is no attendance upon the birth, the father or mother of the person born, or, if both be dead, any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 20838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	April 14 1911
4. *Place of Birth, (Street and Number)*	1611 Park ave
5. *Full Name of Mother,*	Ethel Carpenter
6. *Mother's Maiden Name,*	Russell
7. *Mother's Birthplace,*	Accomac Co Va
8. *Full Name of Father,*	William A Carpenter
9. *Father's Occupation,*	Captain
10. *Father's Birthplace,*	Accomac County
Name of Medical Attendant, or other person who makes this Return.	Sarah P Harvatt
Address,	1124 Binney st
Remarks,	

E 90 - 001542

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, within ten days after the birth of such child, shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. HULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Apr. 17, 1890
4. *Place of Birth, (Street and Number)*	541 West St
5. *Full Name of Mother,*	Mary A. Jones
6. *Mother's Maiden Name,*	Mary A. Johnson
7. *Mother's Birthplace,*	Balto., Md
8. *Full Name of Father,*	Eldridge Berry Jones
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Liberty Va.
Name of Medical Attendant, or other person who makes this Return,	Abulad Brooks
Address,	1132 Warren Ave
Remarks,	Doing well.

5 4 0 - 6 0 1 5 4 3

...the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person or midwife in attendance upon the mother, immediately thereafter, if able, and if not able, then the father, if able, and if not able, then the mother, immediately thereafter, if able, and if not able, then the person or persons occupying the house in which the child was born, or the undertaker employed to bury the child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. £ 30820

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 18th 1890
4. Place of Birth (Street and Number)	777 Columbia Ave.
5. Full Name of Mother	Bertie Matthews
6. Mother's Maiden Name	Bertie Knighton
7. Mother's Birthplace	Balto City
8. Full Name of Father	Owen Matthews
9. Father's Occupation	Tackleman
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	O. C. Ashley M.D.
Address	861 W. Fayette St
Remarks	

1890-001541

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

A 20871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Murphy & Co., City Printers and Stationers.

690-56-545

RETURN OF A BIRTH

A 20342

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 21/90
4.	*Place of Birth, (Street and Number)*	1147 N Sutton ave
5.	*Full Name of Mother.*	Emma Hopkins
6.	*Mother's Maiden Name,*	" Caulfield
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father.*	Wm B. Hopkins
9.	*Father's Occupation,*	Grocer (~~Virginia~~)
10.	*Father's Birthplace.*	Virginia
	Name of Medical Attendant, or other Person who makes this Return	Geo W Norris M D
	Address,	1501 Pennsylvania
	Remarks,	

CO., CITY PRINTERS AND STATIONERS

C 90-00154 6

RETURN OF A BIRTH A. 20843.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 22 of April
4. Place of Birth, (Street and Number) 47 [illegible] st
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 1832 E. Monument St

Remarks,

690-001547

said estimate shall be delivered. Only signed by the practitioner in the case of a certificate given the first and third day of each and every month to the office of the Commissioner of Health, or shall thereafter be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 te
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	23t of April 1890
4. Place of Birth (Street and Number),	2100 Chew Str
5. Full Name of Mother,	Anna Riker
6. Mother's Maiden Name,	Anna Oberseidler
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Georg Riker
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Fa Hille midwif
Address,	207 h Castle Str Baltimore Md.
Remarks,	\ \ \

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person, in attendance upon the mother, immediately thereafter it shall become the duty of the person or parties of such family to report to the Commissioner of Health the birth of such child within the time above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wiener Publishing Co., City Directories and Stationers

1 6 9 0 - 3 0 1 5 4 0

RETURN OF A BIRTH A. 20845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 24. 1890
4. *Place of Birth, (Street and Number)* rear of 1 3d Av
5. *Full Name of Mother,* Willie Shipley
6. *Mother's Maiden Name.* Willie Fowble
7. *Mother's Birthplace,* Carroll Co Md
8. *Full Name of Father.* Charles Shipley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other person who makes this Return Harriet Simmons

Address, 200. Dunsin St.

Remarks,

1890 - 001549

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 70826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Henry Rasch Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 7 - 90
4. Place of Birth, (Street and Number) S. E. Cor. Talbot & Bath St
5. Full Name of Mother, Elizabeth Rasch
6. Mother's Maiden Name, "
7. Mother's Birthplace, Bath
8. Full Name of Father, Henry Rasch
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Frank G. Moyer M.D.

Address, 430 Eutaw St.

Remarks,

1890 - 001550

J. C. GILDAY & CO., CITY PRINTERS AND STATIONERS

Each Correction in sex, color, the name and occupation of the parents, or the date of birth, to be made by the Registrar, is the fee of one certificate between the first and fifth days of each month, and thereafter of full fee. Every midwife or other person who shall assist at the birth of any child shall deliver to the Commissioner of Health, or to the person in charge of the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health within ten days after the occurrence of such birth, with such particulars as he shall require; and every person who shall refuse or neglect fully to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 26 1890 REGISTRAR MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 7th 90
4. Place of Birth, (Street and Number)	229 S. Green St.
5. Full Name of Mother,	Ella Brenneman
6. Mother's Maiden Name,	Ella Daiggerd
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Howard E. Brenneman
9. Father's Occupation,	Telegraph Op. C. P. R.
10. Father's Birthplace,	Hagerstown Md.
Name of Medical Attendant, or other person who makes this Return.	M. J. Buck
Address,	805 N. Charles St
Remarks,	

698-01551

MD. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 20828

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black nearly pure African
3. Date of Birth	April 11th 1890
4. Place of Birth (Street and Number)	131 Arch St.
5. Full Name of Mother	Susan Campbell
6. Mother's Maiden Name	Susan Reid
7. Mother's Birthplace	Maryland
8. Full Name of Father	William Campbell
9. Father's Occupation	Driver
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Eugene F. Cordell M.D.
Address	2111 Maryland Avenue.
Remarks	Normal Labor.

190-001552

Notice at the birth of any child, which the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A. 20849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12th 1890
4. Place of Birth, (Street and Number) 766 George St. Balto Md
5. Full Name of Mother, Louise Infara Pitz
6. Mother's Maiden Name, Louise Therese Nicklee
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Albert Jacob Pitz
9. Father's Occupation, Bank-Keeper
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N. Poppleton St

Remarks,

1890 - 001553

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

J. C. GULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	April 13, 1890
4. Place of Birth, (Street and Number)	2214 Canton Ave
5. Full Name of Mother,	Kate Gill
6. Mother's Maiden Name,	Kate Clarke
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John Gill
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mary L Sweeney
Address,	726 Luzerne St
Remarks,	

T 690-001554

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 13/1890
4. *Place of Birth, (Street and Number)*	92 N. Gold St
5. *Full Name of Mother,*	Fannie Harris
6. *Mother's Maiden Name,*	Fannie Richelau
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Morris Harris
9. *Father's Occupation,*	Shoe Store
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Pappleton St
Remarks,	

1890 - 001555

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, and the third day of each and every month to the office of the Commissioner of Health, or, in case there be no physician or midwife in attendance upon the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the birth, then it shall become the duty of the person or parents of such child, or the nearest relative present, or the householder or manager of the premises where such birth occurs, within ten days thereafter, to report the particulars required, and to procure a certificate of birth, in the manner and within the period last aforesaid, and to deliver the same to the Commissioner of Health. In the manner and within the period last aforesaid, and duly sworn to before the Commissioner of Health, or a notary public. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 L
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 14 - 90
4. *Place of Birth, (Street and Number)*	256 W Fayette
5. *Full Name of Mother,*	Paulina Cooper
6. *Mother's Maiden Name,*	Paulina Lasdina
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Joseph Cooper
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	Frank Gilmore M.D.
Address,	4 So Eutaw St.
Remarks,	

seen confined its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, including the child reported, and such other information as may be required by the blank certificate between the first and second schedule shall be delivered, duly signed, to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health. It is hereby made the duty of every person required, and duly authorized to register births who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

1890-001556

RETURN OF A BIRTH A 20853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 26 1900

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, June 16 1890
4. Place of Birth, (Street and Number) 2421 Eutaw St.
5. Full Name of Mother, Emma Brechla
6. Mother's Maiden Name, Emma Schubach
7. Mother's Birthplace, Germany
8. Full Name of Father, Adam Brechla
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Sparrow

Address, 726 Lafayette St.

Remarks,

8 9 0 - 0 0 1 5 5 7

and conduct. As sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, and the number of the child of the mother, (whether first, second, third or other child), shall be delivered, duly signed by the practitioner in the form of a certificate, within ten days after the birth, and the shall occur without the attendance of a practitioner, then the certificate shall be delivered by the person in attendance upon the mother, immediately thereafter. If any child born in this city shall be found dead, or if any child born in any such person to report the birth to the Commissioner of Health, or fails to comply with the provisions of this section, he shall be subject to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20 8024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, April 17 1890
4. Place of Birth, (Street and Number) 713 Post St
5. Full Name of Mother, Pauline Schreiber
6. Mother's Maiden Name, Pauline Springer
7. Mother's Birthplace, Germany
8. Full Name of Father, Philip Schreiber
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary J Sweeney

Address, 726 Lafayette St

Remarks,

190-001558

Act 1898

Each complaint as to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or other person making out of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics. If such practitioner or other person shall neglect or refuse to make out and deliver such certificate as aforesaid, he shall become liable to a penalty of ten dollars for each offence to be recovered with costs of suit before any justice of the peace. If the mother, immediately after the birth of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and shall neglect or refuse to comply with the requisitions of this section, such person or persons shall be subjected to the fine of ten dollars for each offence to be recovered with costs of suit before any justice of the peace and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18th 1890
4. Place of Birth, (Street and Number) 5115 Townshend St
5. Full Name of Mother, Mrs Carrie Sadle
6. Mother's Maiden Name, Carrie Meagel
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Thos M. Sadle
9. Father's Occupation, Driver
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 2317 Pennsylvania Ave

Remarks,

1890-001559

such schedule shall be delivered. duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, which shall occur within the month immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

GEO. J. O. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

20806.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 18 1890
4. Place of Birth, (Street and Number) Chestnut st 922
5. Full Name of Mother, Sophia Jurarah
6. Mother's Maiden Name, Porotne
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Porotne
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kaplan

Address, Washington st 245

Remarks,

APR 26 1890

1890 20806

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 20807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 18 1890
4. Place of Birth, (Street and Number) Patterson Park ave 332
5. Full Name of Mother, Leano Wagner
6. Mother's Maiden Name,
7. Mother's Birthplace, Gearmar
8. Full Name of Father, Fead Wagner
9. Father's Occupation, Lab
10. Father's Birthplace, Gearmen

Name of Medical Attendant, or other person who makes this Return, Mary Koplas

Address,

Remarks, Washington 200

APR 26 1890 BALTIMORE, MD.

1890 APR 26 1890 CITY REGISTRY

1890 APR 26 1890 CITY REGISTRY

1890 APR 26 1890 CITY REGISTRY

RETURN OF A BIRTH A 20 808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 19 1890
4. Place of Birth, (Street and Number) Castle st 126
5. Full Name of Mother, Sophia Mead
6. Mother's Maiden Name, Nolan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andy Nolan
9. Father's Occupation, tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Hospital

Address, Washington 005

Remarks,

698-681562

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health, in the manner and within the time specified in section [illegible] of this ordinance, and shall become the duty of the person or persons required, and shall since upon the mother, immediately after the birth of any child, to report its birth to the Board of Health, in the manner and within the time specified in section [illegible] of this ordinance, to be recovered in the same manner as other fines and forfeitures are recoverable. Any such person who shall hereafter fail to comply with any of the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be recovered in the same manner as other fines and forfeitures are recoverable.

ENGR. J. C. GULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20 809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This id 9

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) color

3. Date of Birth, 19 of april, 1890

4. Place of Birth, (Street and Number) 401 vincent alley

5. Full Name of Mother, annia laid

6. Mother's Maiden Name, annia diggs

7. Mother's Birthplace, hanover pa

8. Full Name of Father, luis ft laid

9. Father's Occupation, labor in Work

10. Father's Birthplace, fredrick Md

Name of Medical Attendant, or other person who makes this Return. Mary b Joned

Address, 1121 saratoga st and calton st

Remarks,

1690 - 01563

said schedule shall be delivered, duly signed by the practitioner in charge, or other person in attendance upon the mother, immediately thereafter, to the Commissioner of Health. This section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20860.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 20 90
4. Place of Birth, (Street and Number) 7 N. Exeter St.
5. Full Name of Mother, Mollie Cassidy
6. Mother's Maiden Name, Mollie Bitters
7. Mother's Birthplace, Balto.
8. Full Name of Father, Robert W. Cassidy
9. Father's Occupation, Bay Captain
10. Father's Birthplace, Delaware
Name of Medical Attendant, or other person who makes this Return. Frank G. Moore M.D.
Address, 430 Exeter St
Remarks,

690-001564

...een conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 20 1880
4. Place of Birth, (Street and Number) Chapple st 010
5. Full Name of Mother, Mary Bowser
6. Mother's Maiden Name, Janda
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Janda
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Bubler

Address, Walters 205

Remarks,

1900-001565

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Commissioner of Health, in the manner and within the period above required, and shall incur like penalty for neglect or refusal to make such certificate, or to deliver the same within the time specified. In attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons neglecting or refusing to make such report shall be subject to the like penalty. Subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BRS. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) w girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 20 1890
4. Place of Birth, (Street and Number) Bond st 901
5. Full Name of Mother, Sophia Keele
6. Mother's Maiden Name, Marak
7. Mother's Birthplace, Bohemian
8. Full Name of Father, John Marak
9. Father's Occupation, Baker
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return. Harry Hospital

Address, Wesley Ave 205

Remarks,

said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the midwife or person acting as such shall herself make out the certificate required by this section, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

696 - 01566

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
2. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 21 April 1890
4. Place of Birth, (Street and Number) 842 Hillcrest St
5. Full Name of Mother, Mary Stevenson
6. Mother's Maiden Name, Mary Howard
7. Mother's Birthplace, Citizen
8. Full Name of Father, John Stevenson
9. Father's Occupation, Citizen
10. Father's Birthplace, Asst Steward

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1121 Saratoga Baltimore

Remarks,

890-001567

Any person who shall wilfully make any false statement in the above certificate, or who shall neglect or refuse to make a certificate of any birth at which he was present or in attendance, or to which he was called, as required by the foregoing section, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment not exceeding thirty days, or both, at the discretion of the court.

Every physician, midwife, or other person having charge of or in attendance upon any case of birth occurring after the passage of this ordinance, shall, within ten days after such birth, report the same to the Commissioner of Health, in the form of a certificate to be prepared and furnished by the Commissioner of Health. In case the birth of any child occurs in the absence of a physician or practitioner of midwifery, and no other person is in attendance upon the mother at the time of the birth, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) boy
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 21 1890
5. Place of Birth, (Street and Number) Fayette st 2233
6. Full Name of Mother, Katie Knorr
7. Mother's Maiden Name,
8. Mother's Birthplace, Germany
9. Full Name of Father, Nobseer Knorr
10. Father's Occupation, Tailor
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Loftus

Address, 1100 Eastern Ave 208

Remarks,

C 9 0 - 0 0 1 5 6 6

Every Physician, Midwife or other person who shall hereafter attend upon any birth, shall, within three days thereafter, make a return thereof to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 90165

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored - mixed race
3. Date of Birth	April 21st, 1890
4. Place of Birth (Street and Number)	567 W. Coffman St.
5. Full Name of Mother	Maria Louisa Spencer
6. Mother's Maiden Name	" " Freeland
7. Mother's Birthplace	Carroll Co., Md.
8. Full Name of Father	Joseph Henry Spencer
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Eugene L. Cordell, M.D.
Address	2411 Maryland Avenue
Remarks	Normal Labor.

1890-001569

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 20866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 21st 1890
4. Place of Birth, (Street and Number) 2216 E Fort ave
5. Full Name of Mother, Mary Francis Suring
6. Mother's Maiden Name, " " Bulk
7. Mother's Birthplace, Whaling Mass
8. Full Name of Father, August A Suring
9. Father's Occupation, Fire Dealer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Lloyd Cooke

Address, 914 St Paul

Remarks,

1896 - 001570

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance at the said confinement, or should no midwife, or other person be in attendance at the said confinement, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 20867.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 21 1890
4. *Place of Birth, (Street and Number)* Duncan Alley 421
5. *Full Name of Mother,* Sophia Vesely
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohiamen
8. *Full Name of Father,* Anton Vesely
9. *Father's Occupation,* talor
10. *Father's Birthplace,* Bohiamen

Name of Medical Attendant, or other person who makes this Return. Mary Kopta

Address, Washington, 205

Remarks,

590-001571

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20888.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the 1

1. Sex, (state whether male or female) female

Race or Color, (if not of the white race) Colour

Date of Birth, April the 22

4. Place of Birth, (Street and Number) Mulberry Alley near Edmondson

5. Full Name of Mother, Eliza Carlins

6. Mother's Maiden Name, Eliza Kelly

7. Mother's Birthplace, Lancaster Co Pa

8. Full Name of Father, Lewis Carlins

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Mary E Jarrett

Address, 1121 Aisquith St and Lancaster

Remarks,

690 - 01572

APR 26 1888

BALTIMORE, MD.

...ject to the fine of ten (10) dollars for each offense. Penalty for refusing to make return, and for each false statement, forfeitures are recoverable.

...ed by the Act of Assembly, approved May 8th, 1888, that the Undertaker in charge of each interment in the City of Baltimore shall procure a certificate of death, in the form prescribed by the Board of Health, before the interment shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form and within the period above required, and any such person or persons who shall neglect or refuse to make such report, as required by this Act, shall be sub-

...ed by the Act of Assembly, approved May 8th, 1888, that the Undertaker in charge of each interment in the City of Baltimore shall procure a certificate of death, in the form prescribed by the Board of Health, before the interment shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form and within the period above required, and any such person or persons who shall neglect or refuse to make such report, as required by this Act, shall be subjected to the fine of ten (10) dollars for each offense. Penalty for refusing to make return, and for each false statement, forfeitures are recoverable.

WM. A. C. SMALLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20869.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, April 28. 90
5. Place of Birth, (Street and Number) 12 S. Collington Ave
6. Full Name of Mother, Mrs. Geneva Adell Kirwan Todd
7. Mother's Maiden Name, Wife " " Kirwan
8. Mother's Birthplace, Dorchester Co. Md
9. Full Name of Father, Capt Samuel James Edwin Todd
10. Father's Occupation, Mariner
11. Father's Birthplace, Somerset Co. Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Clark Co. D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

L 0 7 0 6 1 5 7 3

Received Apr 30 1890 Registrar of Births

Such conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the said attending shall deliver to the parent or person having charge of such child a certificate in the form of a certificate between the first and third day of each and every month, to the office of the Registrar of Births, a certificate between the first and fifteenth day of each month, setting forth the name and residence of each child born during the preceding month, which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child to report to the Registrar of Births, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) ~~April 23d 1890~~ White
3. Date of Birth, April 23d 1890
4. Place of Birth, (Street and Number) 420 South St.
5. Full Name of Mother, Emma Louisa Starkey
6. Mother's Maiden Name, Starkey
7. Mother's Birthplace,
8. Full Name of Father, Herman Adolph Charles Starkey
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. H. H. Hoboes M.D.

Address, 723 N. Lombard St.

Remarks, Natural Labor

1890-001574

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20891

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 23rd 1890
4. Place of Birth, (Street and Number)	618 North Ave
5. Full Name of Mother,	Grace Laurence Knight
6. Mother's Maiden Name,	Bulla
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Robt L Laurence
9. Father's Occupation,	Grocer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who make this Return	E. F. Michelsen
Address,	709 N. Lombard
Remarks,	

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

APR 25 1890

H. B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH A 20872.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 24 - 1890
4. Place of Birth, (Street and Number) Garrett alo 1369
5. Full Name of Mother, Mathilde Müller
6. Mother's Maiden Name, Doroff
7. Mother's Birthplace, Bremerhaven
8. Full Name of Father, Herrmann Müller
9. Father's Occupation, Steuedor
10. Father's Birthplace, Bremerhaven

Name of Medical Attendant, or other person who makes this Return. Johanne Janke

Address, Garrett alo 1369

Remarks, Locust Point

890 - 20157

WM. J. C. KLEMM & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

20873.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
1. *Sex, (State whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 24
4. *Place of Birth, (Street and Number)*	323 Calloway Grove
5. *Full Name of Mother,*	Emma Williams
6. *Mother's Maiden Name,*	Emma Barnes
7. *Mother's Birthplace,*	Carol County
8. *Full Name of Father,*	Wiliam Waldmeo
9. *Father's Occupation,*	Car Conductor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Donnelly
Address,	1635 Walsh St
Remarks,	None

1890-001577

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Board of Health in the city or district in which the birth shall have occurred. Any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, shall be subject to a penalty of ten dollars for each neglect or refusal to make such report to the first or any other officer for each neglect, to be recovered as other fines and forfeitures are recoverable.

F. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 24th 1890

4. Place of Birth, (Street and Number) 877 N Howard Street

5. Full Name of Mother, Sarah Johnson Bent

6. Mother's Maiden Name, Sarah Johnson

7. Mother's Birthplace, Indiana

8. Full Name of Father, Bent

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C B Gamble M D

Address, 925 Cathedral

Remarks,

1890-001578

Sent out effect) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter provided, and shall deliver with all the utmost care to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter, he shall report such birth to the Commissioner of Health, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 208736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, ~~(state whether male or female)~~
2. Race or color, ~~(if not of the white race)~~
3. Date of Birth, 4.26.90.
4. Place of Birth, (Street and Number) 232 N. Poppleton St
5. Full Name of Mother, Ada Tennant
6. Mother's Maiden Name, Crowthers
7. Mother's Birthplace, Syracuse, N.Y.
8. Full Name of Father, Saml. H. Tennant
9. Father's Occupation, Merchant
10. Father's Birthplace, Talbot Co, Md.

Name of Medical Attendant, or other person who makes this Return. Wm Eastman

Address, 772 Lexington St

Remarks, Natural Labor

C 90 - 001579

all schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon such mother at the birth of such child, then it shall be the duty of the parent or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above stated; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DUNANT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 25th 1890
4. *Place of Birth, (Street and Number)*	Light St. 1721
5. *Full Name of Mother,*	Anne Feeney
6. *Mother's Maiden Name,*	Anne Mc Mahon
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Feeney
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	France George county
Name of Medical Attendant, or other person who makes this Return.	E. L. Tully,
Address,	no, 1828 Light st
Remarks,	

1890 : 081580

...name and sex, color, the full names and occupations of the parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the physician in the form of a certificate between the first and third day of each and every month to the officer of the Commissioners of Insolvency, or should no other person be in attendance upon such mother, then the person having charge of such child shall cause its birth to be registered as aforesaid, and it shall become the duty of the person or parents of such child to procure its birth to be registered as aforesaid, to the satisfaction of the said officer, and in default thereof any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

...J. D. CULLATY & CO., CITY PRINTERS AND STATIONERS

A 4397

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26th 1890.
4. Place of Birth, (Street and Number) 303 Gorsuch Ave.
5. Full Name of Mother, Sophia A. Lucas
6. Mother's Maiden Name, Sophia A. Lerch
7. Mother's Birthplace, A.A. Co Md.
8. Full Name of Father, Henry A. Lucas
9. Father's Occupation, Seaman
10. Father's Birthplace, A.A. Co Md.

Name of Medical Attendant, or other Person who makes this Return H. H. Biddle M.D.

Address, 1910. Saratoga St

Remarks, Twins.

20-00-1581

...ing of its birth, and the said schedule shall be delivered, duly signed by the said officer, to the parent or person who shall register the birth, and the said officer shall be entitled to demand and receive from the parent or person registering the birth, for every certificate, between the first and third day of each and every month, to the first day of the next month, a fee of ten cents; and for every certificate delivered after the third day of each month, a fee of twenty-five cents. And if any child shall die without the attendance of a physician, or of a practitioner of midwifery, or a certificate of the birth of such child cannot be procured from the parent or parents, it shall then become the duty of the parent or parents of such child, or the undertaker, thereafter, it shall then become the duty of the undertaker, who may be employed to bury such child, to report the facts to the coroner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of five dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 20878.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &*c.*)	2nd
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth.*	Apl 27th 1890
4. *Place of Birth,* (*Street and Number*)	1522 W. Pratt st
5. *Full Name of Mother.*	Lizzie Ebbert
6. *Mother's Maiden Name.*	Lizzie Daniels
7. *Mother's Birthplace.*	Baltimore city
8. *Full Name of Father.*	William H. Ebbert
9. *Father's Occupation.*	car inspector
10. *Father's Birthplace.*	Baltimore city
Name of Medical Attendant, or other Person who makes this Return	W. Wrightson.
Address.	220 N Gilmor st
Remarks.	

"Fill in the Blanks with the Name, Residence, and Occupation of the Parents, the Date of Birth, and the Sex, Color, and Physical Condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO. CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and [illegible] between the first and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] In case the birth of any child
third day of each and every month to the office of the Commissioner of Health. [illegible] should no other person be in
shall occur without the attendance of a physician or practitioner of midwifery, or [illegible] the person or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] period above required, and
child to report its birth to the Commissioner of Health, in the manner and within the [illegible]
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 20879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 1st 1890
4. Place of Birth, (Street and Number) 640 Burke st
5. Full Name of Mother, Eliza Youst
6. Mother's Maiden Name, " " Kramer
7. Mother's Birthplace, City
8. Full Name of Father, David Youst
9. Father's Occupation, Tinner
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Peltz

Address, 744 Burke st

Remarks,

1890-001583

... J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH A 70880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race)
3. Date of Birth, April 1870
4. Place of Birth, (Street and Number) 830 Chapel St.
5. Full Name of Mother, Jennie Shelf
6. Mother's Maiden Name, " " Elder
7. Mother's Birthplace, Germany
8. Full Name of Father, Adam Shelf
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1744 Bank St

Remarks,

5 V 0 - 3 1 5 8 4

son conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any practitioner, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 70881.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 April [illegible]
4. Place of Birth, (Street and Number) 616 Cross St. Balto
5. Full Name of Mother, Annie Rickel
6. Mother's Maiden Name, Annie [illegible]
7. Mother's Birthplace, Germany.
8. Full Name of Father, Gustav Rickel
9. Father's Occupation, [illegible]
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 Cross St

Remarks,

1890-001585

[illegible] attendance upon the mother, immediately thereafter [illegible] or [illegible] other [illegible] or [illegible] shall be in child to report its birth to the Commissioner of Health. It shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 8 1894
4. Place of Birth, (Street and Number) 2113 Orleans st
5. Full Name of Mother, Mary Doyl
6. Mother's Maiden Name, Brown
7. Mother's Birthplace, City
8. Full Name of Father, Lorance Doyl
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Bell

Address, 1444 Bank st

Remarks,

C 8 X 0 0 1 5 8 6

been conferred) the sex, color, the full name and occupation of the parents of such child, the date and place of birth, and the name and residence of the physician or midwife in attendance, if any, shall be delivered, duly signed by the practitioner or midwife, to the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the father or mother of such child shall become the person required, and shall be subject to the penalties hereinafter provided, to report the birth to the Commissioner of Health, in the manner and within the time above specified. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. Penalties for other false returns or for failure to make returns are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 70885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	1st
Sex, (*State whether male or female*)	Female
Race or color, (*if not of the white race*)	White
3. Date of Birth,	April 4th 90
4. Place of Birth, (*Street and Number*)	1918 E. Eutaw St.
5. Full Name of Mother,	Nellie V. Niehoff
Mother's Maiden Name,	Nellie Schumann
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	David Niehoff
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H. Isenberg
Address,	400 Cathedral St.
Remarks,	

S 90 - 001507

Sec. 3. And be it further ordained, That it shall be the duty of the parent, or parents, of any child born within the limits of Baltimore City, to cause the birth of such child to be registered within ten days after the same shall occur, by the parent, or parents, or by the person in attendance upon such birth, by causing the particulars required by this ordinance to be entered in a certificate, and signed by the parent, or parents, or by the person in attendance upon such birth, and delivered to the Commissioner of Health, or to the Registrar of Vital Statistics, at the office of the Commissioner of Health, in the manner and within the period above required; and every such parent, or parents, or person in attendance upon such birth, who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

S. SHLATY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 76888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 5th 1899
4. Place of Birth, (Street and Number) 527 Spruce st
5. Full Name of Mother, Martha Foote
6. Mother's Maiden Name, " " Keller
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Foote
9. Father's Occupation, Cutler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bibb

Address, 527 Spruce st

Remarks,

1899-001588

been conferred; its sex, color; the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and the fifteen of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report the same to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-7-55

RETURN OF A BIRTH

No. 20883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ella Jefferson Faulkner

5

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* April 6th 1890
5. *Place of Birth, (Street and Number)* 527 Wolf st
6. *Full Name of Mother,* Sarah Faulkner
7. *Mother's Maiden Name,* " Jefferson
8. *Mother's Birthplace,* Balto
9. *Full Name of Father,* Eldridge Faulkner
10. *Father's Occupation,* Salesman
11. *Father's Birthplace,* Easton Md

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Greene

Address, 940 N. Gay st

Remarks,

1890 - 001589

mouth, and until set forth as above, the same can be ascertained the full name of each child, if any shall have been added after the birth; the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and every case of child-birth or miscarriage which shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance as aforesaid, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

W886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female). Male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 6th 1890

4. Place of Birth, (Street and Number) 606 Eden St.

5. Full Name of Mother, Laura Welch

6. Mother's Maiden Name, Laura Earhart

7. Mother's Birthplace, Md.

8. Full Name of Father, Edward R. Welch

9. Father's Occupation, Clerk

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. H. Miller M.D.

Address, 639 Franklin St.

Remarks,

Reg. No. 501590

...ed that the name of each child of any mother shall have been entered, in a new case, in the manner and accordance with the foregoing provisions of this section, and the certificate thereof duly signed by the practitioner in the form of a parents, the date and place of birth, and the sex of such child, and every midwife or other person in attendance upon any such birth shall, within the period allowed by law, report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of Ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 20887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 6th 1890

4. Place of Birth, (Street and Number) 129 Durham st.

5. Full Name of Mother, Lelia Rose

6. Mother's Maiden Name, " " Bush

7. Mother's Birthplace, City

8. Full Name of Father, Jas. Rose.

9. Father's Occupation, Day Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Miss Eliza Bell

Address, 1917 Bank st

Remarks,

590-0015911

MAY 1 1890

BALTIMORE MD

Penalty. The full and true name can be ascertained the first name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the number of births and the third day of each and every month, a certificate of the same, stating the time and place of birth, the said sex, color, and parentage of such child, and the name and residence of the physician or midwife present at the birth, or if there be neither present, then the name and residence of the person having charge of such child, and the name and residence of the physician or practitioner of which there shall be no other person to make such return, then the mother of such child shall become and be subject to make such return, and in default of her doing so, shall be subject to the penalty hereinafter provided for the neglect of any other person required, and shall immediately thereafter transmit to the Commissioner of Health, at the office of the Board of Health, a certificate of the same, stating the time and place of birth, the said sex, color, and parentage of such child, and the name and residence of the physician or midwife present at the birth, or if there be neither present, then the name and residence of the person having charge of such child, and the name and residence of the physician or practitioner of which there shall be no other person to make such return, then the mother of such child shall become and be subject to make such return, and in default of her doing so, shall be subject to the penalty hereinafter provided for the neglect of any other person required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered, with other fines and forfeitures recoverable.

GEO. J. G. KELLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20888.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 8th 1890
4. Place of Birth, (Street and Number) 21 S. Exeter st.
5. Full Name of Mother, Julia Simon
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Abel Simon
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

890-001592

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the physician or midwife present at the birth, if there was such; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form as aforesaid; and any such person or persons refusing or neglecting to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70889.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section relative to and subject to the fine of ten (10) dollars for each offense, to be recovered as other debts are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8th
4. Place of Birth, (Street and Number) 2844 Arlington Ave
5. Full Name of Mother, Annie Souder
6. Mother's Maiden Name, Annie Small
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles F. Souder
9. Father's Occupation, Gardner
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wm M. Graf

Address, 1029 N. Saratoga St

Remarks,

1890 C 01593

G. BLAGDEN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third (3) child
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White Race.
3. Date of Birth,	april 8th 1890
4. Place of Birth, (Street and Number)	769 Ramsey. St. Balt Md
5. Full Name of Mother,	S. V. Gauer
6. Mother's Maiden Name,	" " Jones
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	J. C. Gauer
9. Father's Occupation,	Expressman,
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs Bange
Address,	9 Mrs Bange
Remarks,	711 Cross St

1890 - 915 94

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20891.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (State whether male or female)	Female.
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Apr. 9th
4. Place of Birth, (Street and Number)	1008. Price Court.
5. Full Name of Mother,	Mary Collins.
6. Mother's Maiden Name,	" Madden.
7. Mother's Birthplace,	Ireland.
8. Full Name of Father,	Thomas Collins
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Ireland.
Name of Medical Attendant, or other person who makes this Return.	Mr. Ward.
Address,	829. Exson St.
Remarks,	

1890-001595

...sen required, its sex, color, the full name and occupation of its parents, a certificate of such birth and the time of the same, which certificate shall be signed by the physician or midwife in attendance, or if there be no physician or midwife in attendance, then by the father or mother of such child, or the householder or owner of the premises where such birth occurs, which certificate shall be delivered to the Commissioner of Health, or to such person as he may designate to receive the same, within ten days after such birth occurs. And it shall be the duty of the physician or midwife in attendance upon any case of birth, or in the absence of such physician or midwife, then of the father or mother of such child, or the householder or owner of the premises where such birth occurs, to report such birth to the Commissioner of Health, in the manner and within the time required by this section. And it shall be the duty of the Commissioner of Health, immediately thereafter, to enter in a book or books to be kept for that purpose the particulars of such birth so reported to him, and to report monthly to the Board of Health the number of births registered during the month next preceding. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 70892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 16th 1890
4. Place of Birth, (Street and Number) 1741 N. Chester St.
5. Full Name of Mother, Mary Gabau
6. Mother's Maiden Name, Mary Rouche
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl Gabau
9. Father's Occupation, Carpenter,
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Magdelene Brun

Address, 1600 N. Chester St.

Remarks,

E 90 - 00152-6

APR 30 1890

BALTIMORE MD.

been entered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case a birth of any child shall occur without the attendance of a Physician or Practitioner, it shall be the duty of the person in attendance upon the mother at the birth, or in case there is no such person, then the mother of such child to report its birth to the Commissioner of Health, in the manner and within the period hereinbefore required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be received as other fines and forfeitures are collectible.

SEE A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10th April
4. *Place of Birth, (Street and Number)*	139 N Randall St
5. *Full Name of Mother,*	Kate M McLaughlin
6. *Mother's Maiden Name,*	Kate M Leary
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Luke McLaughlin
9. *Father's Occupation,*	Car driver
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mary Barry
Address,	7[illegible] Aisquith St
Remarks,	

1890 - 001597

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the first and the 10th day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and such as aforesaid, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 1-25-55

RETURN OF A BIRTH

A 30 894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Kautsch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 1890
4. Place of Birth, (Street and Number) 2913 Blair Ave
5. Full Name of Mother, Kunduyan (——) Kautsch
6. Mother's Maiden Name, Gericht
7. Mother's Birthplace, Germany
8. Full Name of Father, John (——) Kautsch
9. Father's Occupation, Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Magdalene Bress

Address, 600 N. Schroeder St.

Remarks,

B 90 - 001598

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every birth as far as the same can be ascertained the full name of such child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day or without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and shall likewise record of such birth, and any such person who shall wilfully refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 20845.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12th 1890
4. Place of Birth, (Street and Number) 777 St Pete St. Balto Md
5. Full Name of Mother, Blanch Lynch
6. Mother's Maiden Name, Blanch Labbringland
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Thomas Lynch
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs M. Graf

Address, 1029 N. Saratoga St.

Remarks,

8 9 0 0 0 1 5 9 9

APR 20 1890

Every person who shall refuse or neglect to give the full name and occupation of the parents, the date and place of birth; and the name and residence of the physician, midwife or other person in attendance at the delivery, duly signed by the practitioner, or person making the return, as required by the Commissioner of Health, in case the birth of any child shall occur without the attendance of such person, within the period above required, and every person who shall refuse or neglect to give the information required by the Commissioner of Health, in case of the absence of such attendance upon the birth, or who shall refuse or neglect to comply with the provisions of the section hereof, shall be called to report to the Commissioner of Health, and shall comply with the provisions of the section hereof, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70896.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 13 1890
4. *Place of Birth, (Street and Number)* 171 Pr. Calvert St.
5. *Full Name of Mother,* Joanna Elizabeth Moore
6. *Mother's Maiden Name,* J. E. Williams
7. *Mother's Birthplace,* St. Marys Co. Md.
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 171 [illegible] St.

Remarks,

1890 DEC 1600

[illegible] & CO. STEAM & CO., CITY PRINTERS AND STATIONERS

[illegible] conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon such birth, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the event of other persons than those above required, and [illegible] shall occur without the attendance of any of the persons required to report the same, it shall become the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section to be subjected to the fine of ten dollars for each offense, to be recovered as debts of like amount are recoverable.

RETURN OF A BIRTH A. 70897.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number) 319 Hanover Street Eastern
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mrs. Bangel

Address,

Remarks,

1890 - 001601

shall occur without the attendance of a physician or pr... duty of the... or parents of such child to report its birth to the Commissioner of Health within ten days after the occurrence, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. Said forfeitures are recoverable.

...no other person, be in the... the mother, immediately thereafter...

MAY ...

...GUEST & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 14 1890
4. Place of Birth, (Street and Number)	1804 White St.
5. Full Name of Mother,	Mrs Grace Hays
6. Mother's Maiden Name,	" White
7. Mother's Birthplace,	N Y State
8. Full Name of Father,	Paul N Hays
9. Father's Occupation,	Grocer
10. Father's Birthplace,	Washington DC
Name of Medical Attendant, or other person who makes this Return.	T. Chew Worthington M.D.
Address,	840 W Fayette St
Remarks,	

1890 C 01602

Every child born within this city shall be registered, and the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in attendance, or the father or mother of the child, or the householder in whose house the child was born, or the keeper of the lying-in asylum in which it was born, to the officer of the district in which the birth occurred, within the first ten days of each and every month to the officer of the district, or should no other person be in attendance within the time specified, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in person or by letter, and a failure to do so shall be attended with the forfeiture of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

THE J. D. GULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH No 20899.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April, 14th, 1890.

4. Place of Birth, (Street and Number) 1839 Orleans Street Balto.

5. Full Name of Mother, George Ann Barr.

6. Mother's Maiden Name, George Ann Guthrie.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Bernhard Barr.

9. Father's Occupation, Shoe Maker.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Hannah E. Knowles.

Address, 216 North Patterson Park Avenue

Remarks,

1890-001603

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every case of Birth, or Still-Birth, occurring in the City of Baltimore, shall be reported to the Registrar of Vital Statistics, by the Physician, Midwife or other person in attendance, within ten days after the occurrence of such birth or still-birth; and in case there shall be no person in attendance, then the father or mother of the child, or the householder in whose house the birth or still-birth occurred, shall report the same within the time aforesaid. Such report shall be made in writing, on blanks to be furnished by the Registrar of Vital Statistics, and shall contain the name, residence, color, occupation and birthplace of the parents, the sex of the child, and the date of the birth or still-birth. Any person who shall refuse or neglect to comply with the provisions of this section shall be subjected to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 70900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 14th 1890
4. Place of Birth, (Street and Number) 811 S. Eden st.
5. Full Name of Mother, Esther Baerman
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Fall Name of Father, Joseph Baerman
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Wm. L. Bernstein

Address, 122 S. Exeter st.

Remarks,

1890 - 001604

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the first case, to the Commissioner of Health, and in the third day of each and every month thereafter, to the Commissioner of Health, or in the absence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.
2. Sex, (state whether male ~~or female~~)
3. Race or Color, (if not of the white race) Black.
4. Date of Birth, April 14, 1890.
5. Place of Birth, (Street and Number) 1813 Fulton Terrace.
6. Full Name of Mother, Willie Easter.
7. Mother's Maiden Name, Willie Pena.
8. Mother's Birthplace, Lancaster Co, Va.
9. Father's Occupation, Laborer
10. Father's Birthplace, Lancaster Co, Va.

Name of Medical Attendant, or other person who makes this Return. D. Wm. H. Hebbeler.

Address, 1351, N. Gilmore St.

Remarks,

690-001605

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

DEPARTMENT OF HEALTH APR 1890 BALTIMORE MD.

SEC. 3. And be it further enacted, That the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the certificate of birth of any child shall include each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such child to report, in writing, the particulars required by this section within ten days after the birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 70902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Feb 15, 90
4. Place of Birth, (Street and Number) 206 Raymond St
5. Full Name of Mother, Nancy Comst Bradford
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Alexander Bradford
9. Father's Occupation, Farmer Md
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. Blumenthal MD

Address, 1101 Division St

Remarks,

1890-001606

been conferred, it is to enter the full name and occupation of its parents the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate before mentioned, to the said Commissioner of Health, or to such person as he may appoint to receive the same, within the third day of each and every month to the office of the Commissioner of Health, at the City Hall; and should no other person be in attendance upon the birth of any child, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above named, and shall not occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above named, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20903

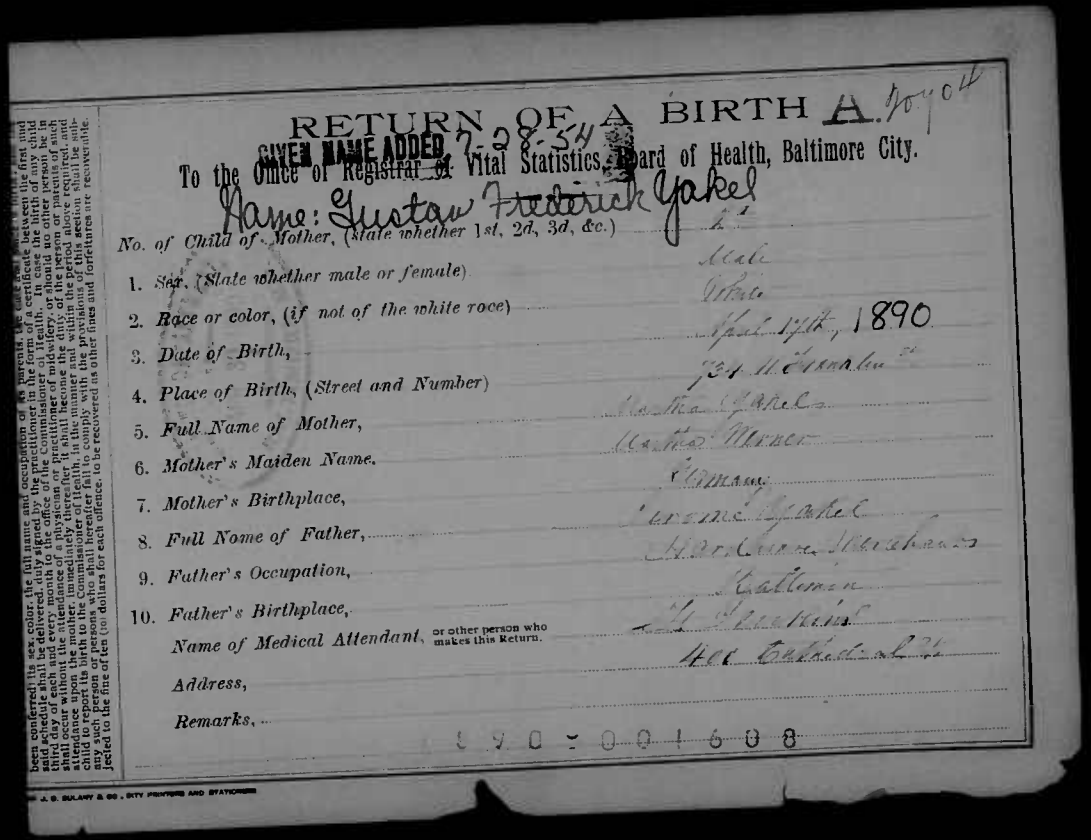
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 16th 1890
4. *Place of Birth, (Street and Number)*	921 Penna Ave
5. *Full Name of Mother,*	Mary Doolan
6. *Mother's Maiden Name,*	Burke
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Richard Doolan
9. *Father's Occupation,*	Laborer (?)
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Pearce Rowtzing MD
Address,	601 Franklin St.
Remarks,	

590-001507

month, and shall set forth as far as the same can be ascertained the full name of each child, if any such have not been already returned, its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and the number of children born alive between the first and second births, and the number of children born alive previous to the first birth; and in case the birth of any child shall occur without the state of Maryland, the practitioner in the form of a certificate, and in case the birth of any child shall occur within the state of Maryland, but without the limits of the city of Baltimore, the person who shall be required by law to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur within the limits of the city of Baltimore, the person who shall be required by law to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur within the limits of the city of Baltimore, the person who shall be required by law to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS



RETURN OF A BIRTH A. 190 04

GIVEN NAME ADDED 7-28-34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Gustav Frederick Yakel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 17th, 1890
4. Place of Birth, (Street and Number) 731 N Eutaw St
5. Full Name of Mother, Martha Yakel
6. Mother's Maiden Name. Martha Mumm
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Yakel
9. Father's Occupation, Stationer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. H. Steinmann

Address, 1101 Cathedral St

Remarks,

L V D - 0 0 1 6 0 8

been conferred in sex, color, the full name and occupation of its parent. The certificate between the first and third days of each and every month to the office of the Commissioner of Health, in the manner and on the blanks to be furnished by him for that purpose. In case the birth of any child shall occur without the attendance of a physician or midwife, the person in charge of such child or the parent or parents, if they be present, shall within five days after it shall become the duty of the person above required, and said schedule, duly signed by the practitioner in the form of certificate between the first and attendance upon the mother, Commissioner of Health, in the manner and on the blanks of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug 17 90
4. Place of Birth, (Street and Number) 1224 Druid Hill Av
5. Full Name of Mother, Blanch Lillie Buckingham
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father, Herbert Buckingham
9. Father's Occupation, Salesman
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. E. E. Ullrich M.D.

Address, Pratt & Eutaw St

Remarks, Instrumental

1890-001609

month, and shall set forth as far as the same can be [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Mary Harding

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March ~~First~~ 19th 1890
4. *Place of Birth, (Street and Number)*	1014 Mon St.
5. *Full Name of Mother,*	Mary I Harding
6. *Mother's Maiden Name,*	Mary L McCarthy
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	James E Harding
9. *Father's Occupation,*	Adams Express Employee
10. *Father's Birthplace,*	Frederick Maryland
Name of Medical Attendant, or other Person who makes this Return	Addison C. Fox M.D.
Address,	524 West Fayette St
Remarks.	CERTIFICATE CORRECTED 1-25-54 L.M.

"Within ... days thereafter, stating the ... the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

C90-001610

RETURN OF A BIRTH A 20967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Molher, (state whether 1st, 2d, 3d, &c.)	Eighth (8th)
1. Sex (slale whether male or fcmale),	Female
2. Race or Color (if nol of the while race),	White
3. Date of Birlh,	April 17th 90
4. Place of Birth (Slreet and Number),	2428 Canton Ave
5. Full Name of Molher,	Mary Cassidy
6. Molher's Maiden Name,	Mary Darkin
7. Mother's Birthplace,	Balto Co
8. Full Name of Father,	William Cassidy
9. Father's Occupation,	Labor
10. Father's Birthplace,	Balto County
Name of Medical Attendant, or other person who makes this Return.	Mrs R C Taylor
Address,	624 Canton Ave
Remarks,	Balto City

1890 - 001611

Baltimore Publishing Co., City Printers and Stationers.

and shall set forth as far as the same can be ascertained the name in full, the residence at the time of birth, and the said schedule shall be read, subscribed and sworn to by the person making the same before any officer authorized to administer oaths. And the said schedule shall be filed by the officer receiving the same, and a certified copy thereof shall be transmitted to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons of such child to report the birth to the Commissioner of Health in manner and form as above required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 209 81

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17th 1890
4. Place of Birth, (Street and Number) 1019 Stiles St.
5. Full Name of Mother, Rosa Pellicot
6. Mother's Maiden Name, " Kentucky
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Pellicot
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Eden St.

Remarks,

1890 - 01612

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any, born alive since the last preceding return, the sex, color, full name and occupation of its parents, the date and place of birth, and the number of children born to the present mother, and the number of such children now living. Every such return shall be made in the form of a certificate to be furnished by the Commissioner of Health, and shall be duly signed by the practitioner or midwife in attendance upon the birth, or if there be none such, then by the householder of the house in which the birth occurred, or by the person having charge of such house; and no other person shall be required to make such return. Every such return shall be delivered within the first ten days of each month to the office of the Commissioner of Health, or to such person as he may designate to receive the same, and shall include all births occurring during the month next preceding the first day of which such return is made. Any person who shall neglect or refuse to make such return as required by this section, or who shall make any false return, or who shall neglect or refuse to report its birth within the time prescribed by this section, shall be subject to the fine of ten (10) dollars for each offence; and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid[illegible] other person be in attendance upon the mother, immediately thereafter it shall become [illegible] parents of such child to report its birth to the Commissioner of Health, in the man[illegible] required, and any such person or persons who shall hereafter fail to comply [illegible] provisions [illegible] shall be subjected to the fine of ten (10) dollars for each offense, to be rec[illegible] other fines and forfeitures are recoverable.

MAY 1 1890

RETURN OF A BIRTH A 20704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Femal

2. Race or Color, (if not of the white race)

3. Date of Birth, Apl 17th 1890

4. Place of Birth, (Street and Number) 523 Patterson Pk ave

5. Full Name of Mother, Katie Burns

6. Mother's Maiden Name, " " Morket

7. Mother's Birthplace, City

8. Full Name of Father, Patrick Burns

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1741 Bank st

Remarks,

E90-001613

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Name: William August Leinbach

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 11th 1880.
4. Place of Birth, (Street and Number) 618 Wolf st.
5. Full Name of Mother, Caroline (Linbach) Leinbach
6. Mother's Maiden Name, " Wenzel
7. Mother's Birthplace, Germany
8. Full Name of Father, Edward (Linbach) Leinbach
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1111 Bank st.

Remarks,

EK

6 9 0 = 0 0 1 6 1 4

GEO. J. G. HALLOW & SON, CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, which have been previously born alive to the mother, the sex, color, the full name and occupation of its parents, the date of birth of each such child deceased) its sex, color, the full name and occupation of its parents, the date of birth of each such child deceased, and the number of children born to the mother, and the number now living, and the interval between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, or the person who shall perform the office of such, to the Commissioner of Health. In case the birth of any child third day of each and every month or physician or practitioner of midwifery, or should no other person be in attendance, then the same shall be returned by the mother, nurse or other person present at the birth. Every midwife or physician or practitioner of midwifery who shall attend upon any woman in labor shall, within ten days after the birth of any child, call upon the mother, if able to be seen, and ascertain the facts required to be set forth in relation to such birth, and shall forthwith make a return thereof in writing to the Commissioner of Health, in such form as he may require. Every person in charge of any lying-in asylum or other institution for the reception of women in labor shall cause the same duties to be performed in relation to every birth occurring therein as are required of midwives and physicians by this section. Every midwife, physician or practitioner of midwifery who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Every such person or persons who shall fail to report its birth to the Commissioner of Health, as required by this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, April 18th 1890
5. Place of Birth, (Street and Number) 1325 Edward St (corner)
6. Full Name of Mother, Annie Williams
7. Mother's Maiden Name, Fredze.
8. Mother's Birthplace, City
9. Full Name of Father, Daniel Williams.
10. Father's Occupation, Upholster
11. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Betz

Address, 1114 Bank St

Remarks,

E 90 - 0 0 1 6 1 5

MAY 1 1890

month, and shall set forth, as far as the same can be ascertained, the full name of each child. If any shall have been omitted from the return of the birth of any child previously reported, the name of such child shall be added to such report. The birth to the Commissioner of Health, in the manner herein prescribed, within ten days after the occurrence thereof, shall be entered immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner herein prescribed, within ten days after the occurrence thereof, and shall be entered immediately thereafter. If any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 18th 1880
4. Place of Birth, (Street and Number) 526 Anne st
5. Full Name of Mother, Eliza J. Slagle
6. Mother's Maiden Name, " " Swatz
7. Mother's Birthplace, Md
8. Full Name of Father, Frank Slagle
9. Father's Occupation, Packeting Establishment
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Slagle

Address, 1744 Bank st

Remarks,

E 90 - 081615

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 20913

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	April 18th 1890
4. *Place of Birth (Street and Number)*	828 Raborg St
5. *Full Name of Mother*	Bettie Neal
6. *Mother's Maiden Name*	" Young
7. *Mother's Birthplace*	Culpeper Va.
8. *Full Name of Father*	Robert Neal
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Va
Name of Medical Attendant, or other Person who makes this Return.	K. Gerstrell M.D.
Address	416 W. Biddle St.
Remarks	

EVO-007517

RETURN OF A BIRTH A. 209 14

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex. (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th April
4. Place of Birth, (Street and Number) 811 E. Front St.
5. Full Name of Mother, Lizzie Tyrell
6. Mother's Maiden Name, Lizzie Owens
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Thomas Tyrell
9. Father's Occupation, Carter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. J. Pink Middleton

Address, 901 E. Baltimore St.

Remarks,

L 90 × 0018 18

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 70915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 18 1890
4. *Place of Birth, (Street and Number)* 1703 Lancaster
5. *Full Name of Mother,* Mary Mulster
6. *Mother's Maiden Name,* " " Culp
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Geo Mulster
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Miss Eliza Bitz

Address, 1744 Bank St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred on such child, the last name and occupation of its parents, the date and place of birth; and the full address of the house where the birth occurred. It shall be the duty of the practitioner in the form of a certificate between the first and third day of each and every month to report to the Registrar of Vital Statistics the birth of any child which shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child occur in the absence of the attending physician or practitioner, or should the other person herein required to report the birth be unable to do so, then it shall become the duty of the person or parents of such child to report the birth as herein required. Immediately thereafter. It shall become the duty of the person or parents of such child to report the birth as herein required. It shall be the duty of the Registrar of Vital Statistics, in the manner and within the period above required, and upon the blanks furnished by the Board of Health, to report to the Board of Health all births registered with him, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1908 - 001619

RETURN OF A BIRTH A 20916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 19th 1920
4. Place of Birth, (Street and Number) 516 Washington st
5. Full Name of Mother, Stella Uperine
6. Mother's Maiden Name, " " Sauve
7. Mother's Birthplace, Md
8. Full Name of Father, Joe Uperine
9. Father's Occupation, Sailor
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 212 Bank st

Remarks,

register of such birth, and shall enter the same in a book to be kept for that purpose, which book shall be open to the inspection of the public, who may copy therefrom, under such reasonable regulations as the Board of Health may prescribe, any certificate of birth which may be recorded therein. The said register shall be furnished by the Commissioner of Health, and shall contain a list of the births which may occur in each district during the month, and shall set forth as far as the same can be ascertained, the name, sex, color, and usual place of birth, and the parentage of each child born alive within the district during the month, and the name and residence of the physician, midwife or other person in attendance at the birth. Every physician, midwife or other person who shall be in attendance upon the mother, at the birth of any child, if any shall have been born alive, shall, within ten days after the birth, fill in the manner and within the period above required and said schedule shall be delivered, duly signed, to the Commissioner of Health, and no other person be in attendance upon the mother, at the birth of any child, if any shall have been born alive, shall, within the third day of each month after the birth, fill in the manner and within the period above required and said schedule shall be delivered, duly signed, to the Commissioner of Health, and no other person shall be in attendance upon the mother, immediately after birth, who shall fail to comply with the provisions of this section with regard to the report of the birth of such child to the Commissioner of Health. Any physician or midwife or other person who shall fail to comply with the provisions of this section with regard to the report of the birth of such child to the Commissioner of Health, shall forfeit to the use of the City of Baltimore, to be recovered as other fines and forfeitures are recoverable, any such person or persons who shall hereafter fail to comply with the provisions of this section with regard to the report of the birth of such child to the Commissioner of Health, shall forfeit to the use of the City of Baltimore, to be recovered as other fines and forfeitures are recoverable, Jet let to the sum of ten (10) dollars for each offense.

LVO - 001620

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 7091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) W

3. Date of Birth, April the 19th 1890

4. Place of Birth, (Street and Number) 943 Lexington St

5. Full Name of Mother, Lovies Tomas

6. Mother's Maiden Name, " Peters

7. Mother's Birthplace, Hagerstown MD

8. Full Name of Father, John J Tomas

9. Father's Occupation, Clerk

10. Father's Birthplace, Hagerstown MD

Name of Medical Attendant, or other person who makes this Return. Geo A Lelley

Address, 1004 Lexington St

Remarks,

890-001621

[illegible] been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 19.

4. Place of Birth, (Street and Number) 745 chestnut alley

5. Full Name of Mother, Martha Gertrude Johnson

6. Mother's Maiden Name,

7. Mother's Birthplace, Rossville Stemmer run Balto Co

8. Full Name of Father, William Henry Barton

9. Father's Occupation, Driving Express

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Selester Cook

Address, 1008 Shields alley

Remarks,

APR 28 1890

1890 - H 01622

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Cert. Corr. 4-3-56

RETURN OF A BIRTH

A 70919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ida Lacher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 15th 1890
4. Place of Birth, (Street and Number) 536 N. Bellery St.
5. Full Name of Mother, Emma ~~Lafter~~ Lacher
6. Mother's Maiden Name, " " Schuste
7. Mother's Birthplace, City
8. Full Name of Father, Charles ~~Lafter~~ Lacher
9. Father's Occupation, Grocer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Mrs. Elizabeth Betz

Address, 1114 Bank St.

Remarks,

Health. This schedule shall contain a full of the births which occur in each family, and shall be filled out by the attending physician or midwife, if any, within ten days after the birth, and if there be no physician or midwife in attendance, then by the father or mother of the child, or the householder, within ten days after the expiration of each month; and shall set forth as far as the same can be ascertained, the full name of each child born, the sex, color, date of birth, and the name and residence of the parents. If any child shall be born dead, or shall die before the return is made, a certificate shall be given by the physician or midwife, if any, in attendance, stating the fact, the cause of death, and the length of time it lived; and if there be no physician or midwife in attendance, then the father or mother of the child, or the householder, shall report the same to the Commissioner of Health. In case the parents of any child shall occur without the attendance of a physician or midwife, and the father or mother of such child shall refuse or neglect for fifty days to report its birth to the Commissioner of Health, the parents of such child, if living in the house where the birth occurred, and if not living in such house, then any other person being present at the birth, or having charge of the child, shall report the same within the next succeeding fifty days. The Commissioner of Health shall furnish blank forms for the returns required by this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH A 20920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) forth child
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, April 20th
5. Place of Birth, (Street and Number) # 419 New Shed
6. Full Name of Mother, ann Rebecca Stevens
7. Mother's Maiden Name, ann Rebecca Holt
8. Mother's Birthplace, St Marys Co Md
9. Full Name of Father, Leo Stevens
10. Father's Occupation, Laborer
11. Father's Birthplace, St Marys Co Md
12. Name of Medical Attendant, or other person who makes this Return. Celestia Cook
13. Address, 1005 Shields alley
14. Remarks,

BALTIMORE, MD.

month, and shall set forth as far as the same can be ascertained, the full name, each Christian name being given in full, sex, color, the full name and residence and occupation of his parents, the date and place of birth; and the said schedule shall be delivered by the practitioner in charge of the case, or by the person in charge of the case, to the office of the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. The attendance of a physician after the third day of confinement shall be prima facie evidence that it is the duty of such physician to report the birth of such child. The attendance upon the mother during confinement of a midwife or nurse shall be prima facie evidence that it is the duty of such midwife or nurse to report the birth of such child to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. Any physician who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined for each offense. Any midwife or nurse who shall hereafter fail to report the birth of such child as herein required, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by any such person or persons as other fines and penalties may be recovered as by law provided, and shall be punished by a fine of not less than five dollars nor more than ten dollars for each offense. In the event of the failure of the parents to report the birth of such child as herein required, the duty to report shall devolve upon the owner or agent of the premises where such birth occurs, and any such person or persons as other fines and penalties may be recovered as by law provided, and shall be punished by a fine of not less than five dollars nor more than ten dollars for each offense. In the event of the failure of the parents to report the birth of such child as herein required, the duty to report shall devolve upon the owner or agent of the premises where such birth occurs, and any such person or persons as other fines and penalties may be recovered as by law provided, and shall be punished by a fine of not less than five dollars nor more than ten dollars for each offense.

1 C 7 0 - 0 0 1 6 2 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 30971.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days hereafter, stating distinctly the date of birth, sex, race or color, full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th April 90
4. *Place of Birth, (Street and Number)*	1813 St. Paul st.
5. *Full Name of Mother,*	Mary Fisher Lewis
6. *Mother's Maiden Name,*	" Holloway
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	Fritz Lewis
9. *Father's Occupation,*	Broker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr Barton Bruce
Address,	1815 N. Charles st.
Remarks,	

1890 - 21625

JOHN S. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

A 209777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Official Birth #6
4. Place of Birth, (Street and Number)	104 N. Carey St.
5. Full Name of Mother,	Anna Smith
6. Mother's Maiden Name,	Kurz
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Conrad Smith
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	E. Cullins
Address,	100 Cathedral St
Remarks,	

690-001626

been conferred) the sex, color, the full name and occupation of its parents, the certificate between the first and said schedule shall be delivered by the practitioner in the form of a certificate between the first and second days of each month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person required by this section to report the birth be in attendance upon the mother, the duty of the person above required, and shall become the duty of the mother, and within ten days thereafter it, in the manner and under the penalties of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 20th 1890
4. Place of Birth, (Street and Number) 1013 Orleans st.
5. Full Name of Mother, Sarah Ackerman
6. Mother's Maiden Name, Goodman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Benjamin Ackerman
9. Father's Occupation, Merchant
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Eutaw st.

Remarks,

1890-001627

month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex; color; time and place of birth; name and occupation of its parents; and the residence of the latter at the time of birth. Any midwife, physician or other person who shall attend at the birth of any child, and every month to the office of the Health Officer, or should no other person in attendance upon the mother reside within the district, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 209 nt.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21st April 1890
4. *Place of Birth, (Street and Number)*	1333 Greenmount Ave
5. *Full Name of Mother,*	Mary Ellen Gilley Larson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Edward Gilley
9. *Father's Occupation,*	Oyster Dealer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Wooden
Address,	936 Greenmount ave
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth, and the name, residence and occupation of its parents, the date and place of birth; and the name, residence and occupation of the physician or midwife in attendance upon the mother, immediately after the birth of such child to report the same to the Commissioner of Health. In case the mother shall not have been conferred with as aforesaid, then the physician or midwife in attendance upon the mother, immediately after the birth of such child to report the same to the Commissioner of Health, in the manner and within the period above required and in case there is no physician or midwife in attendance upon the mother, then the father or mother of such child or the householder or other person who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor and upon conviction thereof in the Criminal Court of Baltimore City or before any justice of the peace in said city shall be fined not less than five dollars nor more than ten dollars for each offense, to be recovered, with costs of suit, before any justice of the peace in said city, one-half of said fine to be paid to the informer and the other half to the use of the Board of Health, and in default of payment of such fine and costs of suit, the offender shall be imprisoned in the city jail for a period not exceeding ten days. And be it further enacted, that all fines and forfeitures are recoverable.

1906 - 09 1628

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-2-52

RETURN OF A BIRTH A 20926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Esther Louise Fraking

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, April 21st 1890
4. Place of Birth, (Street and Number) 365 North st
5. Full Name of Mother, Bertha Fraking
6. Mother's Maiden Name, Lindenberg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Fraking
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1890 - 001629

APR 25 1890

Every person who shall neglect or refuse to make the return required by this act, within the time prescribed by it, or who shall make a false return, shall forfeit and pay for each offence a sum not exceeding fifty dollars, nor less than ten dollars, to be recovered as other fines are recoverable.

Every person who shall make a false return of the name of any child, or of the time of birth, or of the parentage of any child, with intent to evade the provisions of this act, shall forfeit and pay a sum not exceeding one hundred dollars, nor less than fifty dollars, to be recovered as other fines are recoverable.

Every person who shall neglect or refuse to make the return required by this act, within the time prescribed by it, or who shall make a false return, shall forfeit and pay for each offence a sum not exceeding fifty dollars, nor less than ten dollars, to be recovered as other fines are recoverable.

Every person who shall make a false return of the name of any child, or of the time of birth, or of the parentage of any child, with intent to evade the provisions of this act, shall forfeit and pay a sum not exceeding one hundred dollars, nor less than fifty dollars, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 21st 1890

4. Place of Birth, (Street and Number) 1203 W. Lombard St.

5. Full Name of Mother, Irene J. Dill

6. Mother's Maiden Name, Forest

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Dill

9. Father's Occupation, Mechanic

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Thomas Opie M.D.

Address, 600 N. Howard St.

Remarks,

1890-001630

months, etc., shall be given as far as the same can be ascertained. The full name of each child, if any, shall be entered in the blank for the name of the child. In case the birth of any child shall occur without the city of Baltimore, and the same shall be brought into the city for interment, it shall be delivered, duly signed by the practitioner or midwife, or other person in charge, to the undertaker or person having charge of the interment, who shall deliver the same, duly signed by the undertaker or person having charge of the interment, to the Commissioner of Health. In case the birth of any child shall occur without the city of Baltimore, and the same shall be brought into the city for interment immediately thereafter, it shall become the duty of the undertaker or person having charge of the interment to procure the certificate required, and attend to the registration of the birth in the manner hereinbefore provided. Any person who shall violate any of the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered, with other fines and forfeitures, as other fines and forfeitures are recoverable.

OCT 1890

1890. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 21: 90
4. Place of Birth, (Street and Number) 1120 Druid Hill Ave
5. Full Name of Mother, Annie R. Tidut
6. Mother's Maiden Name, " " Steward
7. Mother's Birthplace, New York
8. Full Name of Father, Samuel P. Tidut
9. Father's Occupation, Butcher
10. Father's Birthplace, Annapolis Md

Name of Medical Attendant, or other person who makes this Return. P. L. Williams

Address, 900 Madison Ave

Remarks,

1890-001631

register of each birth and shall enter the same on a blank to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his charge during the month, and shall set forth as far as the same can be ascertained the name, sex, color, date and place of birth, and the full names of the parents of each child born during the month, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall have been conferred, the fact shall be stated in the schedule, and the name of the attendant who shall be in attendance upon the mother immediately after the birth of each child shall be reported to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. BRATT & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 22nd 1890,
4. Place of Birth, (Street and Number)	1828 Bank Street Balto.
5. Full Name of Mother,	Maggie Secrest
6. Mother's Maiden Name,	Maggie Mack
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Jacob Secrest
9. Father's Occupation,	Upholsterer.
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hannah C Knowles
Address,	216 N Patterson Park Avenue.
Remarks,	

1890 - 001632

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...month, and shall set forth as far as the same can be ascertained the full name, residence, color, sex, date and place of birth, and the number of each child of the same mother, and the name and residence of the physician, midwife or other person who shall have been present at the birth, and shall have delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the person required to report the same be absent from the city, then the duty of the person or parents of such child to report the same shall become the duty of the person or parents of such attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A Boy

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex,* (state whether male or female)	Male
2. *Race or Color,* (if not of the white race)	
3. *Date of Birth,*	22 April
4. *Place of Birth,* (Street and Number)	910 Hillman st
5. *Full Name of Mother,*	Bridget Hughes
6. *Mother's Maiden Name,*	nee Fitzpatrick
7. *Mother's Birthplace,*	Balto. Co.
8. *Full Name of Father,*	Gilbert Hughes
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto Co
Name of Medical Attendant, or other person who makes this Return.	Dr. Julia Broome
Address,	940 N. Gay st
Remarks,	

C 2 0 - 0 0 1 6 3 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th -

1. Sex, (state whether male or female) Male -
2. Race or Color, (if not of the white race) White -
3. Date of Birth, April 22d - 190
4. Place of Birth, (Street and Number) S. W. Corner Penna - av. & Greenmount Av.
5. Full Name of Mother, Susie E. Brown -
6. Mother's Maiden Name. Henry
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, Henry Clay Brown -
9. Father's Occupation, Cigar Dealer -
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith M.D.

Address, Patterson av. & Calhoun St.

Remarks,

1620 - 001634

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 2093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 28 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 23 1890
4. Place of Birth, (Street and Number)	21 Knox Alley Balt Md
5. Full Name of Mother,	Anna Francis Juick
6. Mother's Maiden Name,	Anna Schiermann
7. Mother's Birthplace,	Schendelat Oldenburg
8. Full Name of Father,	Charles H. Juick
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Jane Virginia Hoy
Address,	1129 Saratoga St
Remarks,	

LV8-001635

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1207 37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st -
1. Sex, (State whether male or female)	Male.
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Apr. 23d, 1890.
4. Place of Birth, (Street and Number)	1318 Myrtle Ave.
5. Full Name of Mother,	Jemima Foxhall Fittinger.
6. Mother's Maiden Name,	" " Richstein.
7. Mother's Birthplace,	Balto., Md.
8. Full Name of Father,	William Brengle Fittinger
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Balto., Md.
Name of Medical Attendant, or other person who makes this Return.	Eldridge C. Price, M.D.
Address,	1013 Linden Ave -
Remarks,	

1890 - 001636

months, shall set forth as far as the same can be ascertained the full name of each child, if any, which have been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and such person is hereby required within the period above required, to report the facts to the office of the Commissioner of Health. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ISAAC J. C. GULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 20933

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	2.
2. *Sex (state whether Male or Female)*	Female Twins
3. *Race or Color (if not of the white race)*	Colored
4. *Date of Birth*	April 23. 1890.
5. *Place of Birth (Street and Number)*	517 W. Preston Street
6. *Full Name of Mother*	Cora Elizabeth Jordan
7. *Mother's Maiden Name*	Cora Elizabeth Dabney
8. *Mother's Birthplace*	Toronto, Canada
9. *Full Name of Father*	Samuel Jordan
10. *Father's Occupation*	Driver
Father's Birthplace	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Dr. E. Bias
Address	540 W. Biddle Street
Remarks	

1890-001637

GIVEN NAME ADDED 5-19-55

RETURN OF A BIRTH A 7093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Summer Lester

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 23 of April - 1890
4. Place of Birth, (Street and Number) 220 E. Lee Street
5. Full Name of Mother, Annie Lester
6. Mother's Maiden Name, Annie Sorrell
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Geo. W. Lester Jr
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Julia Grace

Address, 230 York St

Remarks, Last Rec'd.

1890-001638

SEC. 4. Be it ordained, &c., That the Registrar shall furnish to every physician or midwife, or other person having charge of any case of birth, a blank form of return, containing the questions required by this ordinance to be answered, and shall receive from such physician, midwife, or other person, the return of each birth, properly filled out, when such return can be obtained; and shall enter in a book to be kept for that purpose, the information required by this ordinance to be registered, which entry shall be signed by the person making the return. Every physician, midwife, or other person who shall neglect or refuse to make a return of a birth, as required by this ordinance, shall forfeit and pay for every such offence a sum not exceeding fifty dollars, to be recovered before any justice of the peace of the city, on the complaint of the Registrar, or any person who will prosecute for the same, for the use of the city; and it shall be the duty of the Registrar to report to the City Solicitor every neglect or refusal to make such return, and the City Solicitor shall prosecute for the penalty.

SEC. 5. Be it ordained, &c., That the Registrar shall, on the first day of each and every month, furnish to the City Solicitor a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and residence of its parents, and such other facts as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, it shall be the duty of the parent or parents, or in default thereof, the occupant of the house in which such birth shall occur, to report the same to the Registrar within ten days after the occurrence of such birth, and the Registrar shall enter the same in a book to be kept for that purpose, which entry shall be signed by the person making the return. Every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 23d - 1890.
4. Place of Birth, (Street and Number) 828 N. Hilton avenue.
5. Full Name of Mother, Virginia R. Mc Gee -
6. Mother's Maiden Name, Bowdell
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Jas. H. Mc Gee -
9. Father's Occupation, Salesman.
10. Father's Birthplace, Balto. City -

Name of Medical Attendant, or other Person who makes this Return, R. H. Goldsmith, M. D.

Address, Harlem av. & Calhoun st.

Remarks,

1890 - 001639

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

CITY NAME ADDED 1-23-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thomas Albert Ward

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White
3. Date of Birth, ~~1004~~ Apr. 23. 1890
4. Place of Birth, (Street and Number) 1004 Monument St.
5. Full Name of Mother, Elisabeth Ward.
6. Mother's Maiden Name, " Fitzpatrick
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Ward.
9. Father's Occupation, Mechanic
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Ward.

Address, 829 Eutaw St

Remarks,

1890-001640

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, still-born or living, which has been born to such woman, the sex, color, the full name and occupation of its parents, if a certificate between the first and said schedule shall be delivered, duly signed or verified, to the Commissioner of Health. In case the birth of any child third day of each month the attendance of a physician or practitioner of midwifery, or should no other person or persons of such child to report its birth to the Commissioner of Health as herein required, and any such person or persons who shall knowingly fail to comply with the provisions of this section shall be subjected to the fine of fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

THE J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 24th.
4. Place of Birth, (Street and Number)	216 W. Amity St Balti. City.
5. Full Name of Mother,	Mary C. Clements
6. Mother's Maiden Name,	Mary Ebensing
7. Mother's Birthplace,	Brunnschweig Germany
8. Full Name of Father,	Llewellyn C. Clements
9. Father's Occupation,	Painter
10. Father's Birthplace,	Charlottesville Va.
Name of Medical Attendant, or other person who makes this Return,	Mrs Maggie Graf
Address,	1029 W. Saratoga St
Remarks,	

L 40 : 0 0 1 6 4 1

GEO. J. G. BLANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth; and the full name, age and occupation of the parents of such child, the date and place of their marriage, and the number of children born to such mother, and the number now living, which information shall be given to the best of the knowledge and belief of the person or parents of such child, and the physician, midwife or other person in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and such person or persons shall be entitled to receive from the Registrar a certificate to that effect, which certificate shall be delivered to the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 20 93

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 24 1890
4. Place of Birth, (Street and Number) S. Bethel & Rear Bank
5. Full Name of Mother, Celia Norris
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, N. Carolina
8. Full Name of Father, L. H. Norris
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs H Brooks

Address, 216 N Patterson Park Ave

Remarks,

290 - 01642

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex*, (*State whether male or female*)
2. *Race or color*, (*if not of the white race*)
3. *Date of Birth*,
4. *Place of Birth*, (*Street and Number*)
5. *Full Name of Mother*, Mrs. Stockton
6. *Mother's Maiden Name*, Henry
7. *Mother's Birthplace*, Balto City
8. *Full Name of Father*, Geo Stockton
9. *Father's Occupation*, Porter
10. *Father's Birthplace*, Balto City

Name of Medical Attendant, or other person who makes this return. M. A. Hoy

Address, 1004 E. Lexington St, Balto

Remarks,

1890 - 001643

... J. G. SELBY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 20940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col'
3. Date of Birth, Apr 24 90
4. Place of Birth, (Street and Number) 152 Wheal court st
5. Full Name of Mother, Ida Collins
6. Mother's Maiden Name, Ida Collins
7. Mother's Birthplace, Buffo
8. Full Name of Father, [illegible]
9. Father's Occupation, Lab.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jane Woodland

Address,

Remarks,

L 20 - 00164 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

This Certificate is not to be used to obtain a pension, nor for any purpose except to establish the age of the child. Any person who shall wilfully make a false statement in this certificate, or who shall knowingly use a certificate which has been altered in any material part, or who shall use a certificate which does not relate to the child named therein, for the purpose of fraudulently obtaining a pension, shall be deemed guilty of a misdemeanor, and on conviction thereof in the Criminal Court of Baltimore City, shall be punished by a fine not exceeding five hundred dollars, or by imprisonment in the penitentiary not exceeding two years, or both, at the discretion of the court.

Every physician, midwife or other person who shall attend upon any woman in labor, shall, within ten days after the birth of a child, make a return thereof to the Registrar of Vital Statistics, Board of Health, Baltimore City, stating the name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner (the form of such certificate to be furnished by the Commissioner of Health), to the person entitled to receive the same; and no other certificate of birth of such child shall be issued by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and such person or parents shall be entitled to receive the said certificate of birth on complying with the provisions of this section. Any person subject to the same who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-14-59

RETURN OF A BIRTH

20941.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Pinkney Harvey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 child.

1. Sex (stote whether male or female), Male.
2. Roce or Color (if not of the white race), Colored.
3. Dote of Birth, April 24 1890
4. Place of Birth (Street and Number), No 315 Dallas Stret
5. Full Name of Mother, Catherine Prudence Harvey
6. Mother's Maiden Name, Catherine Prudence Barton
7. Mother's Birthploce, Baltimore County Md.
8. Full Name of Father, Clayre Henry Harvey
9. Father's Occupation, Laborer.
10. Fother's Birthplace, Baltimore Md.

Name of Medieal Attendant, or other person who makes this Return. Elizabeth Montomery

Address, No 1162 Hanlopa Stret near Broadway

Remorks,

1890-001645

Penalty.—Be sure to give the full name and occupation of the parents, the date and place of birth. And the said schedule shall be delivered, duly filled in, to the person who shall call for the same, the first and third day of each and every month at the office of the Commissioner of Health. It shall be the duty of the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the Householder, Immediately thereafter to report the birth of each child to the Health Department. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

A 7094 D

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24th/90
4. *Place of Birth, (Street and Number)* 253 S. Dallas St.
5. *Full Name of Mother,* Maggie Stockman.
6. *Mother's Maiden Name,* " Rote
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Carl Stockman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Ulrica Goetzke

Address, 114 S. Bond St.

Remarks,

APR 30 1890

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible]ifery, or should no other person be in attendance upon the mother, immediately thereaf[illegible] of the person or parents of such child to report its birth to the Commissioner of [illegible] the period above required, and any such person or persons who shall hereaf[illegible] comply w[illegible] provisions [illegible] this section shall be subjected to the fine of ten (10) dollars for each [illegible], to be recovered as other [illegible] forfeitures are recoverable.

898-051645

J. S. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH A. 709 43

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 30 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Col'd
3. Date of Birth,	Apr 24 90
4. Place of Birth, (Street and Number)	22 Calhoun St
5. Full Name of Mother,	Malinda Smith
6. Mother's Maiden Name,	Malinda Smith
7. Mother's Birthplace,	Va
8. Full Name of Father,	Geo Washington
9. Father's Occupation,	Nothing
10. Father's Birthplace,	Brkst
Name of Medical Attendant, or other person who makes this Return.	Jane Woodward
Address,	
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, date and place of birth, the name, color, age, residence and occupation of its parents, the date and place of their marriage, and such other information as the Commissioner of Health may require. In case the birth of any child has been concealed, duty signed by the person who shall have charge of such child as nurse or otherwise, stating the time and place of birth, and the name, color, age, residence and occupation of its parents, as above required, and shall certify that he or she has been in attendance upon the mother of such child at the birth thereof, or has visited such child and mother during the month next after the birth of such child, and has reason to believe and does believe that the birth of such child has not been reported as required by this section. In case no other person shall be in attendance upon the mother of any child at the birth thereof, it shall become the duty of the person in charge of such child as nurse or otherwise, to report its birth to the Commissioner of Health, and such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1890-001647

RETURN OF A BIRTH A 2094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 24th 1890

4. Place of Birth, (Street and Number) 932 Argyle ave

5. Full Name of Mother, Clara Bechme

6. Mother's Maiden Name, Clara Chamberlain

7. Mother's Birthplace, Md.

8. Full Name of Father, Bernhard Bechme

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. H. Miller M.D.

Address, 609 Hamilton St.

Remarks, 1890 - 001648

1890 - 001648

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 209 465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: George Henry Zink

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth, April 25/90.
4. Place of Birth, (Street and Number) No. 1810. Light St.
5. Full Name of Mother, Annie Zink.
6. Mother's Maiden Name, " Gosling Lorsh?
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John George Zink.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Pittsburg.

Name of Medical Attendant, or other person who makes this Return. Annie Zahnes.

Address, No. 1810 Light St.

Remarks, Yours. Respectfully

C 90 V 61649

Every physician or midwife, or as the same can be ascertained the full name of each child if any shall have been omitted, sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by said schedule shall be entered, duly signed by the practitioner or in case there is no such practitioner, by the father or mother, if living, or if not, then by the householder or owner of the premises where the birth occurs, within the first ten days after the birth, and on the first visit thereafter to the house where the birth occurred, and every such practitioner of midwifery, or householder or owner of premises who shall neglect or refuse to report in the manner and within the time herein specified the birth of any child without the attendance of a physician or midwife, shall forfeit and pay for each and every such offense a penalty not exceeding ten dollars. And in case the birth of any child occur without the attendance of any physician or midwife, the father or mother of such child shall report in the manner and within the time herein specified the birth of such child, and in default thereof shall become liable to the penalties in this section provided. And no other person be in any such case required to report the birth of such child, and no other person shall be liable to the penalties of this section. In the event that the parent or parents of such child shall hereafter fail to comply with the provisions of this section they shall be subject to the fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. DALNEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 2691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	25 April 1890.
4. *Place of Birth, (Street and Number)*	208 Wilcox Alley
5. *Full Name of Mother,*	Mrs Julia Robinson
6. *Mother's Maiden Name,*	Julia Briars
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Robinson
9. *Father's Occupation,*	Drayman
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mary J. Richardson
Address,	315 King St.
Remarks,	

ascertained the full name of each child (if any shall have been omitted), his sex, color, the full name and occupation of its parents, and the date and place of birth, and the name of the attendant at such birth, if any person shall be in attendance, and every midwife or other person who shall undertake to be in attendance at any birth shall become the duty of a physician, if required, and any such person certificate of the facts required to be reported by this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

CITIZEN NAME ADDED 1-28-55

RETURN OF A BIRTH A 7094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George John Strohmer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born April 25th 1890
4. Place of Birth, (Street and Number)	#1910 W. Pratt Str
5. Full Name of Mother,	Mrs Katie Strohmer
6. Mother's Maiden Name,	Miss " Offield
7. Mother's Birthplace,	Bayern Germany
8. Full Name of Father,	Mr John Strohmer
9. Father's Occupation,	Grocer Store
10. Father's Birthplace,	Bayern Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W. Pratt Str
Remarks,	

B20-00161

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 10598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 first.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 25 of April 1890

4. *Place of Birth, (Street and Number)* 121 Hugdon Alley

5. *Full Name of Mother,* Ida Tyler

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* " "

9. *Father's Occupation,* "

10. *Father's Birthplace,* Unknown

Name of Medical Attendant, or other Person who makes this Return, Mary Jane Richardson

Address, 915 King Street

Remarks,

1890-001652

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of each child born to the mother, and shall report the same to the Office of the Commissioner of Health, on forms to be furnished by the Commissioner, within the period above required, and any such person or persons who shall neglect or refuse to report as aforesaid, or who shall report falsely, or who shall violate any of the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A. 20949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20th
4. Place of Birth, (Street and Number) 126 W. Pratt St
5. Full Name of Mother, Kate Herchman
6. Mother's Maiden Name, Kate Dienker
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernst R. Herchman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Kellogg and Bliss

Address, 64 S. Paca St

Remarks,

690-001653

Every birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after such birth, by the physician in attendance upon the mother, or in case there is no physician in attendance, then by the nurse, midwife or householder in whose house the birth occurs, or if it occurs elsewhere than in a house, then by the person with whom the mother resides. The name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date of birth, and the number of children born to the mother, including the present child, if any, and whether living or dead, shall be stated in the return. One certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance, shall be made by the nurse, midwife or householder in whose house the birth occurs, or if it occurs elsewhere than in a house, then by the person with whom the mother resides. The duty of the person above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 7950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, april 25 1900
4. Place of Birth (Street and Number), 576 walnut alley.
5. Full Name of Mother, May Gross.
6. Mother's Maiden Name, May Dorsey
7. Mother's Birthplace, Charles County Md
8. Full Name of Father, James Gross
9. Father's Occupation, waiter
10. Father's Birthplace, Charles County, Md

Name of Medical Attendant, or other person who makes this Return. May ann mason

Address, No 637 walnut alley

Remarks,

C 70 1 001654

and shall set forth as far as the same can be ascertained the full name of each child of the mother, if any shall have been born alive previously, the date and place of birth of each, the sex, color, and whether the first and third or any subsequent number. It shall be the duty of any midwife, or any person or parents of said any such person required to make return, who shall refuse or neglect to make such return as aforesaid, to be subjected to the fine of ten fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 204

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether single, twin or triplet, or not, the number of the child or children of the parents, and the maiden name of the mother, or such child or children

APR 28 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (5) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 26th 1890

4. Place of Birth, (Street and Number) 1431 Washington Avenue

5. Full Name of Mother, Mrs. Elizabeth Warner

6. Mother's Maiden Name, Fellman

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George Warner

9. Father's Occupation, Clothing

10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

C 90 - 001655

RETURN OF A BIRTH A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th
2. *Sex, (State whether male or female)* Female
3. *Race or color, (if not of the white race)* White
4. *Date of Birth,* 26th April 1880
5. *Place of Birth, (Street and Number)* 230 East Eutaw
6. *Full Name of Mother,* Theresa Wagner
7. *Mother's Maiden Name,* Theresa Bachtiger
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* Edward Lawrence Fox
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return

Address, 1216 Fremont Ave

Remarks,

690-001656

J. B. BRANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 209 53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) German White
4. Date of Birth, 26 April 1896
5. Place of Birth, (Street and Number) 1157 Bonner Street
6. Full Name of Mother, Augusta C. Tillet
7. Mother's Maiden Name, — Rinth
8. Mother's Birthplace, Bremer Lehe
9. Full Name of Father, Henrie Tillet
10. Father's Occupation, Bar Keeper
11. Father's Birthplace, Bremer Lehe

Name of Medical Attendant, or other person who makes this Return. Mary Brady

Address, 711 Broadway St

Remarks,

190 - 031657

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...shall occur within the City of Baltimore after the passage of this ordinance, it shall become the duty of the person in charge of the house in which such birth occurs, or in which the mother is, or if such birth occurs elsewhere than in a house, then of the person in charge of the house in which the mother last resided before such birth, to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 27th 1890

4. Place of Birth, (Street and Number) No 1626 Mosher St near Mount

5. Full Name of Mother, Fanny Dobien Byers

6. Mother's Maiden Name, Fanny Dobien

7. Mother's Birthplace, West Kingsland N.J.

8. Full Name of Father. Jas W. Byers

9. Father's Occupation, Cutter Inspector, &c

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Robert W. Mifflin M.D.

Address, 321 N. Paca St.

Remarks.

"Every physician, midwife, or other person having charge of any case of birth, shall report to the Registrar the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., C...

RETURN OF A BIRTH A. 20958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) light brown skin
3. Date of Birth, 27th of April 1890
4. Place of Birth, (Street and Number) 1040 Wagon Alley
5. Full Name of Mother, Elizabeth Simmons
6. Mother's Maiden Name, Elizabeth Simmons
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Parker
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Lydia A Summerville

Address,

Remarks,

1890 091659

HEALTH DEPARTMENT, BALTIMORE CITY

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 209526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Black
3. *Date of Birth.*	April 27th 1890
4. *Place of Birth, (Street and Number)*	538 W. Biddle St.
5. *Full Name of Mother,*	Annie Collins
6. *Mother's Maiden Name,*	Nash
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles Collins
9. *Father's Occupation,*	Porter.
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Pearce Knitzing M.D.
Address,	601 Franklin St.
Remarks,	

1890-001600

month, and shall set forth as far as the same can be ascertained, the full name of each child, of any and race or color, the sex, the day, month and year of birth, the full name and residence, and the trade, profession or occupation of its parents, the date and place of birth, and the number of children to which the mother has been delivered. Duly signed by the practitioner in the form of a certificate, the birth of any child shall be registered within ten days thereafter. It shall become the duty of the person or parents of such child, if any there be of competent age and ability residing in the house at the time of the birth, and in every case of the attendance of a midwife, or of delivery without attendance of any person, to report the birth to the office of the Commissioner of Health, and every such person or parents who shall neglect for the space of ten days after the birth of any child to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1890 J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born April 27th 1890
4. Place of Birth, (Street and Number)	# 308 Forrest Str
5. Full Name of Mother,	Mrs Maggie Hemming
6. Mother's Maiden Name,	Miss " Vance
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Mr. Henry Hemming
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W. Pratt Str
Remarks,	

690 - 101661

Received ... 29 ... 1890 BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of the physician or midwife in attendance upon any case of birth occurring in the City of Baltimore, or if there be no physician or midwife in attendance, then it shall be the duty of the parent or parents of such child, or the householder in which such birth occurs, within ten days after such birth, to report the same to the Commissioner of Health, and to state in such report the full name and occupation of its parents, the date and place of birth; and the said report shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall become the duty of the person or parents of such child to report such birth as herein required. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 2958

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. *Sex,* (state whether male or female)	female
2. *Race or Color,* (if not of the white race)	Colored
3. *Date of Birth,*	April 27 1890
4. *Place of Birth,* (Street and Number)	No 1124 Gorkson alley
5. *Full Name of Mother,*	Elsie Smith
6. *Mother's Maiden Name,*	Clara Johnson
7. *Mother's Birthplace,*	Fredrick Md
8. *Full Name of Father,*	John Smith
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Camden New Jersey
Name of Medical Attendant, or other Person who makes the Return	Mariah porter
Address,	No 1129 Rose
Remarks,	Col

1890 - 02663

Within six days hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH A. 20459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 27 - 1890
4. Place of Birth, (Street and Number) Cookse St 1126
5. Full Name of Mother, Pauline Steinmetz
6. Mother's Maiden Name, Leithger
7. Mother's Birthplace, Bäsnick - Thüringen
8. Full Name of Father, Oskar Steinmetz
9. Father's Occupation, Stevedor
10. Father's Birthplace, Berlin - Brandenburg

Name of Medical Attendant, or other person who makes this Return. Johanna Jonske

Address, Garrett Av 1363

Remarks, Locust Point

1907 - 01663

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 7oy60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 27th 1870

4. Place of Birth, (Street and Number) 718 Bond st

5. Full Name of Mother, Odaline Rockhenner

6. Mother's Maiden Name, " " Mason

7. Mother's Birthplace, City

8. Full Name of Father, John C. Rockhenner

9. Father's Occupation, Grocer

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Wm Hyde Bell

Address, 1124 Bond st

Remarks,

month, as shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full names and occupation of its parents, the date and place of birth, and the full name of each and every month to the office of the Superintendent of Public Health and Charities, a certificate containing all of the facts required to be set forth and exhibited in relation to the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child shall immediately thereafter report the facts required to be certified to in this section, and in case no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report the facts required to be certified to in this section, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MAY 1870 BALTIMORE

690-001664

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20961.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 1 1890 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3d)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 27th
4. *Place of Birth, (Street and Number)*	No 762 St Peter st
5. *Full Name of Mother,*	Annie Rebecca Prince
6. *Mother's Maiden Name,*	Annie R. Rathbone
7. *Mother's Birthplace,*	Annapolis
8. *Full Name of Father,*	George Edward Micheal Prince
9. *Father's Occupation,*	Engineer & Maintenance
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Baugh
Address,	1116 Druid St
Remarks,	

6 9 0 - 0 0 1 6 6 5

Every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person occupying the house in which such birth shall occur within the next five days thereafter. It shall become the duty of the person in attendance upon the mother, and with the manner and within the time prescribed in the foregoing sections of this section shall be subject to the fine of ten dollars for each offense; to be recovered as other fines and forfeitures are recovered. And any other person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense; to be recovered as other fines and forfeitures are re-

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* ~~1st~~ 2d, ~~3d,~~ &c.)

1. *Sex,* (~~*state whether a male or female*~~) male.
2. *Race or Color,* (~~*if not of the white race*~~)
3. *Date of Birth,* April 25 [illegible]
4. *Place of Birth,* (*Street and Number*) 1[illegible] Lanvale St
5. *Full Name of Mother,* Ida Viola Gilman
6. *Mother's Maiden Name,* Viola Aisdorf
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Conrad Gilman
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace.* Md.

Name of Medical Attendant, or other Person who makes this Return — D. J. T. Laban

Address, 22[illegible] Eighth St.

Remarks, Twins

"Section 4. Be it enacted, That the Registrar shall record in a book for that purpose, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

[illegible] & CO., CITY PRINTERS AND STATIONERS

001865

RETURN OF A BIRTH A 20963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 30 1910

month, and shall set forth as far as the same can be ascertained the full name of such child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, by the person in charge of the premises where such birth occurred, to the Commissioner of Health, or other person authorized to register births, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon the mother, immediately thereafter, to become informed of the particulars required to be reported in relation to such birth, and within ten days thereafter to report the same to the Commissioner of Health; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 28th/10
4. Place of Birth, (Street and Number) 169 E Pratt St.
5. Full Name of Mother, Louise Nonis
6. Mother's Maiden Name, " Krambone
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sidney Nonis
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

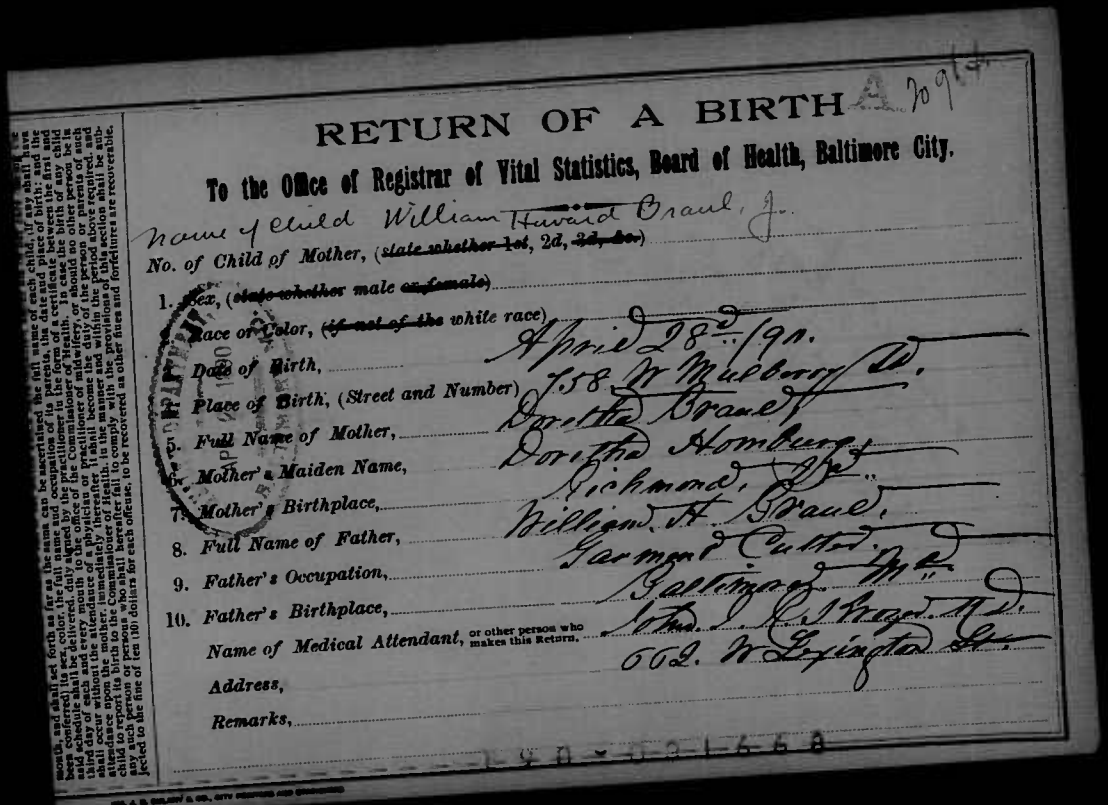
Name of Medical Attendant, or other person who makes this Return. Alice Tzke

Address, 114 S. Bond St.

Remarks,

WM. A. G. BALDWY & CO., CITY PRINTERS AND STATIONERS

5-30-001567



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child William Howard Braun, Jr.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, April 28th 1911.
4. Place of Birth, (Street and Number) 458 W Mulberry St.
5. Full Name of Mother, Dorothy Braun
6. Mother's Maiden Name, Dorothy Homberger
7. Mother's Birthplace, Richmond, Va.
8. Full Name of Father, William A. Braun.
9. Father's Occupation, German Cutter
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, John L. Whitridge M.D.

Address, 602 W Lexington St.

Remarks,

APR 29 1911

GD-1-0-16-68

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, and the sex, color, occupation of its parents, the date and place of birth; and the name (if any conferred) of such child; and a certificate between the first and third day of each month by the practitioner in the case, or the person who shall have charge of the office of the Coroner of midwifery, or should no one of the parents of such child reside in the house at the time of the birth, then by the person in charge of the house where the birth shall occur upon the mother. Immediately upon the registration of each birth, it shall become the duty of the Commissioner of Health, in the manner and with the provisions of this section shall be required, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, and the sex, color, occupation of its parents, the date and place of birth; and the name (if any conferred) thereof; and a certificate between the first and third day of each month by the practitioner in the case, or the person who shall have charge of the office of the Coroner of midwifery, or should no one of the parents of such child reside in the house at the time of the birth, then by the person in charge of the house where the birth shall occur upon the mother. Immediately upon the registration of each birth, it shall become the duty of the Commissioner of Health, in the manner and with the provisions of this section shall be required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 30966

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 5th

1. *Sex.* (*state whether male or female*) Female
2. *Race or Color.* (*if not of the white race*) White
3. *Date of Birth,* April 28th 1890
4. *Place of Birth,* (*Street and Number*) 1437 Johnson St
5. *Full Name of Mother.* Maggie A Purdy
6. *Mother's Maiden Name.* Whitside
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father,* George L Purdy
9. *Father's Occupation,* Locomotive Engineer
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr A Hendrickson

Address, 1421 Bolton St

Remarks,

& CO., CITY PRINTERS AND STATIONERS

B 20 - 001669

RETURN OF A BIRTH A 3097

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	6 Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 28/90
4. *Place of Birth, (Street and Number)*	1218 N Carey
5. *Full Name of Mother,*	Emma Donnell
6. *Mother's Maiden Name,*	" Bishop
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	P Donnell
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Ed W Armes M D
Address,	1501 Pennsylvania Ave
Remarks,	

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C 105 00167 0

B. CO., CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH A. 20488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hannah Bewers

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 28th/10
4. *Place of Birth, (Street and Number)* 1935 Alicanna St.
5. *Full Name of Mother,* Meta (Martha) (Maria) Bewers
6. *Mother's Maiden Name,* " (") (Maria) Juister
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick (Fred) (Louis) Bewers
9. *Father's Occupation,* Bar keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Ulrich Goetzke

Address, 114 S Bond St.

Remarks,

B 20 2 39 1 6 7 1

months, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health; and any person who shall neglect or refuse any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person attend in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 28 1890
4. Place of Birth, (Street and Number) 242 S. Caroline St.
5. Full Name of Mother, Kate Goetz
6. Mother's Maiden Name, " Imig
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Goetz
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Ulrica Goetzke

Address, 114 S. Bond St.

Remarks,

U 0 0 - 0 8 1 6 7 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health, and shall set forth in full the same can be ascertained, the full name of each child. If any child be born dead, a certificate of the fact, stating the cause of death, so far as can be ascertained, shall be given by the physician or midwife in attendance, or if there be none, then by the father or mother of such child, if able to do so, and a certificate thereof shall be delivered. Duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, or able to report the same, then it shall become the duty of the person occupying the house in which such birth occurs, or in which the mother of such child usually resides, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report his birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 3d

1. Sex, *(state whether male or female)* Female

2. Race or Color, *(if not of the white race)*

3. Date of Birth, April 28th 1890

4. Place of Birth, (Street and Number) Liberty Road, 1st Toll Gate.

5. Full Name of Mother, Emma Walters.

6. Mother's Maiden Name, Emma Pfeffer.

7. Mother's Birthplace, Md.

8. Full Name of Father, Henry L. Walters

9. Father's Occupation, Butcher

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. J. G. Miller M.D.

Address, 609 Franklin St.

Remarks, 890-00673

890-001677

& Co. City Printers and Stationers.

RETURN OF A BIRTH A 20941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 24th 1890
4. *Place of Birth, (Street and Number)*	813 N. Caroline St.
5. *Full Name of Mother,*	Minnie Hayes
6. *Mother's Maiden Name,*	Dolbin
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Lawrence Hayes
9. *Father's Occupation,*	Nickel Plater
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs. H. Thrombe
Address,	916 N Patterson Park Ave
Remarks,	

E 20 - 001674

J. C. BALAW & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 29th/10
4. *Place of Birth, (Street and Number)*	248 S. Bond St.
5. *Full Name of Mother,*	Maggie Lloyd
6. *Mother's Maiden Name,*	Nagle
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Lloyd
9. *Father's Occupation,*	Steward
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Ulrich Goetzke
Address,	114 S. Bond St.
Remarks,	

+90-061675

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 2097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEPARTMENT OF HEALTH MAY 1890

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)

1. *Sex*, (*State whether male or female*)
2. *Race or color*, (*if not of the white race*)
3. *Date of Birth*,
4. *Place of Birth*, (*Street and Number*)
5. *Full Name of Mother*,
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*,
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

month, and shall set forth as far as the same can be ascertained at the time of each birth, the date and place of birth, and the name, sex, color, the full name and residence of the parents, the date and place of birth, and the occupation of the father, of each child born alive, and the number of children of the mother born dead, which have been conferred by the practitioner in the case of each birth; and the said schedule shall be delivered, duly signed by the practitioner or person in attendance upon the mother, immediately after the birth, to the person who shall secure the registration of such birth, and every month to the office of the Commissioner of Health. In case the first and attendance upon the mother, immediately after the birth, to the person who shall secure the registration of such birth, and every month to the office of the Commissioner of Health. In case the birth shall occur without the presence or attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, to the person who shall secure the registration of such birth, and every month to the office of the Commissioner of Health, in the absence of such physician or practitioner of midwifery, the mother shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

690-001676

J. D. ELLAW & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 2975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) colored
3. Date of Birth, April 29 1890
4. Place of Birth, (Street and Number) 1359 Stratton
5. Full Name of Mother, Mrs Susan Addison
6. Mother's Maiden Name, Mary Susan Addison
7. Mother's Birthplace, Howard Co. Md,
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. Chas. H. Bartol

Address, 1926 Vanna Ave.

Remarks,

1890-001677

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the full name and occupation of its parents, the street and number of the place of birth; and the said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur upon the premises of a physician or practitioner of healing, the person or parents of such child to report its birth to the Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 30476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 2 1890

Note.—Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 29

4. Place of Birth, (Street and Number) Baltimore 234 Ridgley St

5. Full Name of Mother, Pauline Crosby

6. Mother's Maiden Name, Pauline Espring

7. Mother's Birthplace, New York City

8. Full Name of Father, Peter Crosby

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Jno Savage

Address, 711 E Lombard

Remarks,

S 9 0 - 0 0 1 6 7 8

Every birth shall be registered, and every mother is to be the informant of the birth of her child, and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and it shall be the duty of the person in charge of any lying-in asylum, or other institution, to which any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 20976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sarah Ann Horn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 29th 1890
4. *Place of Birth, (Street and Number)* 236 Park St.
5. *Full Name of Mother,* Sarah C. Horn
6. *Mother's Maiden Name,* Sarah C. Disney
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Wm George Horn
9. *Father's Occupation,* Dyer & Finisher
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. H. Miller M.D.

Address, GIVEN MAIDEN NAME 4-14-53 609 Park Ave

Remarks, L.M.

Murphy & Co., City Printers and Stationers.

8 7 0 - 0 0 1 6 7 9

...scription of the full name of such child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be signed by the person giving the information. Any person who shall refuse or neglect to make such return to the Office of the Commissioner of Health. In case the certificate herein required whenever the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid, and any person who shall refuse or neglect to make such report as herein required, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 20 977.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 6th Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White infant. 7 P.M.
3. Date of Birth, Born the 1th April 1890.
4. Place of Birth, (Street and Number) Baltimore City 803 Rose street
5. Full Name of Mother, Mrs Emma F. A. Yaeger.
6. Mother's Maiden Name, Miss Emma F. A. Schaefers
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Gottlieb Fred Yaeger
9. Father's Occupation, Engineer & Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs P. Lierzenmann

Address, 1225 Hare street

Remarks,

RECEIVED BALTIMORE CITY REGISTRY APR 2 1890

(Here state (first) its sex, color, the full name and occupation of its parents, the date and place of birth, and its legal residence; and (second) the name and residence of the midwife present at the birth, if any. And be it further enacted, That a certificate shall be delivered, duly signed by the practitioner in the form of the certificate hereinafter provided, to the parent or person having charge of the child. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars of this section shall be required of the midwife or physician immediately; thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall hereafter fail to report the birth of any child as herein required, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BLANEY & CO., CITY PRINTERS AND STATIONERS

1890 - 001680

RETURN OF A BIRTH A. 20978.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 27
4. Place of Birth, (Street and Number) 253 E. Spring St.
5. Full Name of Mother, Mary Harrington
6. Mother's Maiden Name, Hand
7. Mother's Birthplace, Westmoreland Va
8. Full Name of Father, James Harrington
9. Father's Occupation, Laborer
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return,

Address, 1421 E Fayette St.

Remarks,

1890-001681

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month succeeding the birth, or if no certificate be required as herein provided, within the same time after the birth of any child without the attendance of a physician or practitioner of midwifery, or if no certificate be required as herein, attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex, (state whether male or female)*	Male,
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April
4. *Place of Birth, (Street and Number)*	1231 Lafayette Ave,
5. *Full Name of Mother,*	Mary Marrow,
6. *Mother's Maiden Name,*	" Dorsey,
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John H. Marrow,
9. *Father's Occupation,*	Carpenter,
10. *Father's Birthplace,*	Balto. City, Md.
Name of Medical Attendant, or other person who makes this Return.	R. J. N. Tall. M.D.
Address,	524 Sharp St.
Remarks,	

1890 - 001682

BALTIMORE PRINTERS

GEO. J. O. MILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d.
Sex, (state whether male or female)	female.
2. Race or Color, (if not of the white race)	white.
3. Date of Birth,	April 14.
4. Place of Birth, (Street and Number)	912 Sharp St.
5. Full Name of Mother,	Hermine Hertz
6. Mother's Maiden Name,	Hermine Menning.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Wilhelm Hertz.
9. Father's Occupation,	Druggist
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Auguste B Rien
Address,	3 Hemmitta St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the attendant, to the parents of such child. In case the birth of any child shall occur without the certificate being delivered as aforesaid, it shall be the duty of the Registrar to issue a certificate of birth; and the attendance upon the mother, insert the word "none." In all cases where a physician shall not be in attendance upon the mother, it shall become the duty of the midwife or nurse in attendance to report the birth; and in case no other person be in any such case shall fail to report the birth as required by this section, each person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

C 90 01683

RETURN OF A BIRTH A 7098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BIRTH REPORTED MAR 5 1890 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 2nd '90

4. Place of Birth, (Street and Number) 622 W Lombard St.

5. Full Name of Mother, Annie Carroll

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Maryland

8. Full Name of Father, Not known

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Dr Ebaugh

Address, 622 W. Lombard St

Remarks,

...Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

E 9 0 - 0 0 1 6 8 4

... Co., City Printers and Stationers

GIVEN NAME ADDED 9-16-58

RETURN OF A BIRTH A 30982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Fritz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 2nd - 1890
4. Place of Birth, (Street and Number)	419 Stockholm St
5. Full Name of Mother,	Celia Fritz
6. Mother's Maiden Name,	" Schneider
7. Mother's Birthplace,	Philadelphia
8. Full Name of Father,	Chas. Fritz
9. Father's Occupation,	Manstown
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	J C Beuch M D
Address,	511 Hanover
Remarks,	

L 70 - 001885

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Section 1. This schedule shall contain a list of the births which shall occur in each family in the City of Baltimore during the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above recited, and shall set forth, so far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the sex of each child. If any child be born without the assistance of a physician or midwife, or should no other person be in attendance, then the mother of such child shall herself make the return required by this section, and in case of her inability to do so, then the person with whom she may be living at the time of the birth of such child shall report its birth to the Commissioner of Health, in the manner and within the period above recited, and shall set forth, so far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the sex of each child. If any child be born without the assistance of a physician or midwife, or should no other person be in attendance, then the mother of such child shall herself make the return required by this section, and in case of her inability to do so, then the person with whom she may be living at the time of the birth of such child shall report its birth to the Commissioner of Health, in the manner and within the period above recited, and shall set forth, so far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the sex of each child. This schedule shall contain a list of the births which shall occur in each family in the City of Baltimore during the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above recited, and shall set forth, so far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the sex of each child. If any child be born without the assistance of a physician or midwife, or should no other person be in attendance, then the mother of such child shall herself make the return required by this section, and in case of her inability to do so, then the person with whom she may be living at the time of the birth of such child shall report its birth to the Commissioner of Health, in the manner and within the period above recited, and shall set forth, so far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the sex of each child. Section 2. And be it further ordained, That it shall become the duty of the person or parents of such children born within the City of Baltimore, immediately thereafter to comply with the provisions of this ordinance, and any such person or persons who shall hereafter fail to comply with the provisions of this ordinance shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. 20483

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 2 and 1890

4. Place of Birth, (Street and Number) 123 Bass St

5. Full Name of Mother, Annie E. Ferre

6. Mother's Maiden Name, Angelina Annie E Eastendorf

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel Ferre

9. Father's Occupation, Hucster

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Mundt

Address, 800 Fredenhall St

Remarks,

E 90 - 01800

month, and shall set forth as far as the same can be ascertained, the full name of each child; if any shall have been conferred; its sex, color, the full name, and residence of its parents, the date and place of birth; and the said date of each birth be entered in the record of the office in the order of its occurrence in each year. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately after the birth, it shall be the duty of the person or parents of such child to report the particulars required, and within the period above required, and in the manner aforesaid, to the Commissioner of Health, and within the period above required, and in the manner aforesaid, to the Commissioner of Health, in the case of other persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been considered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered at the office of the Registrar of Vital Statistics, on or before the fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child, if any there be in the City, to report such birth within five days thereafter, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 2nd 1890
4. *Place of Birth, (Street and Number)*	622 W Lombard St.
5. *Full Name of Mother,*	Mary Waters
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Not Known
8. *Full Name of Father,*	" "
9. *Father's Occupation,*	" "
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return.	Dr Ebaugh
Address,	622 W Lombard St
Remarks,	

REGISTERED
BALTIMORE

FES. & CO., CITY & CO. CITY PRINTERS AND STATIONERS

L 90 - 001687

RETURN OF A BIRTH A 20980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) .....

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3 / 90
4. Place of Birth, (Street and Number) 1839 Lorman
5. Full Name of Mother, Mary Logan O'Brien
6. Mother's Maiden Name, Mary Doyle
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo O'Brien
9. Father's Occupation, Cabinet
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. A E Bibb MD

Address, 1 W Cor Madison Ave & Eutaw Pl 6

Remarks, ...

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the Office of the Registrar of Vital Statistics, in case of birth of any child shall occur without the attendance of a practitioner, or should no other person in be in attendance, it shall become the duty of the person or parents of such child to cause the birth to be registered within ten days after it shall become the duty of the person or parents of such child to or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

C 90 - 001688

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 2 1930 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 3 — 1870
4. Place of Birth, (Street and Number) 142 [illegible]
5. Full Name of Mother, Minnie Ringsdorf
6. Mother's Maiden Name, Arnold
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Ringsdorf
9. Father's Occupation, Grocer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible] Weir

Address, 927 E Fait St

Remarks,

1890-001689

Before a birth certificate shall be delivered, duly signed by the practitioner in attendance, or by the father, mother or householder, as the case may be, as hereinbefore directed, the full name and occupation of its parents, the date and hour of birth, and the sex, color, the full name and occupation of its parents, the date and hour of birth, and the full name of the child shall be delivered, duly signed by the practitioner in attendance, or by the father, mother or householder, as the case may be, as hereinbefore directed, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be present, then the mother shall herself make the return required, and in case she be unable to do so, then the person with whom she may be at the time of such birth shall make such return. Immediately thereafter it shall become the duty of the person required, and failing to report its birth to the Commissioner of Health, in the manner and within the time above specified, or in any manner contrary to the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, April 23, 1870
4. Place of Birth, (Street and Number) No. 768 Hamburg St.
5. Full Name of Mother, Catharine Miles
   Mother's Maiden Name, Plitt
7. Mother's Birthplace, Balto City,
8. Full Name of Father, William E. Miles,
9. Father's Occupation, Stove-moulder
10. Father's Birthplace, Balto. City,

Name of Medical Attendant, or other person who makes this Return, Thos. McCandlish M.D.

Address, N.E. Cor. Columbia & Arnold Sts.

Remarks,

1590-691698

BALTIMORE CITY REGISTRY

JUL 28 1880

HEALTH

BALTIMORE

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this Ordinance, it shall be the duty of the Physician or Midwife in attendance upon any case of birth occurring within the City of Baltimore, to make a return thereof to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the occurrence of such birth, which return shall be made upon a blank to be furnished by the Registrar of Vital Statistics, and shall state the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Physician or Midwife in attendance, to the Registrar of Vital Statistics, or to the Commissioner of Health, in case no birth or stillbirth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who may require with the provisions of this Section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 209 81

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3rd of April
4. *Place of Birth, (Street and Number)*	338 Lebanon Alley
5. *Full Name of Mother,*	Johana Eisenacher
6. *Mother's Maiden Name,*	Johana Gottschalk
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Albert Eisenacher
9. *Father's Occupation,*	Laber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Friedericke Kaula Midwife
Address,	2116 West Bath St
Remarks,	

B 90 ✕ 3 0 1 6 9 1

Note.—All shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedules shall be signed by the practitioner in the form of a certificate, before the end of the month in which the birth shall occur without the attendance of a physician or midwife, the Commissioner of Health. In case the birth of any child shall occur upon the premises of a boarding or lodging house, or in a hospital or other institution, the certificate of birth of such child to be signed by the mother, immediately thereafter. It shall become the duty of the person in charge of any such house or institution to comply with the provisions of this section, and the Commissioner of Health, in the manner and within the period above mentioned, shall cause to be collected the information required to be given by the parents of such child to the end that the certificate of birth may be duly signed and returned. Any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 78989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second & Third

1. Sex, (state whether male or female) Males

2. Race or Color, (if not of the white race)

3. Date of Birth, April 3 - 90

4. Place of Birth, (Street and Number) 1031 N. Washington

5. Full Name of Mother, Sarah. Taylor

6. Mother's Maiden Name, " Ogle

7. Mother's Birthplace, Balto

8. Full Name of Father, Albert C. Taylor

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Miss Mary A. Allwell

Address, 912 Mc Donogh St

Remarks,

1890 - 001692

been confined in any case, to enter the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the parent or nearest relative present at the birth, and in case the parent or nearest relative present is unable to make such return, then it shall be the duty of the householder or owner of the premises where such birth occurs to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1.	Sex, (state whether male or female)	Male
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	Apr. 3, 1890.
4.	Place of Birth, (Street and Number)	115 W. Lombard St. Materntè.
5.	Full Name of Mother,	Hannah Hoffmeister
6.	Mother's Maiden Name,	" "
7.	Mother's Birthplace,	Baltimore
8.	Full Name of Father,	not known.
9.	Father's Occupation,	" "
10.	Father's Birthplace,	" "
	Name of Medical Attendant, or other person who makes this Return.	Samuel A. Allen, M.D.
	Address,	115 W. Lombard St.
	Remarks,	

month, and shall set forth as far as the name can be ascertained the full name of such child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the time of birth, and the said schedule shall be delivered, duly signed by the Commissioner of Health, or his Deputy, to the third day of each and every month, to the Commissioner of Health, or his Deputy, with the certificate of a physician or practising midwife, or should no other person be in attendance upon the mother, immediately thereafter, the certificate of the person above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as penalty fines and forfeitures are recoverable.

GEO. A. O. DELANY & CO., CITY PRINTERS AND STATIONERS

6 9 0 5 0 1 6 9 3

[illegible] set [illegible] as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 20991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4 90.
4. *Place of Birth, (Street and Number)* 515 E. Madison St.
5. *Full Name of Mother,* G. Ball
6. *Mother's Maiden Name,* G. Davis
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Wm. T. Ball
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. J H Robinson [illegible]

Address, 736 E Preston St.

Remarks,

1890 0501694

RETURN OF A BIRTH A. 2099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 4th of April
4. Place of Birth, (Street and Number) 1434 Garrett Ave Locust Point
5. Full Name of Mother, Magaret Tyson
6. Mother's Maiden Name, Magaret Davidson
7. Mother's Birthplace, Scotland Europe
8. Full Name of Father, Joseph Tyson
9. Father's Occupation, Sailor
10. Father's Birthplace, Belgium Europe

Name of Medical Attendant, or other person who makes this Return. Lina Lang

Address, 1402 Anche St Locust Point

Remarks,

L 26 - 08 16 95

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...ment, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the first said Registrar of each and every district in which any birth shall occur within ten days after the same shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in the absence of both parents, then of the occupant of the house in which such birth occurs. Any person neglecting to make such report, as herein required, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-23-54

RETURN OF A BIRTH A 7099 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elmer Lawrence Johnson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	4th April 1890
4. Place of Birth, (Street and Number)	1449 Covington St
5. Full Name of Mother,	Annie Johnson
6. Mother's Maiden Name,	White
7. Mother's Birthplace,	Delaware
8. Full Name of Father,	William Johnson
9. Father's Occupation,	Tugboat Captain
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Jarrell
Address,	516 Hart Ave
Remarks,	

MAY 2 1890

month, and shall set forth, as far as the same can be ascertained, the full name of each child, if one shall have been conferred, the sex, color, full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form, the date and place of birth shall have been delivered to the office of the Commissioner of Health. If no certificate between the first and day of each and every month to the office of the Commissioner of Health. If no certificate between the first and attendance upon the mother during her confinement, or should no birth of any child attendance upon such person or persons who shall neglect or refuse to comply with the provisions of this section shall be sub-ject to the fine of ten (10) dollars for each offense, to be recovered in the name of the State of Maryland.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1890 - 081696

RETURN OF A BIRTH A. 70994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of birth and place of birth, and the number of the house where such birth occurred. Every such certificate shall be delivered, duly signed by the attendant, at the office of the Registrar of Vital Statistics, in case the birth of any child shall occur with the attendance of a physician or midwife, within ten days after such birth; and in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, then the father or mother of such child, or in case neither father nor mother is able to report the birth to the Commissioner of Health, then the person occupying the house where such birth occurred, shall report the same to the Registrar of Vital Statistics, within the period above required, and any such father or mother or person who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

MAY 5 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. D.
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	April 4 of 5
4. Place of Birth, (Street and Number)	930 Charles St.
5. Full Name of Mother,	Mary Roth
6. Mother's Maiden Name,	Mary Wengert
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Fritz Roth
9. Father's Occupation,	Labor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Auguste Bobien
Address,	3. Henrietta St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

C90-001697

RETURN OF A BIRTH A 20995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race)

3. Date of Birth, 5 April

4. Place of Birth, (Street and Number) 1312 Caroline st.

5. Full Name of Mother, Augusta Sr

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Ger Holland

8. Full Name of Father, Christ Sr

9. Father's Occupation, Painter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Emma Walker

Address, 928 Cath.

Remarks,

1890 - 01690

BD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C

3. Date of Birth, 5 April

4. Place of Birth, (Street and Number) 1413 Holbrook st.

5. Full Name of Mother, Anna Evans

6. Mother's Maiden Name, Rollins

7. Mother's Birthplace, Balt. county

8. Full Name of Father, Joseph C. Evans

9. Father's Occupation, gardner

10. Father's Birthplace, Prince Geo's County

Name of Medical Attendant, or other person who makes this Return. Anna Miller

Address, 928 Central Ave.

Remarks,

1920-001699

been conferred its sex, color, its name and occupation of its parents, the date and place of birth, and have said schedule shall be delivered, duly filled up by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. And the said practitioner shall have no right to receive any fee for the attendance without the attendance of a physician or practitioner of medicine, in case the birth of any child shall have occurred without the knowledge of such practitioner, it shall become the duty of the person in attendance upon the mother immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required of such practitioner. And any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered before any justice of the peace, and forfeitures are recoverable.

MAY 1920

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 boy

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 April
4. Place of Birth, (Street and Number) 1017 Eagle
5. Full Name of Mother, Anna Young
6. Mother's Maiden Name, Lang
7. Mother's Birthplace, Balt. city
8. Full Name of Father, Joseph Young
9. Father's Occupation, Painter
10. Father's Birthplace, Balt. city

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Cent Ave

Remarks,

1890 - 61700

been conferred) by sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines under this section are recoverable.

MAR 21 1890 REGISTRAR'S OFFICE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 20498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 8th
4. *Place of Birth, (Street and Number)*	1337 Hanover St
5. *Full Name of Mother,*	Maggie Rittenman
6. *Mother's Maiden Name,*	" Hynes
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Henry Rittenman
9. *Father's Occupation,*	Copper
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	J. C. Bench M.D.
Address,	511 Hanover St
Remarks,	

been conferred) its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third days of each month, to the Commissioner of Health, and a like certificate shall be given by said practitioner if the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be liable, and subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

L 90-031781

WM. A. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 70999.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	5th April 1890
4. Place of Birth, (Street and Number)	1414 Johnson St
5. Full Name of Mother,	Mary J Marin
6. Mother's Maiden Name,	White
7. Mother's Birthplace,	Delaware
8. Full Name of Father,	George Marin
9. Father's Occupation,	Life Insurance
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Yarnell
Address,	516 Front Ave
Remarks,	

MAY 2 1890

1890-001702

month, and shall set forth as far as the same can be ascertained the full name of each child born alive within the district, the sex, the color, the full name and occupation of its parents, the date and place of birth, and the said echo of each and every month to the office or practitioner of midwifery, should no or parents of such been conferred), the address of the practitioner in charge, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the parent or parents, or in default thereof the occupant of the house where such birth shall occur, to report the same immediately thereafter. It shall become the duty of the physician or practitioner of midwifery in attendance upon the birth to report the same within the prescribed time. Any person who shall neglect or refuse to make the return required, and any person who shall make a false return, shall be subject to the penalty prescribed in section [illegible] of the ordinances of Baltimore, and any person who shall neglect or refuse to report the birth of any child within the time prescribed by law, shall be subject to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 1000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5/90
4. Place of Birth, (Street and Number) 622 W. Lombard St
5. Full Name of Mother, Fannie Brown
6. Mother's Maiden Name.
7. Mother's Birthplace, Virginia
8. Full Name of Father, Not known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, M E Blough

Address, 622 W Lombard St

Remarks,

E 90 - 01703

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, the sex, color, the full name and occupation of its parents, the date of birth, and the said return shall be delivered, duly signed by the attendant, or if there be no attendant, then by the parent or parents of such child or either of them, within ten days after the birth; and the third day of each and every month thereafter a like return shall be made of every birth that shall occur without the attendance of a physician or midwife. The form of a certificate to be used for this purpose shall be prepared by the Commissioner of Health, and shall be furnished to the parent or parents of each child to be born upon the mother, immediately after the birth of the first child. It shall be the duty of every physician or midwife who shall attend upon any such person or persons to fill up and deliver to the parent or parents of such child one of the certificates aforesaid, and to make the return thereof as hereinbefore required; and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 21001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Cor April 1890
4. Place of Birth, (Street and Number)	436 Fort Ave
5. Full Name of Mother,	Sadie Gallagher
6. Mother's Maiden Name,	Brant
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Gallagher
9. Father's Occupation,	Police Officer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Yewell
Address,	516 Fort Ave
Remarks,	

1890 - 001704

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, either before or after the said examination of its parents, the date and place of birth, and the said days of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the midwife shall herself make such return within the period above required, and shall sign the same, and shall hereafter be entitled to receive the sum of one dollar for each return so made; and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

MIDDLE NAME ADDED 1-22-66

RETURN OF A BIRTH A 71002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Veronica Elizabeth Kromeke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 6th April 1890
4. Place of Birth, (Street and Number) 127 W. Camden St
5. Full Name of Mother, Mary Kromeke
6. Mother's Maiden Name, Henning
7. Mother's Birthplace, Germany
8. Full Name of Father, Wegner Kromeke
9. Father's Occupation, Liquor dealer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Wenzel

Address, 800 Leadenhall St.

Remarks,

1890-001705

...ed by the Act of 1898, to ascertain the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the Commissioner of Vital Statistics, or other person be in third day of each and every month. Every physician or person in attendance upon the mother, immediately thereafter, shall make out and within the time aforesaid to report its birth to the Commissioner, and any such person who shall neglect or fail to comply with the provisions of this section shall, on conviction, be fined not less than five dollars nor more than twenty dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall neglect or fail to deliver the said certificate within the time prescribed by the Act of 1898, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...S. SHANNON & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 21003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	6th April 1890
4. Place of Birth, (Street and Number)	1502 Burrough St
5. Full Name of Mother,	Dorothy Kirby Phillips
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Kirby
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Yarnell
Address,	516 Font Ave
Remarks,	

B V D - 0 1 7 0 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

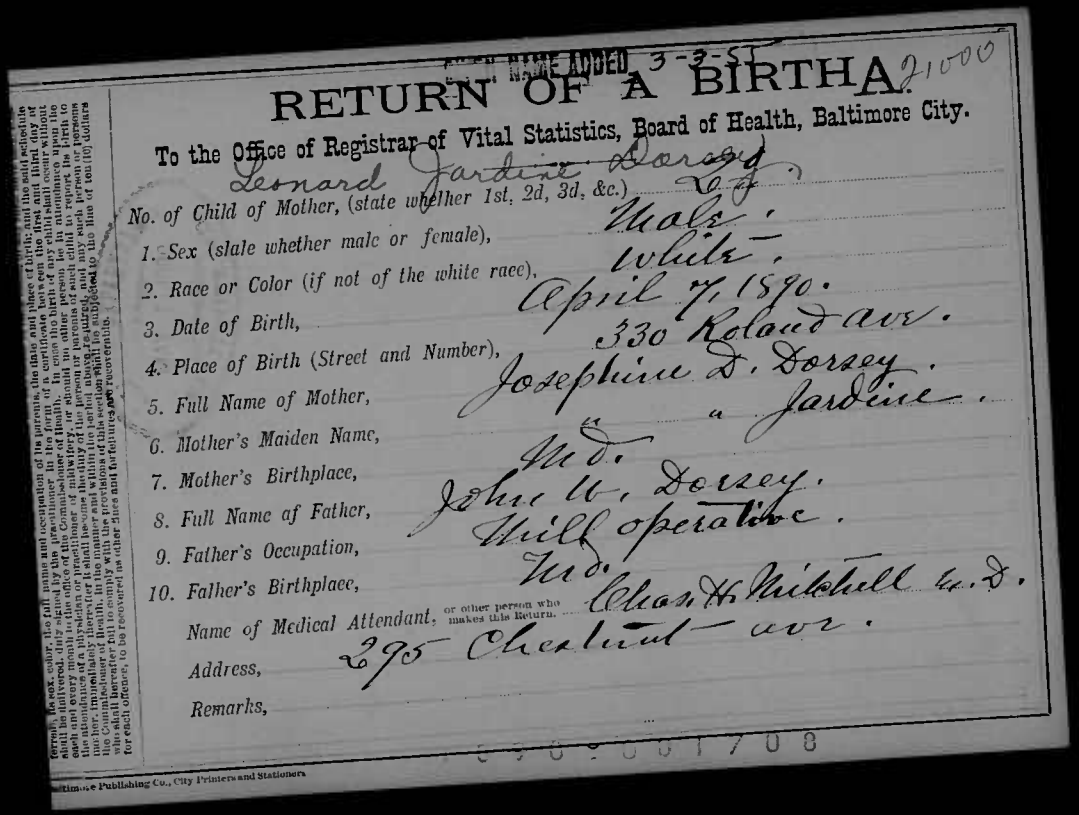
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6 Apr. 1890.
4. *Place of Birth, (Street and Number)*	1305 Harlem av.
5. *Full Name of Mother,*	Florence Virginia Clark
6. *Mother's Maiden Name,*	Knott
7. *Mother's Birthplace,*	Frederick Co. Md.
8. *Full Name of Father,*	Charles C. Clark
9. *Father's Occupation,*	Window decorator
10. *Father's Birthplace,*	Manchester, Eng.
Name of Medical Attendant, or other person who makes this Return.	John Hood, M.D.
Address,	1137 Harlem av
Remarks,	Labor & child normal.

HEALTH DEPARTMENT MAY 2 1890 BALTIMORE

240-001707

Health Laws, Sec. 28. Be it enacted, That the same care be ascertained the full name of each child, if any shall have been considered) its sex, color, the full name and occupation of its parents, date of birth, and the said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child third day of each month the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become and within the period above required, and child to report its birth to the Commissioner of Health, it shall be the duty of each such person so failing to comply with the provisions of this section shall be subject to the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS



NAME ADDED 3-3-51

RETURN OF A BIRTH. 71000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Leonard Jardine Dorsey 6 th.
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	April 7, 1890.
4. Place of Birth (Street and Number),	330 Roland ave.
5. Full Name of Mother,	Josephine D. Dorsey.
6. Mother's Maiden Name,	a Jardine.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	John W. Dorsey.
9. Father's Occupation,	Mill operative.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	295 Cherlind ave.
Remarks,	

C 70 : 001708

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 21006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 7th April
4. Place of Birth, (Street and Number) No 514 Hamburg St
5. Full Name of Mother, Carrie Pauly
6. Mother's Maiden Name, " Hueber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Pauly
9. Father's Occupation, Cabinet macker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Kinsale

Address, 80 Leadenhall St.

Remarks,

1-8 9 8 - 8 9 1 7 8 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) race
3. Date of Birth, 7th of April
4. Place of Birth, (Street and Number) 729 Dallas st.
5. Full Name of Mother, Barbara Graff
6. Mother's Maiden Name, Barbara Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, [illegible] Graff
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Anna Grzwakowak

Address, 803 Dallas St.

Remarks,

1 2 8 : 0 8 1 7 1 0

from and after this date, shall not be buried, or otherwise disposed of, until a certificate of birth, and the same is delivered, duly filled out, to the undertaker in charge of the interment, or to the person in charge of the premises where the interment is to take place, or to the sexton or person in charge of any burial ground in which the interment is to be made, which certificate shall be delivered to the undertaker in charge of the interment, or to the sexton or person in charge of the premises where the interment is to take place, or to the sexton or person in charge of any burial ground in which the interment is to be made, by the person in charge of the premises where the birth occurred, within three days after the birth, and before the interment; and in case the child shall not be buried, or otherwise disposed of, within ten days after the birth, then the certificate shall be delivered to the Commissioner of Health, or to such person as he may designate to receive it, within ten days after the birth. And it shall be the duty of the person or parties of such third day of each and every month, to make out and deliver to the Commissioner of Health a certificate of each birth occurring in his or their charge during the month next preceding, which certificate shall be in the form and contain the information required by the Commissioner of Health. And it shall be the duty of a physician or practitioner in attendance upon the mother, immediately thereafter, to make out and deliver to the person in charge of the premises where the birth occurred, or if there be no such person in charge, then to the parent or parents of such child, a certificate of birth, in the manner and within the period above required, which certificate shall be delivered to the Commissioner of Health as above provided; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BALLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 71 0111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	7th of April
4. Place of Birth, (Street and Number)	57 Garrison Lane
5. Full Name of Mother,	Caroline Gerhardt
6. Mother's Maiden Name,	Caroline Heuler
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wilhelm Gerhardt
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friederieke Heuler Midwife
Address,	2116 West Pratt St
Remarks,	

S 20 - 00171 1

month, and shall set forth on file as the name can be ascertained the full name of each child, if any shall have been omitted at the time of the return of the birth of such child, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case the first and third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person be in attendance at the office of the Registrar of Vital Statistics within the period above mentioned, and shall occur without the attendance of a person who shall be required by this section to report the same, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. W. C. BEASLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, April 7th 1890.
4. Place of Birth, (Street and Number) Sharp St.
5. Full Name of Mother, Mary Elizabeth Beir,
6. Mother's Maiden Name, " " Bromwell.
7. Mother's Birthplace, Dorchester, Co. Md "
8. Full Name of Futher, Charles C. Beir,
9. Father's Occupation, machinist.
10. Father's Birthplace, Baltimore, Md "

Name of Medical Attendant, or other person who makes this Return. R. J. N. Tall. M. D.

Address, 524 Sharp St.

Remarks,

190-001712

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered with the affidavit of the attendant, or if there be no attendant, then the affidavit of either of the parents, to the office of the Commissioner of Health, or should no other person be in attendance, such affidavit may be made before any justice of the peace, and delivered to the Commissioner of Health within the time aforesaid. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 71010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 7
2. *Sex,* (state whether male or female) male
3. *Race or Color,* (if not of the white race) Race
4. *Date of Birth,* 7 of April
5. *Place of Birth,* (Street and Number) 619 Bond
6. *Full Name of Mother,* Leaclora Watrobski
7. *Mother's Maiden Name,* Leaclora Roperyce
8. *Mother's Birthplace,* Galicky
9. *Full Name of Father,* Jacob Watrobski
10. *Father's Occupation,* Cabinmaker
11. *Father's Birthplace,* Galicky

Name of Medical Attendant, or other person who makes this Return. Anna Grewshovak

Address, S. 803 Dollar st

Remarks,

1678 — 001713

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive since the preceding return, the sex and color, the date and place of birth; and the full name and residence of its parents, the certificate between the first and second births to be made by the attending physician or midwife, if there was one present at the birth, and by the father or mother of such child, if no physician or midwife was present; and in case the birth of any child shall occur without the notice, immediately thereafter, of a physician or midwife, the mother of such child shall forthwith report its birth to the Commissioner of Health. In case the birth of any child shall occur when the mother is not in attendance upon her confinement, it shall be the duty of the person in charge of the house in which such birth occurs, or the parents of such child, if they reside in the house, to report the birth to the Commissioner of Health within the period above required, and every such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 5 1911

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4
2. *Sex, (state whether male or female)* Fem
3. *Race or Color, (if not of the white race)* C
4. *Date of Birth,* 8 April
5. *Place of Birth, (Street and Number)* 1303 Harford Ave.
6. *Full Name of Mother,* Lizie Bodge Breitenbach
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Balt. city
9. *Full Name of Father,* Harry Bodge
10. *Father's Occupation,* Bath city

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 998 Central Ave.

Remarks,

520-001714

months, and shall set forth as far as the same can be ascertained, the full name of each child (if any) shall have been, suffered) his sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, then the parent or parents of such child is hereby required to report its birth to the Commissioner of Health within ten days thereafter. Failure to comply with the provisions of this section shall be punished by a fine of not less than five dollars nor more than fifty dollars for each offense, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 2 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, April 8 — 1900
4. Place of Birth, (Street and Number) 111 S. Dallas St.
5. Full Name of Mother, Rose Thomson
6. Mother's Maiden Name, Williams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Thomson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 421 E. Pratt St.

Remarks,

1900-001715

Every case of birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health [illegible] the period above required, and any such person or persons who shall hereafter fail [illegible] this section shall be subjected to the fine of ten (10) dollars for each offense [illegible] recovered as other [illegible] forfeitures are recoverable.

A 71013

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY [illegible] 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 8 - 90
4. Place of Birth, (Street and Number) 1600 Milliman St
5. Full Name of Mother, Emma. Thistle
6. Mother's Maiden Name, " Elliott
7. Mother's Birthplace, Balto
8. Full Name of Father, John W. Thistle
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh St.

Remarks,

890-001716

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH B 21014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	white
3. Date of Birth,	Apr 9th 7.30 P.M. 1890
4. Place of Birth, (Street and Number)	80 Brick Hill Hampden
5. Full Name of Mother,	Alice Frank
6. Mother's Maiden Name,	Alice Allen
7. Mother's Birthplace,	Balto Co.
8. Full Name of Father,	George Frank
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Penn.
Name of Medical Attendant, or other person who makes this Return.	Wm. H. Feddeman
Address,	141 Chestnut Ave Hampden
Remarks	Named Ivy Edna Frank

B 90 - 001717

STATE OF MARYLAND

BIRTH

...been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the ...said schedule shall be delivered by the practitioner in the form of a certificate herein required, and the ...shall occur without the attendance of a physician or person acting as such, the duty of the person or parents of such ...child to report its birth as herein required shall become the duty of the person above required to make ...attendance upon the mother, immediately after the birth, in the manner and within the period above specified, shall ...jected to the fine of ten (ten dollars for each offence, to be recovered, with costs, in the name of the State of Maryland, ...

RETURN OF A BIRTH A 21013.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 1 1890
4. Place of Birth, (Street and Number) 1021 Eden Str.
5. Full Name of Mother, Barbara Gresher
6. Mother's Maiden Name, Rabenaugel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Gresher
9. Father's Occupation, Laborer
10. Father's Birthplace, Canada

Name of Medical Attendant, or other person who makes this Return, Jay Irvin

Address, 1937 E. Eager St.

Remarks,

E 90-001713

Note.—It is the duty of the parent or other person having charge of a child to give information of its birth, and the name assigned, within ten days after such birth; and the physician, midwife, or other person in attendance upon the mother at the birth of any child shall report the same within ten days after such birth, in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should be the duty of the person having charge of such child to report the same within ten days after such birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. GALLERY & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21016.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex. (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 8 - 1890
4. Place of Birth, (Street and Number) 1527 E Pratt St
5. Full Name of Mother, Jennetty Kelly
6. Mother's Maiden Name, Duggan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James B. Kelly
9. Father's Occupation, Grocer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Shine

Address, 1527 E. Pratt St

Remarks,

8 9 0 - 0 0 1 7 1 9

month, and day of birth as far as the same can be ascertained the full name of each child. If any child born alive shall die without a return having been made, the midwife, physician or other person required to make return as aforesaid shall report in like manner as in case of births, the date thereof, and whether the child died before or after registration. Between the first and third day of each and every month, the midwife, physician or practitioner of midwifery, or should no other person be in attendance, then the father or mother of any child born alive within the city of Baltimore, who shall not have been previously returned, shall deliver, or cause to be delivered, duly signed by the practitioner in case there is one in attendance, a certificate of the birth of any child born alive within the city of Baltimore, who shall not have been previously returned, and shall occur within the month, immediately thereafter. It shall become the duty of the person required, and failing to do so within the time specified, to forfeit and pay the sum of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. child to report its birth to the Commissioner of Health, to the end that the provisions of this section shall be duly complied with, every such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	9th April 1890
4. Place of Birth, (Street and Number)	738 Fort Ave
5. Full Name of Mother,	Margarett Harvey Collins
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Portsmouth Va
8. Full Name of Father,	Zachariah Harvey
9. Father's Occupation,	Laborer
10. Father's Birthplace,	A.A.Co Md
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Yewell
Address,	510 Hurst ave
Remarks,	

1890-001720

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 21018

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 6th 1895
4. *Place of Birth, (Street and Number)* 2114 W. Fayette St.
5. *Full Name of Mother,* Amelia Sweeny
6. *Mother's Maiden Name,* Stanley
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Edward Sweeny
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Prince George's Md.

Name of Medical Attendant, or other Person who makes this Return. M. F. Conley, M.D.

Address, 1800 W. Balto St.

Remarks,

...ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 21019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, Apr. 9. 1890.
4. Place of Birth, (Street and Number) Maternite. 115 N. Lombard St.
5. Full Name of Mother, Louisa Graham.
6. Mother's Maiden Name, Louisa Graham.
7. Mother's Birthplace, Va.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. Samuel H. Allen M.D.

Address, 115 N. Lombard St.

Remarks,

month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been born alive, the full name and occupation of its parents, the date and place of birth, and also such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the particulars of such birth to the Commissioner of Health, within the period above specified in this section. In case the birth of any child shall occur in a house or tenement where there is no person residing who is competent to make the return required by this section, it shall be the duty of the owner or agent of such house or tenement to report the particulars of such birth to the Commissioner of Health, within the period above specified in this section. Any person or persons who shall hereafter violate any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1890 1722

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 21020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Apr 9th 2 30 A.M. 1890
4. *Place of Birth, (Street and Number)* 265 Cedar Ave Hampden
5. *Full Name of Mother,* Minnie Hitchcock
6. *Mother's Maiden Name,* Minnie Swertman
7. *Mother's Birthplace.* Finksburg Balt. Co
8. *Full Name of Father,* Wm Hitchcock
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return, Wm. H. Feddeman

Address, 141 Chestnut Ave

Remarks, Name of baby Effie May Hitchcock

1890-001723

STATIONERS

RETURN OF A BIRTH A 21021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White.
3. Date of Birth, April 10, 1890.
4. Place of Birth (Street and Number), 226 Glen Edwards Ave.
5. Full Name of Mother, Willie Annie May Mitchell.
6. Mother's Maiden Name, " " " Parker.
7. Mother's Birthplace, Md.
8. Fult Name of Father, William E. Mitchell.
9. Father's Occeupation, Railroader.
10. Father's Birthplace, Pa.

Name of Medicat Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Chestnut-Ave.

Remarks,

SECTION 14. Be it ordained, that the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, then the parent or parents, or person having charge of such child, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such parents or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

0 7 0 - 0 0 1 7 2 4

RETURN OF A BIRTH

A 21072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in [illegible] within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, [illegible] forfeitures are recoverable.

MAY 5 1890 — BALTIMORE, MD.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* 10 April
4. *Place of Birth, (Street and Number)* 1101 Chase St.
5. *Full Name of Mother,* Maggie Lauer
6. *Mother's Maiden Name,* " Egle
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father,* Michel Lauer
9. *Father's Occupation,* "
10. *Father's Birthplace,* Balt city

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Cent Avenue

Remarks, /

1890-001725

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 10. 1890
4. Place of Birth, (Street and Number) 76 Browns Lane
5. Full Name of Mother, Carrie Braun
6. Mother's Maiden Name, Butcher
7. Mother's Birthplace, Balto
8. Full Name of Father, John A Braun
9. Father's Occupation, Lawspinner
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return, Edward H. Condon MD

Address, 1403 W Fayette St

Remarks,

ascertained the full name of each child (if any), the sex, color, the full name and occupation of its parents, the date and place of birth, and every month in the case of each child whose birth shall be delivered, duly signed by the practitioner in the form of a certificate of which the following is a copy, to the Registrar of Vital Statistics, and shall also report the name of any child dead born, and the cause of death, and every month in the case of each child whose birth shall have been reported as aforesaid, the date of death of any such child (if any) without the attendance of a Physician, and the cause of death, as far as can be ascertained, and the name of the parent or parents of such child to be in attendance upon the mother immediately after the birth of such child, and to report its birth to the Register of Vital Statistics in the manner and within the period above mentioned, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to a penalty of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

MAY 5

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 21028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 10th 1890
4. Place of Birth, (Street and Number) Mc Caldere St. # 2331
5. Full Name of Mother, Mary Nettie
6. Mother's Maiden Name, Bollinger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lorgen Bollinger
9. Father's Occupation, workman
10. Father's Birthplace, Hanel (Germany)

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs. Bodder midwife

E 0 8 - 0 1 7 2 7

Every physician or midwife in attendance upon a birth shall report the same as far as the same can be ascertained the full name of each child, if same shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and shall have said schedule at all be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or in case of the absence from attendance upon the mother, immediately thereafter it shall become the duty of the person be in charge of such mother to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 71026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 11, 1890
4. Place of Birth, (Street and Number) 622 W. Lombard St.
5. Full Name of Mother, Henrietta Hill
6. Mother's Maiden Name, "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Not Known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Dr Clough

Address, 622 W. Lombard St.

Remarks,

1890-00-1728

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred), the sex, color, date and place of birth, and the name, residence and occupation of its parents, the date and place of their marriage, and the number of children previously born to the mother, and how many are then living. And the return of the birth of any child not delivered, duly signed by the practitioner in the form of a certificate, the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall be the duty of the person or parents of such child, within five days after the birth thereof, to report the same to the Commissioner of Health, in the manner and within the time required of such attendance upon the mother, and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 71

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Joseph Vedral

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 1890
4. Place of Birth, (Street and Number) 2371 North ave. Balt
5. Full Name of Mother, Barbara Vedral
6. Mother's Maiden Name, Kaplan
7. Mother's Birthplace, Bohimia
8. Full Name of Father, Frank Vedral
9. Father's Occupation, Carpenter
10. Father's Birthplace, Bohimia

Name of Medical Attendant, or other person who makes this Return, W. Theodore Ellenwood

Address, No. 1869 N. Gay St. City

Remarks, None

MAY 8 1900

L 6 2 0 - 0 0 1 7 2 9

month, and shall set forth as far as the same can be ascertained, the date of birth, the certificate between the first and been conferred its sex, color, the full name and occupation of the father, in the form of the said certificate to be delivered, duly signed by the said Commissioner, or other person as aforesaid, who should give such certificate, and shall receive therefor, from the father, mother or other person having the custody of the child, the sum of ten cents; and the said Commissioner shall keep a record of all certificates issued by him, and of all moneys received by him for the same, which record shall be open to the inspection of any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-28-56

RETURN OF A BIRTH A 7102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Leviah Lewis — Pumphrey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th - 1890
4. Place of Birth, (Street and Number) 1739 Hanover St
5. Full Name of Mother, Louie Pumphrey
6. Mother's Maiden Name, " Belt
7. Mother's Birthplace, Balto Co. Md
8. Full Name of Father, Geo. B. Pumphrey
9. Father's Occupation, Engineer
10. Father's Birthplace, Prince Georges Co. Md

Name of Medical Attendant, or other person who makes this Return. J. C. Bruce M.D.

Address, 571 Hanover St

Remarks,

1890-B-017350

month, and year of birth as far as the same can be ascertained; the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its father, and the maiden name of its mother; the said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said school shall deliver with the certificate herein required to be given, a certificate that such certificate has been delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the particulars required by this section, within ten days after the birth, and any neglect or refusal on the part of the parents or either of them, or any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White,
3. Date of Birth, April 11th, 1890 -
4. Place of Birth, (Street and Number) W. 1144 Carroll St,
5. Full Name of Mother, Wilhelmina Barts.
6. Mother's Maiden Name, Geotz
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, George Barts
9. Father's Occupation, Soldier, Ft. McHenry,
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Landsiedel

Address, N.E. Cor Columbia & Fremont Aves.

Remarks,

E 96 - 001731

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 21024.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Apr. 11, 1890.
4. Place of Birth, (Street and Number) Maternité 113 W. Lombard St.
5. Full Name of Mother, Lizzie Derman.
6. Mother's Maiden Name, Lizzie Derman.
7. Mother's Birthplace, Germany.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Samuel H. Allen, M.D.

Address, 115 W. Lombard St.

Remarks,

L 20 - 09 1732

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SEC. 20. And be it further enacted, That the name of the child, if any shall have been given, and if not, then the surname of the father, shall be entered in the record of birth at any time within one month after the birth, and the certificate required by section 19 of this ordinance shall be delivered, duly signed by the practitioner in the case, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of any practitioner of midwifery, or should no other person be in attendance who shall be required by this ordinance to report such birth, it shall become the duty of the person occupying the house in which such birth occurs, or in which the mother of such child usually resides, to report such birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 7103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	April 11 1890
4. Place of Birth (Street and Number),	244 E. Eutaw
5. Full Name of Mother,	Virginia Ellen Murdock
6. Mother's Maiden Name,	" Hammett
7. Mother's Birthplace,	City
8. Full Name of Father,	Jno. C. Murdock
9. Father's Occupation,	Painter
10. Father's Birthplace,	[illegible]
Name of Medical Attendant, or other person who makes this Return.	[illegible]
Address,	1729 E. Baltimore St.
Remarks,	

1890 00173

and duly set forth as far as the same can be ascertained the full name of each child, if any, that has been born to such mother, the full name and occupation of its parents, the date and place of birth and the sex and color of each child, the number of children born to such mother, and the number of children now living of such mother, which certificate shall be delivered, duly signed by the practitioner in the form of a certificate hereto annexed, to the Registrar of Vital Statistics of Baltimore City, within three days after the birth of any child shall occur without the attendance of a physician or midwife, and every midwife who shall fail to report to the Registrar of Vital Statistics of Baltimore City, in the manner and within the period above prescribed, the birth of each and every child born by her, or who shall become the duty of the person or parents of such child to report the same, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 21031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, No. 537 W. Fulton Avenue
5. Place of Birth, (Street and Number) April 12th 1890.
6. Full Name of Mother, Mary E. Bayliss
7. Mother's Maiden Name, Mary E. Hill
8. Mother's Birthplace, Pennsylvania
9. Full Name of Father, James L. Bayliss Jr.
10. Father's Occupation, Oyster man
    Father's Birthplace, Baltimore Md.
    Name of Medical Attendant, or other person who makes this Return. Dr. Fielder M.D.
    Address, 537 W. Fulton Ave
    Remarks,

1590-001734

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been previously born to her, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of a child shall occur within the city and within the same period of time in case such birth shall occur without the city, and in case any such person or persons who shall hereafter fail to report the birth of a child to the Commissioner of Health, in the manner and within the period herein set forth, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEC. J. G. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 13/1890

4. Place of Birth, (Street and Number) 39 Milton Av.

5. Full Name of Mother, Annie S. Kaufman Braun

6. Mother's Maiden Name, Bach

7. Mother's Birthplace, Balto

8. Full Name of Father, Henry C. Kaufman Jr.

9. Father's Occupation, Butcher

10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return. Edward H. Condon M.D.

Address, 1403 W Fayette st

Remarks.

1890 - 001735

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 21033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Apr 12th 1890
4. Place of Birth, (Street and Number) * Plymouth Ave. West Woodberry
5. Full Name of Mother, Elsie Margaret Patterson
6. Mother's Maiden Name, Elsie M. Klinefelter
7. Mother's Birthplace, York Co. Pa.
8. Full Name of Father, Joseph Henry Patterson
9. Father's Occupation, Tool maker
10. Father's Birthplace, Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower M.D.

Address, 119 - 3d Ave. Woodberry. Balt

Remarks,

* House not numbered

1890 - 001735

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 21030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 April
4. Place of Birth, (Street and Number) 727 Spring st.
5. Full Name of Mother, Dore Unchelbach
6. Mother's Maiden Name, Ulrich
7. Mother's Birthplace, Hofheim Baiern
8. Full Name of Father, Peter Unchelbach
9. Father's Occupation, Butcher
10. Father's Birthplace, Geisselbach Baiern

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 Central Ave.

Remarks,

1890 - 001737

MAY 5 1890 REGISTRAR OF VITAL STATISTICS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive since the last return,) the sex and color of the child, the date and place of birth, the full name, residence and occupation of the parents, and whether the mother is the wife of the father. Where the birth of any child has been confirmed, it shall be delivered, duly signed by the Commissioner of Health. Where no physician or midwife has been employed, or where the birth of any child has occurred more than ten days before the end of the month, and no certificate has been delivered, duly signed by the Commissioner of Health, the person making the return shall state the reason why such certificate has not been delivered. Any physician or midwife who shall neglect or refuse to make the return required by this section, within ten days after the end of each and every month, or shall neglect or refuse to comply with the provisions of this section in any particular, shall forfeit and pay the sum of ten dollars for each offense, to be recovered as other penalties and forfeitures are recoverable. Any physician or midwife who shall knowingly make a false return of the birth of any child, or who shall knowingly make a false return of the name, residence or occupation of the parents of any child, or who shall knowingly make a false return of the sex or color of any child, shall be subjected to the fine of ten dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED ~~3-19-54~~

RETURN OF A BIRTH A 7103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carrie Cornelia Schier

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	13th April 1890
4. Place of Birth, (Street and Number)	412 Saunders St
5. Full Name of Mother,	Elizabeth Schier
6. Mother's Maiden Name,	Lawton
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Schier
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Yewell
Address,	516 Fort Ave
Remarks,	

1890-001738

Returns. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] between the first and third day of each and every month to the office of the Commissioner of Health [illegible] of any child shall occur without the attendance of a physician or practitioner of midwifery, or should such person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period [illegible] required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 13/90.

4. Place of Birth, (Street and Number) 622 N. Lanvale St.

5. Full Name of Mother, Sarah Bolden

6. Mother's Maiden Name, "

7. Mother's Birthplace, Md.

8. Full Name of Father, Not known.

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Dr Ekaugh

Address, 622 N. Lanvale St

Remarks,

REGISTERED 21739

APPLICATION FOR BIRTH CERTIFICATE

month and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted at a former return) sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the practitioner in the form of a certificate of birth; and the said schedule shall be certified and sworn to by the practitioner and delivered to the mother, father or head of the family where such birth occurs without the attendance of a physician or practitioner, or if there be no such person then the midwife in attendance shall report the birth of such child to the Registrar of Vital Statistics. Immediately thereafter it shall become the duty of the person so required to report the birth of the child to comply with the provisions of this section, and any such person or persons who shall have neglected or failed to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

21037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* Fourth

1. Sex, *(state whether male or female)* Male

2. Race or Color, *(if not of the white race)* White

3. Date of Birth, April 13th 1890

4. Place of Birth, *(Street and Number)* 16 N. Mount St

5. Full Name of Mother, Anna M. Jones

6. Mother's Maiden Name, " " Anderson

7. Mother's Birthplace, Maryland

8. Full Name of Father, John H. Jones Jr

9. Father's Occupation, Agent

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Sam J Belt MD

Address, 314 N Eutaw St

Remarks,

1890-001240

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 21037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* race
3. *Date of Birth,* 14 of April
4. *Place of Birth, (Street and Number)* 815 S. Ann St
5. *Full Name of Mother,* Franciska Hylinski
6. *Mother's Maiden Name,* Franciska Kocrol
7. *Mother's Birthplace,* Galicky
8. *Full Name of Father,* F. Wojciech Hylinski
9. *Father's Occupation,* Workingman
10. *Father's Birthplace,* Galicky

Name of Medical Attendant, or other person who makes this Return, Anna Grenalowska

Address, 8035 Dolla St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that has been conferred; its sex, color, the full name and residence of its parents, the date and place of birth, and whether child is legitimate or illegitimate; and every physician or midwife, or other person who shall have attendance upon the mother, intended delivery, or shall be present at the birth of any child shall duly report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of not less than ten dollars nor more than one hundred dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

B 20 - 0 6 1 7 4 1

RETURN OF A BIRTH A. 21 098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 5 1920

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 14/90

4. Place of Birth, (Street and Number) 622 N Lambard St

5. Full Name of Mother, Annie Eucker

6. Mother's Maiden Name,

7. Mother's Birthplace, Md.

8. Full Name of Father, Eucker

9. Father's Occupation, Nat Korea

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Dr Ehrgott

Address, 622 N Lambard St

Remarks,

E 9 8 - 0 0 1 7 4 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been previously born to the mother, the sex, color, the full name and occupation of its parents, the date and place of birth of each and every such child, and the number of children born to such mother, and the number now living. In case the first and second schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Board of Health charged with the duty of registering births, and shall be delivered or mailed to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. Provided, that if any birth shall occur without the city limits, and the mother of such child shall immediately thereafter take up her residence within the city limits, it shall be the duty of the physician or midwife in attendance upon such mother to report such birth to the Commissioner of Health. Any person or persons who shall hereafter violate the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. All fines and penalties under this section are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 14th 1890
4. Place of Birth, (Street and Number) S. Bethel Str. 114
5. Full Name of Mother, Mary Eiring
6. Mother's Maiden Name, Haas
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bernhard Haas
9. Father's Occupation, Rasterer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. Buchler

Address, 111 E. Lombard Str.

Remarks,

1890 - 6173

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, since the last return, the sex, color, date and place of birth, and the full name, residence, occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate before the said 3rd day of the next month, or if no such person be in attendance at the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the time above specified in this section, shall be notified by the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 14th
4. Place of Birth, (Street and Number)	At 5. W Camden or
5. Full Name of Mother,	Mary Iriaca
6. Mother's Maiden Name,	" Vingenti
7. Mother's Birthplace,	Italy
8. Full Name of Father,	Marcello Iriaca
9. Father's Occupation,	Saloon-Keeper
10. Father's Birthplace,	Italy
Name of Medical Attendant, or other person who makes this Return.	L. A. Bunch M.D.
Address,	511 Hanover St.
Remarks,	

590-001715

month, etc. shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive) and the sex, color, the full name and occupation of its parents, the date and place of birth, and the number which such child is of those born alive to such mother. Upon a certificate between the first and second schedule shall be delivered (fully signed by the practitioner in charge) to the Registrar of Vital Statistics. In case the birth shall occur without the attendance of a physician or midwife, the person required to report the birth shall make return of the particulars required in the first schedule within ten days thereafter. It shall become the duty of the midwife or other person in attendance upon the mother, immediately after the birth of each child, to report its birth to the office of the Registrar of Vital Statistics, in the manner provided in this section. Any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

GEO. A. G. DELANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 2 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 14th April 1890

4. Place of Birth, (Street and Number) 1102 Johnson St

5. Full Name of Mother, Annie V. Pettus

6. Mother's Maiden Name, Sheridan

7. Mother's Birthplace, Dorchester Co Md

8. Full Name of Father, Edward A Pettus

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Agnew MD

Address, 516 Fort Ave

Remarks,

1890 00 01745

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[illegible] is to be given within [illegible] days after the birth, and in case of the death of the child before the birth certificate is given, the fact must be stated. In giving the name of each child, if any shall have been previously born alive to the mother, the first name and surname of each such child must be given, its sex, the date and place of birth, and whether the first and each subsequent child born to the mother is living at the time of making the return, and if any child is dead, the date of death, the full name and occupation of the parents, the place of birth of such child, and the cause of death. In case the birth or death of any child occurs without the limits of the city, a certificate of the fact, if any shall have been issued by the proper officer of the place where such birth or death occurred, must be produced and filed with the return. In case the birth of any child shall occur without the limits of the city, and no certificate of such birth shall be produced, as required, and in case the birth or death of any child shall occur within the city, and no return thereof shall be made within the time required, and in case the return of any birth or death shall be incomplete or inaccurate in any particular, the mother, immediately thereafter, if able, and if not able, then the physician or midwife in attendance, if any, and if not, then the householder in whose house the birth occurred, and in case the birth occurred elsewhere than in a house, then the person having charge of the premises where the birth occurred, shall each be severally liable to the penalty hereinafter provided, unless such person or persons shall prove that a return has been made by some other person. Any person or persons who shall refuse or neglect to make any return required by this section, or who shall make a false return, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	April 14 - 1890
4. Place of Birth (Street and Number),	3041 Elliott st
5. Full Name of Mother,	Margaret Ellen Costello
6. Mother's Maiden Name,	" " O'Hara
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Michael Joseph Costello
9. Father's Occupation,	Conductor
10. Father's Birthplace,	Pennsylvania Del.
Name of Medical Attendant, or other person who makes this Return.	Wm. E. Daniel
Address,	1729 E Balto. st
Remarks,	

890-001746

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 21043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Fem
2. Race or color, (if not of the white race) White
3. Date of Birth, April 15, 1891
4. Place of Birth, (Street and Number) 23 E Lorey Lane.
5. Full Name of Mother, Catherine M Hilbert
6. Mother's Maiden Name, Catherine M Hilbert
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father,
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Whitehurst M.D.

Address, 1931 Federal Ave

Remarks,

870-001747

...shall set forth as far as the same can be ascertained, the full name of each child, if any, that have been delivered, duly signed by the attending physician or midwife, and shall be delivered to the Commissioner of Health, at the office of the Commissioner of Health, at least once in each month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the date and place of birth, and the sex and color of each child born alive, and the full name and residence of the physician or midwife in attendance upon the birth of any child been conferred, and every month to the Commissioner of Health, at least once in each month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the date and place of birth, and the sex and color of each child born alive, and the full name and residence of the physician or midwife in attendance upon the birth of any child in the form of a certificate to be furnished by the Commissioner of Health. If no child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child, or the owner or agent of the premises where such birth occurs, to report said birth to the Commissioner of Health, and in such manner and within the period above specified, as shall be required by the Commissioner of Health. If no child be born alive, a certificate to that effect shall be submitted immediately thereafter to the Commissioner of Health. Any person who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

THE J. C. BUTLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 21047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full names of each child, if any shall have been born alive at one birth, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, or the person in charge of the birth of any child third day of each and every month to the office of the Commissioner of Health, or shall do to other person, he in shall occur without the attendance of a practitioner or person in charge, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner and with like penalty as is herein provided for practitioners and persons in charge. Any failure to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Black
3. Date of Birth,	Apr. 16. 1890.
4. Place of Birth, (Street and Number)	Maternité 115 N. Lombard St.
5. Full Name of Mother,	Nancy Butler
6. Mother's Maiden Name,	Nancy Butler
7. Mother's Birthplace,	Maryland
8. Full Name of Father	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Samuel H. Allen, M.D.
Address,	115 N. Lombard St.
Remarks,	

1890-001748

GEO. J. D. KELLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 216 46

Within 5 days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 15 1890
4. Place of Birth, (Street and Number)	113 N. Broadway
5. Full Name of Mother,	Elinor Lynch
6. Mother's Maiden Name,	Hammond
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Robt Lynch
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	C. N. Thomas, M.D.
Address,	100 E Baltimore St
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

A 21076

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	April 15
4. Place of Birth (Street and Number),	1921 Druid Hill Ave.
5. Full Name of Mother,	Lilly Cochran
6. Mother's Maiden Name,	Lilly Lehman
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	James Cochran
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	H. N. Wilson
Address,	1008 Mad. Ave.
Remarks,	

C 2 0 - 0 0 1 7 5 6

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 21047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT MAY 20 1930 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 16 - 1930
4. Place of Birth, (Street and Number) 704 Resident St.
5. Full Name of Mother, Katharine Rose
6. Mother's Maiden Name, Vita
7. Mother's Birthplace, Italia
8. Full Name of Father, Frank Rose
9. Father's Occupation, Laborer
10. Father's Birthplace, Italia

Name of Medical Attendant, or other person who makes this Return. Wm. Stein

Address, 427 E. Fait St.

Remarks,

B 28 - 001751

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive since the last return,) the sex and color of such child, the date and place of birth, and the full name and occupation of its parents, the date and place of their marriage, whether the first and second schedules shall be delivered, duly signed by the practitioners in the case, to the Registrar of Health. In case the birth of any child shall occur without the attendance of a practitioner of medicine or midwifery, or should no other person be in attendance, the mother immediately thereafter is required to report such birth to the Commissioner of Health, in the manner and with the particulars required, and shall also cause the same to be registered as directed by the provisions of this section. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 21028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Apl 16
4. Place of Birth (Street and Number),	S. Paul & 15th St
5. Full Name of Mother,	Belle Stone
6. Mother's Maiden Name,	Medairy
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm G Stone
9. Father's Occupation,	Stonecutter
10. Father's Birthplace,	Balto Co.
Name of Medical Attendant, or other person who makes this Return.	H. M. Hilson
Address,	1004 Read Ave
Remarks,	

Baretal: be sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Commissioner of Health. In case the birth of any child shall occur without each and every month to the Commissioner of Health. In case the birth of any child shall occur without the services of a practitioner of midwifery, or should no other person be in attendance at a birth, it shall be the duty of the parent or parents, or in the event of the death of both parents, the nearest relative present, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the time prescribed in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

C 90-00752

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 210#9

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex*, (state whether male or female)	female
2. *Race or Color*, (if not of the white race)	white
3. *Date of Birth*	April 10. 1890
4. *Place of Birth*, (Street and Number)	1366 n. Caroy st.
5. *Full Name of Mother*,	Mary Martin
6. *Mother's Maiden Name*,	Mary Kuhl
7. *Mother's Birthplace*,	Penn.
8. *Full Name of Father*,	Harvey Martin
9. *Father's Occupation*,	Timmer
10. *Father's Birthplace*,	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Marie E. Barlowtzen M.D.
Address,	725 Mulberry Street
Remarks,	

Sec. 7. And be it further enacted, That the registration of births which have occurred, and/or may hereafter occur, in any family, and shall set forth as far as the same can be ascertained, the full name of each child (if a child shall have been born dead or shall die before a name can be given it, such fact shall be stated), sex, color, the full name, residence and occupation of its parents, the date and place of birth, and the number of each child born alive to the mother, and shall be verified by the signature of the person reporting the birth, who shall add his place of residence to his signature. It shall be the duty of the physician or midwife in attendance upon any case of birth occurring after the passage of this act, to report the birth to the Commissioner of Health, in the manner required by this section, within ten days after the occurrence thereof, and any such person neglecting or refusing to make such report shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of not less than five dollars nor more than fifty dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2107

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White.
3. Date of Birth, April 16, 1890.
4. Place of Birth (Street and Number), 423 E. Fourth St.
5. Full Name of Mother, Mary Anna Stacia Fitzgerald.
6. Mother's Maiden Name, " " " Kernan
7. Mother's Birthplace, Va.
8. Full Name of Father, Peter Edward Fitzgerald.
9. Father's Occupation, Engineer agt.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Chestnut ave.

Remarks,

Baltimore Publishing Co., City Printers and Stationers

C 78-001754

Every child born alive, or dead after the fifth month of pregnancy, in the City of Baltimore, shall be ascertained the first name of each child, if any shall have been conferred. Its sex, color, the full name and occupation of its parents, the date and place of birth, and the said reliable facts shall be reported to the Registrar of Vital Statistics, Board of Health, by the physician or midwife in attendance, or by the father of the child, or in his absence, by the householder or owner of the premises where such birth occurs, within ten days after the birth, and every month to the officer of the Board of Health appointed for that purpose. Every such report shall be verified by the signature of the person making the same, and shall state the time and place of birth, and the said reliable facts required to be reported. Any physician or midwife who shall neglect or refuse to report, as herein required, any birth at which he was in attendance, within the time specified, shall forfeit for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 71051.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 April
4. Place of Birth, (Street and Number) 114 N. Greene St.
5. Full Name of Mother, Elizabeth A. Steeger
6. Mother's Maiden Name, Elizabeth A. Frolk
7. Mother's Birthplace, Hessen Castle
8. Full Name of Father, Adolph G. Steeger
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mrs. M. Wadsworth Widdifield

Address, 912 Bruce Ave

Remarks,

EVO-031755

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The name of each child born alive in the city of Baltimore after the first day of January, 1875, and the name, age, residence, color, and occupation of its parents, the date and place of birth, and the number of children born to the mother, and the number of such children now living, shall be ascertained by the person in charge of the record of births in the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person having charge of such child to report its birth as hereinbefore required, and said schedule shall be prepared by the officer of the Board of Health charged with the duty of procuring the information required, and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person or persons be in charge of such child to report its birth as hereinbefore required, it shall become the duty of the person having charge of such third floor without the attendance of a physician or midwife, it shall become the duty of the person having charge of such child to report its birth as hereinbefore required, and said schedule shall be prepared by the officer of the Board of Health charged with the duty of procuring the information required, and attendance upon the mother, Commissioner of Health, in the manner and subject to the penalties of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 21067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louisa Mary Brust

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 17 1890
4. Place of Birth, (Street and Number) Leadenhall St 1034
5. Full Name of Mother, Carrie Brust
6. Mother's Maiden Name, Carrie Rockler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Casper Lewis Brust
9. Father's Occupation, Glass Flatner
10. Father's Birthplace, Frederick Md

Name of Medical Attendant, or other person who makes this Return, Catherine A. Mungle

Address, 900 Leadenhall St.

Remarks, CHILD NAME ADDED, 2-19-53

MAY 9 1890

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born since the last return, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said officer shall enter the particulars required to be returned in a certificate between the first and third day of each and every month, to the office of the City Register; and if any midwife or other person shall neglect or shall occur without the attendance of a physician or person authorized by law to act as such, and no other person certificate upon the mother immediately thereafter, become the informant required by this section to make return of the birth, such midwife or person shall forfeit and pay a penalty not exceeding fifty dollars, and any such person or persons who shall hereafter fail to comply with the above requirements shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1 9 0 - 0 9 1 7 5 6

RETURN OF A BIRTH A21053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 1 1890
4. Place of Birth, (Street and Number)	2118 Madison Ave
5. Full Name of Mother,	Mary E Flaherty
6. Mother's Maiden Name,	Hawkins
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Joseph F Flaherty
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas E Gaither
Address,	2100 Druid Hill Ave
Remarks,	8 Months child, only lived a few hours

MAY 20 1890

L 0 - 0 0 1 7 5 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month; and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive before the birth of the child last born,) the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born of the present mother, and the number now living, and the number born dead; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or some person present at the birth, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, with the particulars required of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable. Any such person or persons who shall neglect or refuse to make such report, shall forfeit and pay for each offense, to be recovered as debts of like amount are recoverable.

GIVEN NAME ADDED - 4/13/70

RETURN OF A BIRTH

A 21034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: EMANUEL SIPPEL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, 17th April 1890

4. Place of Birth, (Street and Number) 1617 Marchal St

5. Full Name of Mother, Babara Sippel

6. Mother's Maiden Name, Babara Fleck

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Sippel

9. Father's Occupation, Engineer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine A Branch

Address, 900 Gladenhall Ave

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been omitted from the certificate first delivered. Any practitioner in the form of a certificate for the birth of any child which shall be delivered. Any signed by the practitioner in the form of a certificate for the birth of any child shall be delivered. Any practitioner in attendance upon the birth of any child shall, within the first third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth of any child, any midwife, or other person who shall assist at the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the birth of any child, any midwife, or other person who shall assist at such birth shall within the first third day of each and every month to the office of the Commissioner of Health, in the manner and with the particulars of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890 - 001758

RETURN OF A BIRTH A 21055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 2 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 17 1890
4. Place of Birth, (Street and Number) 41 Hillman Alley
5. Full Name of Mother, Francisca Fink
6. Mother's Maiden Name, Rifgin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Fink
9. Father's Occupation, Floor Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return. Mary Weir

Address, 1427 E Fait St.

Remarks,

L 20-20-1759

Sec. 4 of the Act sets forth that the name can be ascertained the full name of each child, if any shall have been omitted, shall be inserted; and also the date and place of birth, and the name, residence and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health, and in case no such child shall occur without the attendance of any practitioner or midwifery, or should no other person be in attendance upon its birth, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 7103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 2 1890 BALTIMORE

John William Diefenbach

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 17 — 1890
4. *Place of Birth, (Street and Number)* 114 Gough
5. *Full Name of Mother,* Anna Diefenbach
6. *Mother's Maiden Name,* Krause
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Diefenbach
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this return. Mary Shive

Address, 412 E. Eager St.

Remarks, GIVEN NAME ADDED 10-19-53 L.M

1890 - 001760

months, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been born dead, or if the full name and occupation of its parents, the date and place of birth, and the fact stated; and in case the birth of any child shall not be registered within ten days after the same shall occur, the person required to make the return of such birth shall forfeit and pay a sum not exceeding ten dollars for each child for which a return shall not be made as aforesaid; and in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother herself shall immediately thereafter report the same with the particulars required to be reported in relation to such birth, to the Commissioner of Health, in the manner and with the penalties in case of neglect or refusal as above provided; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 2:0

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* April 17/90
5. *Place of Birth, (Street and Number)* 622 N Lombard St.
6. *Full Name of Mother,* Mary Clinton
7. *Mother's Maiden Name,* Not Known
8. *Mother's Birthplace,* "
9. *Full Name of Father,* "
10. *Father's Occupation,* "
11. *Father's Birthplace,* "

Nome of Medical Attendant, or other person who makes this Return. Dr Clough

Address, 622 N Lombard St

Remarks,

B 20 - 00176 1

WM. J. C. DULANY & CO., CITY PRINTERS AND BINDERS

RETURN OF A BIRTH A 21031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 2 1900

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 17 of April
5. *Place of Birth, (Street and Number)* 2211 Christian St
6. *Full Name of Mother,* Elisabeth Neumann
7. *Mother's Maiden Name,* Elisabeth Strauch
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Rudolph Neumann
10. *Father's Occupation,* Blacksmith
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Friedericke Maria Nicholas

Address, 2116 West Pratt St.

Remarks,

1900-021762

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mot, (state whether 1st, 2d, 3d, &c.) 1st A. 21059

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 1 / 4 / 00
4. Place of Birth, (street and Number) 1436 Fulton Ave.
5. Full Name of Mher, F. C. Fal[illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplae, [illegible]
8. Full Name of Fher, [illegible]
9. Father's Occupatn, [illegible]
10. Father's Birthplae, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks. [illegible]

C 90 - 001763

...ished forth as near as the same can be ascertained the full name of each child, of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the full address of each and every person in attendance at the birth, and within five days thereafter shall be delivered, duly signed, to the person designated by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time above specified, and any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12th 1890
4. Place of Birth, (Street and Number) Orleans St. 1902.
5. Full Name of Mother, Elise Kaiser
6. Mother's Maiden Name, " Knebel
7. Mother's Birthplace, Weimar (Saxony)
8. Full Name of Father, Rudolph Kaiser
9. Father's Occupation, Tailor
10. Father's Birthplace, West Prussia

Name of Medical Attendant, or other person who makes this Return. Jno. Mueller

Address,

Remarks, none

E 20 - 051764

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) the sex, color, the date and place of birth, and the name, residence and occupation of its parents, the date and place of birth, and the name of each child previously born to the same mother, if any, and if the child is the first born of such mother, and shall sign the same. It shall be the duty of the person or parents of such child to report all the facts required to be stated in the form of a certificate between the first and third days of each and every month to the office of the Commissioner aforesaid; and in the event of the failure of the parents, guardians or other person having charge of such child, or if there be no parent or guardian living or residing in the city, or should no other person be in attendance upon the mother, Commissioner aforesaid, in the discharge of his duty, he shall cause the child to report all the facts required to be stated in the form of certificate aforesaid, and any person or persons who shall hereafter fail to comply with the terms of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 71667

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Joseph Myers Jr. 3d
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth	April 18 1891
4. Place of Birth, (Street and Number)	328 Bartlett St
5. Full Name of Mother,	Annie Myers
6. Mother's Maiden Name,	L Kerman
7. Mother's Birthplace,	Pittsburg Pa
8. Full Name of Father,	Joseph Myers
9. Father's Occupation,	tinner
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Marie C. Palmitzer M.D.
Address,	GIVEN NAME ADDED 6-23-53 L.M.
Remarks,	

I 26 - 3 0 1 7 0 5

John Murphy & Co., City Printers and Stationers.

That the births which have occurred under his or her supervision during the month, and shall set forth as far as the same can be ascertained the full name of each child (if a name has been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by this practitioner in the form of certificate below. And every such report shall be delivered, duly signed, at the office of the Commissioner of Health. In case the child of which a report is required by this section shall be born alive and shall die before the first report shall be rendered, a report of such death shall occur without the attendance of a physician, the duty of the person required to report its birth in the manner and within the time above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 21062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18th 1890
4. Place of Birth, (Street and Number) Franklin Road
5. Full Name of Mother, Mary Emert
6. Mother's Maiden Name, Gronwald
7. Mother's Birthplace, Balto Co. Md
8. Full Name of Father, John E. Emert
9. Father's Occupation, Farmer
10. Father's Birthplace, Balto Co. Md

Name of Medical Attendant, or other Person who make this Return M. H. Carter M.D.

Address, 1800 N. Bond St.

Remarks,

1890 - 001766

Act of this births which have occurred, since the 1st day of ... 1875, and shall hereafter occur, within the City of Baltimore, the full name and occupation of the ascertained the full name of such child, and the said schedule shall be filled out in the office of the Commissioner, or should no other person, the date and ... day of each month, a Physician or practitioner in attendance upon the mother, or person who shall have charge of such child, shall on certificate of such birth, stating the particulars required by the said schedule, which certificate shall be filled out in the office of the Commissioner, or should no other person be in attendance upon the mother, a certificate of such birth, stating the particulars required above required, and any such child, or person who shall neglect to make such report, shall be subjected to the like effect to pay ... dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Twin Boys

RETURN OF A BIRTH A. 21863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Twin 1 - Name of Child - Andrew John Quinn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st + 2nd. (Twins)
1. Sex, (state whether male or female)	male - both
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 18. 1890
4. Place of Birth, (Street and Number)	2103 W. Pine St.
5. Full Name of Mother,	Estella Agnes Quinn
6. Mother's Maiden Name,	Akers.
7. Mother's Birthplace,	Carroll Co. " Md.
8. Full Name of Father,	Andrew Valentine Quinn
9. Father's Occupation,	Wire Worker.
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return,	Geo. W. Slater M.D.
Address,	1637 W. Lafayette St.
Remarks,	Twin Boys

01767

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been born alive, the full name and occupation of the parents, the date and place of birth, the sex and color of each child, the full name and residence of the attending physician or midwife, if there was one present at the birth of any child, in the form of a certificate to be furnished by the Commissioner of Health, or should no other person be in attendance, then the mother shall herself make such return. It shall be the duty of the person or parents of each child born alive in the City of Baltimore, or the duty of the person or parents of each child born dead after the fifth month of pregnancy, if a physician or practitioner or midwife was present at the birth, to report the same to the Commissioner of Health, in the manner and within the period of time prescribed in this section, and shall cease without the other. Immediately thereafter, the Commissioner of Health shall be notified of the birth of each child, and every month a list of the births reported during the month shall be furnished to the Commissioner of Health. In the manner and within the period of time prescribed in this section, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2106

HEALTH DEPARTMENT MAY 2 1890 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Apr. 18th 1890
4. Place of Birth, (Street and Number) 1431 Bolton Street
5. Full Name of Mother, Elizabeth Harris Markell
6. Mother's Maiden Name, Elizabeth Harris
7. Mother's Birthplace, Bald. City
8. Full Name of Father, John Markell (deceased)
9. Father's Occupation, Merchant
10. Father's Birthplace, Bald. City

Name of Medical Attendant, or other Person who makes this Return. E. L. Waters, M.D.

Address, 1429 McCulloh St. Bolton City

Remarks, 2d labor one hour & ~~operator~~ 25 minutes, 3d, one hour & 10 minutes, 4th labor, 1 hour & 45 minutes

Rule of this Office which have occurred under his or her care during the month, and to which no previous return has been rendered. In such cases the date of birth, the full name and occupation of the father, the full name of each child (if any) shall have been duly entered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the Office of the Commissioner of Health, the other person parents, the date and place of birth, and the sex; and every month to the Office of the Commissioner of Health, the other person certificate between the first and third days of each month to the Office of the Commissioner of Health, the other person having the charge of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., Day Printers and Stationers.

RETURN OF A BIRTH A. 21060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 16th 1890
5. Place of Birth, (Street and Number) 1-322 N. Pacca
6. Full Name of Mother, Hannah Alexander
7. Mother's Maiden Name, Harzberg
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, William Alexander
10. Father's Occupation, Merchant
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. D. Nuhenuz

Address, 25 S. Eden

Remarks,

1890 - 021769

Health. This schedule shall contain a list of the births which have occurred in any ward or district of the city during the month preceding the date of the return, and a like schedule shall be returned for each month thereafter, and the first schedule shall be delivered only to the Commissioner of Health or to some person duly authorized by him to receive it. Every person who shall refuse or neglect to deliver to the Commissioner of Health or to such person duly authorized by him to receive it, the schedule required by this section, on the third day of each and every month, after the same shall be demanded, shall forfeit and pay for each such offence the sum of fifty dollars, to be recovered as other debts are recoverable. And the attendance of a physician or practitioner of midwifery upon any woman in labor shall be deemed sufficient evidence to charge the father and where the person shall be unmarried, the mother, immediately thereafter, is hereby required, and it shall be the duty of the physician or practitioner of midwifery in attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, with the particulars required by this section to be reported; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the like penalty as is imposed upon parents by the preceding section of this Act. And any such person or persons who shall refuse or neglect to report as aforesaid the birth of each child, as required by this section, shall forfeit to the use of the city the sum of ten dollars for each offense, to be recovered as other debts are recoverable.

BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21066

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - James E. Goodman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 19. 1890.
4. Place of Birth, (Street and Number) Maternity 115 W. Lombard St.
5. Full Name of Mother, Annie Hilliard Goodman
6. Mother's Maiden Name, Annie Hilliard Goodman
7. Mother's Birthplace, Maryland.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Samuel H. Allen, M.D.

Address, 115 W. Lombard St.

Remarks,

Health. ... shall contain a list of the ... which ... and ... each child, if any shall have been ... (unless) its sex, color, the full name and residence of the ... the date ... and ... said schedule shall be delivered, duly ... to the office of the Commissioner of Health, or ... other person being ... third day of each month, a ... without the attendance of a physician or ... attendance upon the mother, immediately ... child to report its birth to the ... any such person ... subject to the fine of ... dollars for each offense, to be recovered ... and forfeitures are recoverable.

690 - 01770

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Black
4. Date of Birth, Apr. 19. 1890.
5. Place of Birth, (Street and Number) No 11. Vincent alley
6. Full Name of Mother, Margaret Ann Beckett.
7. Mother's Maiden Name, "
8. Mother's Birthplace, Eastern Shore Md.
9. Full Name of Father, not given
10. Father's Occupation,
11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Geo. W. Slater M.D.

Address, 1637 W. Baltimore

Remarks, Dbltr.

MAY 3 1890

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as the full name and occupation of the parents, when such can be ascertained, the full name of each, date of birth, and the street and number where the birth occurred. Any midwife who shall have been concerned in any birth for which a certificate between the first and fifth day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the aid of a physician or practitioner of midwifery, or the parents or parents of such child shall be unable to furnish the information required, and attendance upon its birth to the Commissioner of Health, in the absence of such information, the physician, midwife or other person who shall have been in attendance upon the mother at the birth of such child shall report the case to the Commissioner of Health, and such report shall be received as other births are received. Any such person or persons who shall neglect or refuse to make such report shall be subjected to the fine of ten (10) dollars for each offense.

890-001771

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the [illegible] and the full name of each child, if any shall have been born alive, and shall be filled out as far as the name can be ascertained; the sex, color, the date and place of birth; and the name, residence and occupation of the parents. It shall be the duty of the person or physician in charge of any case of birth to report the same within ten days after the occurrence thereof to the Commissioner of Health, in the manner and within the period above required, and every violation of this section shall be punished by a fine of not less than ten dollars nor more than fifty dollars. In case no other person be in charge of such case, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Second.

1. Sex, (*state whether male or female*) Female.
2. Race or Color, (*if not of the white race*) Colored.
3. Date of Birth, April 19th 90
4. Place of Birth, (*Street and Number*) 622 W. Lombard St
5. Full Name of Mother, Rose Grovett
6. Mother's Maiden Name, "
7. Mother's Birthplace, S. Carolina
8. Full Name of Father, Not Known
9. Father's Occupation, " "
10. Father's Birthplace, " "

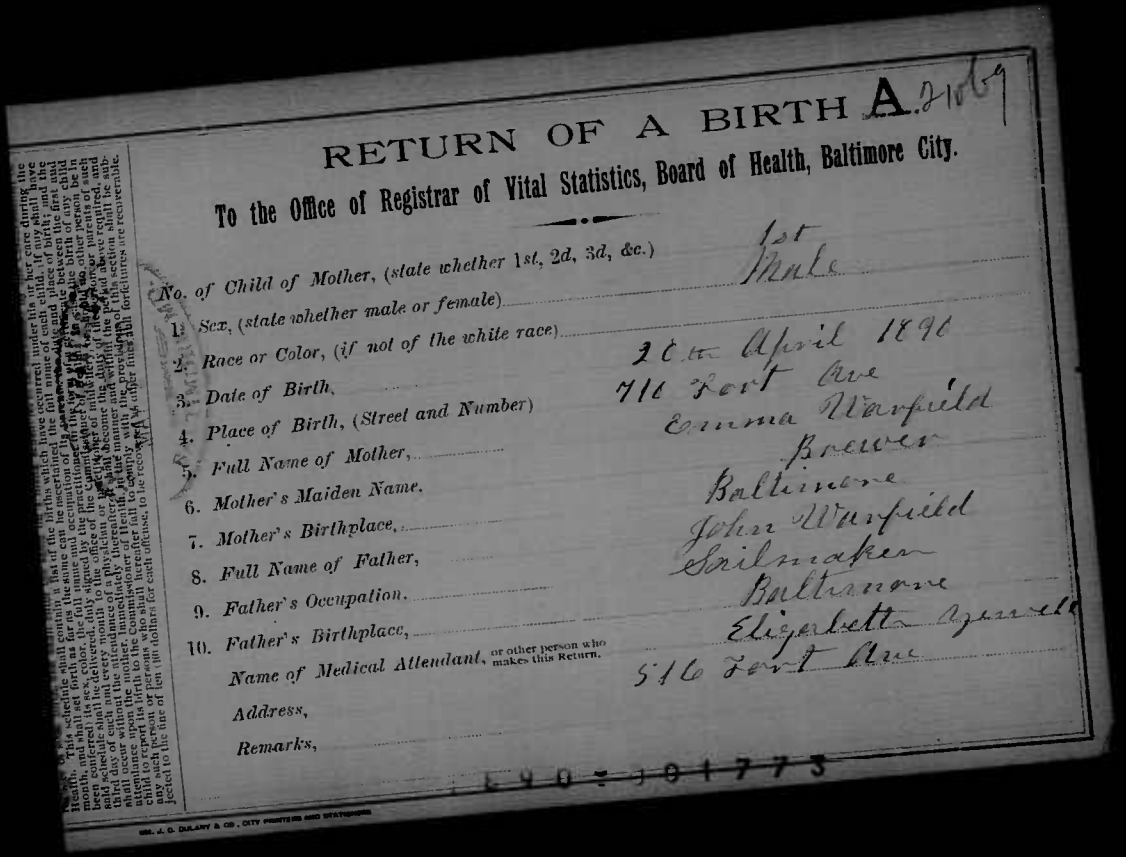
Name of Medical Attendant, or other person who makes this Return. Dr Edwards

Address, 622 W. Lombard St

Remarks,

1890 001772

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS



RETURN OF A BIRTH A 21069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	20th April 1890
4. Place of Birth, (Street and Number)	710 Fort Ave
5. Full Name of Mother,	Emma Warfield
6. Mother's Maiden Name,	Brewer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Warfield
9. Father's Occupation,	Sailmaker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Agnew
Address,	516 Fort Ave
Remarks,	

E40-101775

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 2 1890 BALTIMORE

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
2. Sex, (state whether male or female)	Female
3. Race or Color, (if not of the white race)	
4. Date of Birth,	20th April 1890
5. Place of Birth, (Street and Number)	807 Fort Ave
6. Full Name of Mother,	Allie Davis
7. Mother's Maiden Name,	McCubbin
8. Mother's Birthplace,	Baltimore
9. Full Name of Father,	George Davis
10. Father's Occupation,	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabetta Yewell
Address,	510 Fort Ave
Remarks,	

L 90 - 001774

...Schedule shall contain a list of the births which have occurred under his or her care during the ...month, and shall set forth as far as the same can be ascertained, the date and place of birth, the full ...been conferred; his sex; color; the full name, age and occupation of its parents; the date when the first and ...said schedule shall be delivered, duly signed by the practitioner in the form below. In case the birth of any child ...attendance upon the birth, the Commissioner of Health, in the manner provided by law, shall cause the ...child to report the birth to the Commissioner of Health, and to certify to the particulars required, and ...shall occur without the attendance of any practitioner it shall become the duty of the person who is required, and ...jected to the fine of ten (10) dollars for each offense, to which penalties and forfeitures are recoverable.

...Health. This schedule shall contain a list of the births which have occurred under his or her care during the ...month, and shall set forth as far as the same can be ascertained, the date and place of birth, the full name of each child, if any shall have ...been conferred; his sex; color; the full name, age and occupation of its parents; the date when the first and ...said schedule shall be delivered, duly signed by the practitioner in the form below. In case the birth of any child ...attendance upon the birth, the Commissioner of Health, in the manner provided by law, shall cause the ...child to report the birth to the Commissioner of Health, and to certify to the particulars required, and ...shall occur without the attendance of any practitioner it shall become the duty of the person who is required, and ...jected to the fine of ten (10) dollars for each offense, to which penalties and forfeitures are recoverable.

GEO. J. C. KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, 20th April 1890
5. Place of Birth, (Street and Number) 1113 James Alley
6. Full Name of Mother, Margarett V Finan
7. Mother's Maiden Name, Reed
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Michael James Finan
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Elizabeth Gerwell C
Address, 510 Saint Ann

Remarks,

E 90 7 00 1775

HEALTH DEPARTMENT BALTIMORE MD.

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been named) its sex, color, (if not white) and whether it was the first, second or other birth; and the full name, age, color, (if not white) and occupation of its parents, the date and place of birth, and the number (if any) of the street and house in which the birth occurred. And every person who shall attend the birth of any child said schedule shall be delivered month to the office of the Commissioner of Health, or should no other person be in attendance, such midwife or practitioner in the form of a card, before the birth of any child shall be delivered month to the office of the Commissioner of Health, in the manner and within the time prescribed, and the fact of such attendance upon the mother. Immediately after the expiration of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 21072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 8 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 1, 1890.

4. Place of Birth, (Street and Number) 2411 Hazford Road

5. Full Name of Mother, E. Gerfey

6. Mother's Maiden Name, E. Gitting

7. Mother's Birthplace, Balto.

8. Full Name of Father, G. Gerfey

9. Father's Occupation, Plumber

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. G. A. Baird

Address, 1245 O. Monument St. cor. Central Ave.

Remarks, All Well

690-0001775

Geo. J. D. Bulany & Co., City Printers and Stationers

RETURN OF A BIRTH A 21073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 30
4. Place of Birth, (Street and Number)	11 D 1560 Thames St
5. Full Name of Mother,	Ellen Susmann
6. Mother's Maiden Name,	Sussmann
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Susmann
9. Father's Occupation,	Tobacconist
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Sarah Kraft
Address,	N 705 S. Washington St
Remarks,	

1870 - 001777

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month next preceding the date of the return, and the name of each child born, if any have been named; and shall set forth as far as the same can be ascertained the date of birth; and the name, and full particulars required by the Commissioner of Health, of the parents of each child; and shall state its sex, color, the full name, and the residence of the physician or midwife, if any, present at the birth; and if no physician or midwife was present, the fact shall be stated. In case the birth occurs after the last regular return, the fact shall be stated, with the reason why the birth was not previously reported. In case there was no birth during the period above required to be reported, a return shall be made to that effect. Every birth which shall occur within the limits of the City of Baltimore after the first day of January, 1870, and during the period above required, shall be reported to the office of the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section, by the physician in attendance upon the mother, immediately after the birth, and in case there shall be no physician in attendance, then by the midwife, if any, present at the birth, and if there be no midwife, then by the householder or owner of the premises where the birth occurs. Every physician or midwife hereafter in attendance upon any case of birth which shall occur within the limits of the City of Baltimore, who shall fail to report such birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 21074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth April 2. 1890.
4. Place of Birth, (Street and Number) 154 Yhamlet street
5. Full Name of Mother, Maggie Pilleha
6. Mother's Maiden Name, Maggie Bailey
7. Mother's Birthplace, City of Baltimore Md
8. Full Name of Father, John Bailey
9. Father's Occupation, Brickyard
10. Father's Birthplace, Eastern Shore Va

Name of Medical Attendant, or other Person who makes this Return. Emily Hughes

Address, 131 Wilkens Ave

Remarks, No Remarks

MAY 6 1890

BALTIMORE

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 21076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 3 10
4. Place of Birth, (Street and Number) 231 S. Canton Ave
5. Full Name of Mother, Maggie Lessel
6. Mother's Maiden Name, Sussen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jake Lessel
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louis Kraft

Address, W 405 S. Washington St

Remarks,

690 - 06 1779

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 5-8-52

RETURN OF A BIRTH A 21076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lilly Tyser

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 4 April 1890
4. Place of Birth, (Street and Number) 858 Lexington St
5. Full Name of Mother ~~Hannah Kupfer~~ Hannah Tyser
6. Mother's Maiden Name, Rothschild
7. Mother's Birthplace, Russia
8. Full Name of Father, Solomon Koyas Tyser
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs. R. Illoig

Address, 1511 Gold St

Remarks, 890-001780

BALTIMORE CITY HEALTH DEPARTMENT

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, and parentage of each child, date of birth; and the number of each child born to the mother. (The number of children born to any woman can be ascertained by counting the number of times she has been delivered.) It is hereby made the duty of every physician, midwife, or other person who shall have been in attendance upon the mother, to make out and deliver, or cause to be delivered, to the office of the Commissioner of Health, within the period above said, a correct schedule, duly signed by the practitioner in attendance, or some one present at the birth, and shall deliver such schedule every month to the office of the Commissioner of Health, within the period above named, or within ten days after the third day of each month, on which he or she shall have been required to report its births, whether it has been required or not. Any physician, midwife, or other person who shall have been in attendance upon the mother, without the attendance of a physician, and who shall hereafter fail to report the births at which he or she was in attendance, as required by this section, and any such person who shall hereafter fail to report the births at which he or she was in attendance, as required by this section, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered under the ordinances regulating the collection of fines and forfeitures and recoverable.

RETURN OF A BIRTH A 2107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*)

3. *Date of Birth*, April 4 90

4. *Place of Birth*, (*Street and Number*) 1243 N. Charles St.

5. *Full Name of Mother*, Barbara Schnader

6. *Mother's Maiden Name*, Berg

7. *Mother's Birthplace*, Germany

8. *Full Name of Father*, Georg Schnader

9. *Father's Occupation*, Tinner

10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 1465 N. Washington St

Remarks,

Health. This schedule shall contain a list of the births which have occurred in each family during the month next preceding the date of the return thereof, and the full name of each child, if any shall have been christened, and if not, then the name to be inserted thereafter; the sex of each child; whether born alive or dead; the color or race of the parents; the date and place of birth; and the name, residence, and occupation of the parents. The particulars required by this schedule touching each birth shall be certified to the Registrar of Vital Statistics by the physician or midwife in attendance upon the mother, if there was such attendance, and if not, then by the father of the child, or in his absence, by the mother, or in the absence of both father and mother, then by the householder of the premises where the birth occurred, within five days after the occurrence of the birth; and if any birth shall occur without the attendance of a physician or midwife, then the parents of such child, or in their absence, the householder of the premises where the birth occurred, shall within five days after the occurrence of the birth, report the particulars required by this schedule touching such birth to the Registrar of Vital Statistics, at the office of the Commissioner of Health, in the manner directed by the Commissioner of Health, and every person who shall neglect or refuse to report as aforesaid, or who shall make a false report touching any birth, shall be liable to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are collected by the Commissioner of Health, and every physician or midwife who shall neglect or refuse to report as aforesaid, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are collected.

MAY 1890

E 90 - 017781

WM. A. G. SLOAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

E 21078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 8 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~2213 Canton Ave~~ April 5th 1890
4. Place of Birth, (Street and Number) 2213 Canton Ave.
5. Full Name of Mother, Louisa Masseth
6. Mother's Maiden Name, " Filey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Masseth
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Amelia J. Summers

Address, 611 N. Patterson Park Ave.

Remarks,

1890 - 001782

Health. This schedule shall contain a list of the births which occur in each family; and the name of each child (if one shall have been born) shall be set forth as far as the same can be ascertained; the full name and place of birth; and the sex, color, the full name and occupation of its father and mother; and the date of the birth of each child shall be entered on a separate line. The form of a certificate between the first and second lines of each entry shall be delivered duly signed by the Commissioner of Health. In case the birth of any child shall occur with no attendance of a physician or practitioner of the healing art, the mother of such child shall report such birth to the Commissioner of Health, and should no other person have been in attendance upon the mother, immediately thereafter it shall be the duty of such mother to report the above required, and child to report its birth to the Commissioner of Health, and within ten days thereafter furnish the information required by this section. Any person who shall refuse or neglect fully to comply with this provision shall be subjected to the fine of ten (10) dollars for each offense. Penalties are recoverable, as other fines and forfeitures are recovered.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 71079.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 190 3
4. Place of Birth, (Street and Number) N E 2403 Lancaster St
5. Full Name of Mother, Kate Brandish
6. Mother's Maiden Name, Benson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Friedrich Brandish
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kratz

Address, N. 405 S. Washington St

Remarks,

E 20 - 001783

Health, etc. This schedule shall contain a list of the births which have occurred in the family or house since the last return, and shall set forth as far as it can be ascertained the following particulars: 1. Name and occupation of parents. 2. Place of birth. 3. Date of birth, month, day and year. 4. Sex, color and number of child in order of birth (whether living or deceased). 5. Whether living or deceased. Such schedule shall be duly signed by the head of the family or householder, or should no other person of such family be present, by the person in charge of the premises, and within the first and third day of every month to the collector of the district in which the premises are situated, or without the attendance of the collector of the district, such schedule shall be every month to the collector or assistant collector upon the application of the collector or assistant collector, or shall forthwith thereafter be mailed to the Commissioner of Health. The penalties and forfeitures required, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th A 21058

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) american
3. Date of Birth. April 9 - 90
4. Place of Birth. (Street and Number) 17 S Calhoun
5. Full Name of Mother. Fannie J. Landrum
6. Mother's Maiden Name. Fannie J. Thomas
7. Mother's Birthplace. Va
8. Full Name of Father. Jas. D. Landrum
9. Father's Occupation. Clerk
10. Father's Birthplace. Va

Name of Medical Attendant, or other Person who makes this Return Jas. G. Linthicum M.D.

Address. 1327 W Fayette St

Remarks.

C 50 - 001784

PILT & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 21081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, April 7th 1890
5. Place of Birth, (Street and Number) 344 Vincent
6. Full Name of Mother, Catherine Doyle
7. Mother's Maiden Name, " " Kenley
8. Mother's Birthplace, Balto. Co.
9. Full Name of Father, Michael Doyle
10. Father's Occupation, Laborer
11. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Wm Lindsay

Address, 344 S. Vincent

Remarks,

Health. This schedule shall contain a birth for each child born alive, and a return of each case of still-birth, within the city, and shall be filled out by the attending physician, midwife or other person having charge of the case, within the first ten days after the birth or still-birth occurs. If any shall have been omitted by the attendant, it shall be the duty of the householder, owner or agent of the premises where the birth occurred, to report the same within the next ten days thereafter. In case a birth occurs without the presence of a physician or midwife, it shall be the duty of the father or mother, immediately thereafter, to notify the Commissioner of Health of such birth, and the name and address of the attendant (if any) upon the mother. Immediately after the registration of a birth, the Commissioner of Health shall issue a certificate of such registration, which shall be delivered, duly signed by the Commissioner of Health, to the person who reports the birth. Every undertaker or other person who shall bury or remove the dead body of any child without a certificate of birth or still-birth, as the case may be, shall forfeit and pay for each offence a sum not exceeding fifty dollars, to be recovered as other penalties are recovered. Every physician, midwife or other person who shall fail to report a birth or still-birth, as required by this section, shall be liable to a penalty of not less than five dollars nor more than fifty dollars, to be recovered as other penalties are recovered. Every person who shall refuse or neglect to comply with the provisions of this section, or who shall make any false statement touching the matters required to be reported, shall be guilty of a misdemeanor, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other penalties are recovered.

MAY 5 1890

L 90 - 001785

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 21082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 9 April
4. *Place of Birth, (Street and Number)* 202 N. Gay St
5. *Full Name of Mother,* Rachel Fried
6. *Mother's Maiden Name,* Schoen
7. *Mother's Birthplace,* Balto Co.
8. *Full Name of Father,* Meyer Fried
9. *Father's Occupation,* Store
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. M W R Allr

Address, 301 Holland

Remarks,

1890 - 001786

RETURN OF A BIRTH A 21080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 9 1892.
4. Place of Birth, (Street and Number)	115 N. Eden St.
5. Full Name of Mother,	D. White
6. Mother's Maiden Name,	D. Dennish
7. Mother's Birthplace,	Bohemia.
8. Full Name of Father,	M. White
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Bohemia.
Name of Medical Attendant, or other person who makes this Return.	M. J. Bell
Address,	1240 E. Monument St. in Central Ave.
Remarks,	All Well

MAY 8 1892

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

C 90 - 001787

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 210 82

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	
1. Sex. (state whether male or female)	Male
2. Race or Color. (if not of the white race)	White
3. Date of Birth.	April 7. 1890
4. Place of Birth. (Street and Number)	214 N. Stricker St
5. Full Name of Mother.	Margaret A. Roberts
6. Mother's Maiden Name.	" " Boyd
7. Mother's Birthplace.	Balto. Md
8. Full Name of Father.	John Clinton Roberts
9. Father's Occupation.	Clerk
10. Father's Birthplace.	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Chas. G. Kaufmann
Address.	1327 W. Fayette St.
Remarks.	

C 10 001788

PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 210 85

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child, in Mother, (*state whether 1st, 2d, 3d, &c.*) 2
2. Sex, (*State whether male or female*) Male
3. Race or Color, (*if not of the white race*)
4. Date of Birth, April 10
5. Place of Birth, (*Street and Number*) No 1614 Eastern Ave
6. Full Name of Mother, Kate Mausch
7. Mother's Maiden Name, Moser
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Gustav Mausch
10. Father's Occupation, Barber
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Krupt

Address, No 405 S. Washington Ave

Remarks,

1890 - 01789

This schedule shall contain a list of the births which have occurred in each house during the month, and shall be delivered by the householder or his agent to the Registrar of Vital Statistics, Board of Health, on the first day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to cause the same to be registered, and shall be subject to the penalties of this section in such case provided. And it shall be the duty of every physician or practitioner in attendance upon the mother, immediately after the birth of each child, to make a return of the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 10, 90

4. Place of Birth, (Street and Number) No. 834 S. Bond St.

5. Full Name of Mother, Pauline Jäger

6. Mother's Maiden Name, Wilhusky

7. Mother's Birthplace, Polen

8. Full Name of Father, Frank Jäger

9. Father's Occupation, Laborer

10. Father's Birthplace, Polen

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No. 405 S. Washington St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in [illegible] the first and third day of each and every month to the office of the Commissioner of Health [illegible] shall occur without the attendance of a physician or practitioner [illegible] attendance upon the mother, immediately thereafter [illegible] child to report its birth to the Commissioner of Health. [illegible] any such person or persons who shall hereafter fail to comply with the provisions [illegible] jected to the fine of ten (10) dollars for each offense, to be recovered [illegible] recoverable.

190-01790

RETURN OF A BIRTH.

A 210 81

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth April 13th 1880

4. Place of Birth, (Street and Number) 583 N Gay St

5. Full Name of Mother, Pauline Weber

6. Mother's Maiden Name, Pauline Jacoby.

7. Mother's Birthplace, Balto City.

8. Full Name of Father, Daniel Weber.

9. Father's Occupation, Merchant

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Jos. Schwaubes

Address, 309 N Exeter St

Remarks,

and shall enter the same in a blank schedule to be furnished by the Board of Health and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth, and parentage of each child born alive within the district, and the full name, occupation and birthplace of each parent, the date and place of their marriage, and the number of children born to the present mother, and the number now living. In case the child is illegitimate, the name of the father shall not be entered unless the parents shall have intermarried according to law, and in case the mother shall be delivered of a child after the death of her husband, the full name of such husband shall be entered as the father of such child. In case the child is still born, the fact shall be reported, and the cause of death stated, if known. In case the mother shall die during her confinement, or within ten days after the birth of any child, the fact shall be reported, and the cause of death stated, if known. In case the parents, the date and place of birth, and the death and every month to the Office of the Registrar, or should no other person certificate between the first and tenth days of each month, and shall be delivered, duly signed by the practitioner, midwife or other person in attendance, at the birth of any child, to report its birth to the Commissioner of Health, as required by this section, shall be subjected to the penalty of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered. And it shall be the duty of the person or persons making such report, to shall be required to file with the Commissioner of Health a certificate of the attendance of a Physician, or the duty of the person or persons of such child, to

RECEIVED
APR 22 1880

John Murphy & Co., City Printers and Stationers.

1898 - 00179

RETURN OF A BIRTH A 210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 8 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 13 1890
4. Place of Birth, (Street and Number)	707 Gilmore St.
5. Full Name of Mother,	L. Johnson
6. Mother's Maiden Name,	L. Kenrick
7. Mother's Birthplace,	Charles County.
8. Full Name of Father,	C. Johnson
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	Dr. A. Buck
Address,	1245 E. Monument St. cor. Central Ave.
Remarks,	Well Well

1890-001792

1890-001792

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 710

1. No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st
   Name Edna Rowles Daley
2. Sex. (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 13 - 90
5. Place of Birth, (Street and Number) 728 Franklin
6. Full Name of Mother. (Mary Daley) Ida S Daley
7. Mother's Maiden Name. Patterson
8. Mother's Birthplace. Balto. Md
9. Full Name of Father. (Mary) Daley
10. Father's Occupation. Carpenter
    Father's Birthplace. Balto Md.
    Name of Medical Attendant, or other Person who makes this Return Henry Chandlee Md
    Address. 728 Franklin St
    Remarks.

C 90 - 001793

...ORT & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 21040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule is to contain a full statement of each birth, if any shall occur without the attendance of a Physician. It shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 14, 191
5. Place of Birth, (Street and Number) 1812. Madison St.
6. Full Name of Mother, M. Hardt.
7. Mother's Maiden Name, M. Pastle.
8. Mother's Birthplace, New York.
9. Full Name of Father, C. Hardt.
10. Father's Occupation, Painter
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. M. A. Burr

Address, 1345 E. Monument St or 611 Central Ave.

Remarks, Ill Well.

1890 - 3017994

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 21091

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Dec 14th 1890
4. Place of Birth, (Street and Number)	1436 N. Broadway
5. Full Name of Mother,	Sybilla Meleski
6. Mother's Maiden Name,	Hertig
7. Mother's Birthplace,	Penna.
8. Full Name of Father,	Geo. E. Meleski
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Henry Chandlee M.D.
Address,	819 Linden
Remarks.	

during the month, and shall set forth, as far as the same can be ascertained, the name, surname, residence and usual occupation of the parents, the day and place of birth, and the sex of the child, which certificate shall be duly signed by the practitioner, by the female who may have attended such birth and the said schedule shall set forth and every month to the Board of Health, or other officer appointed by the Board to receive the same, a return of all births which may have occurred during the month without the attendance of a physician, together with the names, residences and usual occupations of the parents, the day and place of birth of the children, and such other information as may be required by the Board of Health, to the end that certificates may be issued to the parents of such children, and that the Board may be enabled to keep a complete record of births in the city; and every midwife or other person who shall wilfully neglect or refuse to comply with the provisions of this section shall be subject to a fine of not more than ten dollars for each offense, to be recovered as debts of like amount are now recoverable.

GUTT & CO., CITY PRINTERS AND STATIONERS.

890-001795

RETURN OF A BIRTH A 21092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 1890

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, April 15 1890
5. Place of Birth, (Street and Number) 2005 Frederick Ave
6. Full Name of Mother, Catherine Wolfe
7. Mother's Maiden Name, Sprecht
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Sebastian Wolfe
10. Father's Occupation, Butcher.
    Father's Birthplace, Bamberg.
    Name of Medical Attendant, or other person who makes this Return. Louis Lindner
    Address, 106 S. Monroe St
    Remarks,

1890 - 001795

Health. This schedule shall contain a list of the names of all children born in the family, in the order of birth, the first name or initials of each child, the full name of each child, if any shall have been named, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth of the first and each child, whether such child was born alive or dead, and if dead, at what period of gestation it died, and whether the first and each child was born in wedlock or not, and shall be signed by the practitioner in the form of his certificate, or by the person who shall certify the birth of any child not attended by a practitioner. It shall become the duty of the person or persons required by said schedule to sign the same, to deliver the same within the first thirty days after the birth of each child to the office of the Commissioner of Health, or to the city or county officer or agent appointed by the Commissioner of Health to receive the same, and in case of the neglect of such person or persons to deliver said schedule within the time above specified, or in case of the refusal or neglect of such person or persons to sign the same, or to furnish the information required by said schedule, without the attendance of a physician or midwife, it shall become the duty of the person or persons required to sign said schedule to report the birth of such child to the Commissioner of Health, in the manner and within the time above specified, and to furnish the information required by said schedule, and in default thereof such person or persons shall be subject to the penalty hereinafter provided for the neglect or refusal to sign said schedule, or to furnish the information required by said schedule, or to report the birth of such child. Any midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to the penalty hereinafter provided for the neglect or refusal to sign said schedule, or to furnish the information required by said schedule, or to report the birth of such child. Any midwife who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to the fine of ten (10) dollars for each offense, to be recovered as a penalty as aforesaid. [R.S.A., 1888, Art. 43, Sec. 30.]

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. Sex, (*state whether male or female*) Male
2. Race or Color, (*if not of the white race*) White
3. Date of Birth, April 1st 1897
4. Place of Birth, (*Street and Number*) 202 Little Mc Gough St
5. Full Name of Mother, Annie Hofman
6. Mother's Maiden Name, Annie Kaplan
7. Mother's Birthplace, Russia
8. Full Name of Father, Jake Hofman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. D. Silverman

Address, 157 Stevenson St.

Remarks,

1 9 8 - 0 1 7 9 7

Health. This schedule shall contain a part of the record of each birth which occurs in each family, and the physician, midwife or other person in attendance upon the mother at the birth of any child, shall have such schedule filled out with the same can be ascertained, the full name of each child, if any shall have been given it, and the sex, color, the full name and occupation of each parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in charge of the case, to the parent of such child, or if there be no parent capable of giving the same, to the nearest relative present at the birth, or in case there be no other person to be found, then the said schedule shall be delivered, duly signed by the person in charge of the case, to the Commissioner of Health. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall refuse or neglect to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than fifty dollars for each offense. The penalties and forfeitures are recoverable, one-half to the use of the informer and one-half to the use of the Board of Health. This schedule shall contain a part of the record of each birth which occurs in each family, and the physician, midwife or other person in attendance upon the mother at the birth of any child, shall have such schedule filled out with the same can be ascertained, the full name of each child, if any shall have been given it, and the sex, color, the full name and occupation of each parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in charge of the case, to the parent of such child, or if there be no parent capable of giving the same, to the nearest relative present at the birth, or in case there be no other person to be found, then the said schedule shall be delivered, duly signed by the person in charge of the case, to the Commissioner of Health. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall refuse or neglect to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than fifty dollars for each offense. The penalties and forfeitures are recoverable, one-half to the use of the informer and one-half to the use of the Board of Health. This schedule shall contain a part of the record of each birth which occurs in each family, and the physician, midwife or other person in attendance upon the mother at the birth of any child, shall have such schedule filled out with the same can be ascertained, the full name of each child, if any shall have been given it, and the sex, color, the full name and occupation of each parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in charge of the case, to the parent of such child, or if there be no parent capable of giving the same, to the nearest relative present at the birth, or in case there be no other person to be found, then the said schedule shall be delivered, duly signed by the person in charge of the case, to the Commissioner of Health. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall refuse or neglect to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than fifty dollars for each offense. The penalties and forfeitures are recoverable, one-half to the use of the informer and one-half to the use of the Board of Health.

APR 6 1897 BALTIMORE MD

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A21094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 4

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*)

3. *Date of Birth,* April 17/90

4. *Place of Birth,* (*Street and Number*) No. 2501 E. Elliott St.

5. *Full Name of Mother,* Sophie Frank

6. *Mother's Maiden Name,* Kellermann

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Ernest Frank

9. *Father's Occupation,* Baker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No. 405 S. Washington St.

Remarks,

1890-001793

Health. This schedule shall contain a list of the births which have occurred under his or her care in the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 2109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 6 1900

Health. This schedule shall contain a full and correct statement of each child, if any shall have been born alive within the district of the Registrar to whom it is returned, since the last day of the preceding month, and shall be delivered, duly signed by the person in attendance, to the Registrar of the district within which the birth occurred, on the first day of each and every month. In case the birth of any child shall occur where there is no attendance of a Physician or practitioner or midwife, the duty of reporting such child to the office of the Registrar shall devolve upon the parents of such child, and the penalty for neglect of duty as herein provided shall be incurred by the parent or parents jointly. In case the birth of any child shall occur where there is no attendance of a Physician or practitioner or midwife, the duty of reporting such child to report its birth to the Commissioner of Health in like manner and within the time prescribed shall devolve upon such person or persons who shall hereafter fail to comply with the provisions of this section, and be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	5.
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White.
3. *Date of Birth,*	April 15 1899
4. *Place of Birth,* (*Street and Number*)	1923 E. Monument St
5. *Full Name of Mother,*	A. Riel
6. *Mother's Maiden Name,*	A. Bittinger
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	H. F. Riel
9. *Father's Occupation,*	Hatbmaker.
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	M. J. Burns
Address,	1245 E. Monument St. & Central Ave.
Remarks,	All Well.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

C90-001799

RETURN OF A BIRTH A 21096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth and shall enter the same on a separate schedule, which shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the sex, color, and occupation of its parents, the date and place of birth, and the number of children born to the mother, whether living or dead, and whether the first and said schedule shall be signed by the practitioner in the form of a return. In case the births of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons required, and every month to the office of the Commissioner of Health, in the manner and under the penalties child to report its birth, and it shall be the duty of the Commissioner of Health to cause the births of any child been enumerated) its sex, color, and parentage as required by this section. In case the births of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 10
4. Place of Birth, (Street and Number) No 1247 Eastern Ave
5. Full Name of Mother, Lisbeth Konieczkiewicz
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Konrad Konieczkiewicz
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kyle

Address, 1105 S. Washington St.

Remarks,

GEO. J. C. BELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 21097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 18/90
4. *Place of Birth, (Street and Number)* No 321 S. Madeira Alley
5. *Full Name of Mother,* Lisbeth Schammel
6. *Mother's Maiden Name,* Woll
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Schammel
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Louise Kraft

Address, No 405 S. Washington St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

898 - 501801

Over.

RETURN OF A BIRTH A 21094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 14 90
4. Place of Birth, (Street and Number) N.E. 1605 Linton Ave
5. Full Name of Mother, Kate Friese
6. Mother's Maiden Name, Schewe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Friedrich Friese
9. Father's Occupation, Tanner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Krabb

Address, N. 403 S. Washington St

Remarks Name - William Philipp Friese

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as practicable the full name of each child, if any shall have been christened, the sex, color, the full name and occupation of its parents, the date and place of birth, the first and second christian name or surname of the mother before marriage. A certificate hereof shall be delivered, duly signed by the practitioner to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a practitioner or midwifery, or should no other person be in attendance, by the father or mother of such child within ten days thereafter. It shall become the duty of the person by whom such certificate is required, and every month to the office of the Commissioner of Health, in the manner aforesaid, a like certificate of each and every birth which shall occur within the city during the preceding month, and shall set forth as far as practicable the information hereinbefore required, and shall become the duty of each practitioner or midwife, or other person who shall be in attendance, to report such birth to the Commissioner of Health, in the manner aforesaid, a like certificate of each and every birth which shall occur within the city during the preceding month, and shall set forth as far as practicable the information hereinbefore required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

670 001802

RETURN OF A BIRTH A 21099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 6 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th April 1890
4. Place of Birth, (Street and Number) 1164 Low Street
5. Full Name of Mother, Rose Levy
6. Mother's Maiden Name, Lazarowitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Israel Levy
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, No. 102 Bloomfield St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, the date and place of birth, and the name, residence and occupation of its parents, the date and place of their marriage, and the number of children to the mother. Duplicate returns of births shall be made by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, on the part of the person on whose certificate the birth is registered, it shall become the duty of the person or persons with whom the child resides to report the birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

670-001803

third day of each and every month to the office of the Commissioner of Health ... practitioner in the form of a certificate between the first and ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890 = 4 **RETURN OF A BIRTH** A. 21100.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 20 90
4. *Place of Birth, (Street and Number)* No 504 S. Wolf St.
5. *Full Name of Mother,* Amalie Turner
6. *Mother's Maiden Name,* Maach
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Turner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St

Remarks,

1890 - 001884 1 098

[illegible] & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 21161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	African
3. *Date of Birth.*	Ap. 21. 90
4. *Place of Birth. (Street and Number)*	1202 Lt. Paul St.
5. *Full Name of Mother.*	Maggie Jones.
6. *Mother's Maiden Name.*	" "
7. *Mother's Birthplace.*	Richmond Co. Va.
8. *Full Name of Father.*	Will Hose -
9. *Father's Occupation.*	Farm Land
10. *Father's Birthplace.*	Not known
Name of Medical Attendant, or other Person who makes this Return	W. H. D. Tellman M.D
Address.	5 E. Biddle St.
Remarks.	

1890-001885

PILT & SON, STEL PRINTERS AND STATIONERS

A 211 52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) Black.

3. Date of Birth, Apr. 21. 1890.

4. Place of Birth, (Street and Number) Maternite: 115 W. Lombard St.

5. Full Name of Mother, Dorothy Keene.

6. Mother's Maiden Name, Dorothy Keene.

7. Mother's Birthplace, Maryland.

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. Samuel H. Allen, M.D.

115 W. Lombard St.

Address,

Remarks,

[illegible] and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] forfeitures are recoverable.

RETURN OF A BIRTH A 211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 21st
4. *Place of Birth, (Street and Number)*	180 W. Cross St
5. *Full Name of Mother,*	Mary Wearner
6. *Mother's Maiden Name,*	" Cunningham
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Chas Wearner
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	J C Bunch MD
Address,	511 Hanover St
Remarks,	

1908 - 001807

...ber of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been named,) the sex, color, and parentage of the same, the date of birth, and such other particulars as may be required by said schedule. Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the father or mother of such child, or in the absence of the father and mother, the householder or owner of the premises where such child is born, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 211034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 21st
4. *Place of Birth, (Street and Number)*	538 N. Bace St
5. *Full Name of Mother,*	Maggie Brush Stubbs
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Fred. H. Brush
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	J. C. Bruch M.D
Address,	511 Hanover St
Remarks,	

1906 801808

Health, to be made out in the manner directed by the Commissioner of Health, to be signed by the Physician or Midwife in attendance upon the birth, or by the father or mother of the child, or in case of the absence or death of both father and mother, by the householder or owner of the premises where the birth occurred, or by the nurse in attendance. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as can be ascertained the full name of each child born, the sex and color of each child, the name and occupation of its parents, the date and place of birth, and the number of the street and house in which the birth occurred. A certificate between the first and second days of each month, duly signed by the practitioner or midwife, or should no other person have been conferred, his sex, color, &c., to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered or transmitted by mail, postage paid, or otherwise, to the office of the Commissioner of Health, on or before the fifth day of each and every month to the office of the Commissioner of Health, in the manner directed by the Commissioner of Health, and a like certificate between the first and second days of each month shall be made and delivered as aforesaid, in case no birth shall occur within the period above required, and attendance upon the birth, the householder or owner of the premises where the birth occurred shall be obliged to report the same to the Commissioner of Health, in the manner directed by the Commissioner of Health, within ten days after the occurrence of such birth. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. S. DELANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED - 3-7-67

RETURN OF A BIRTH A 71100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME SERENA OBRECHT.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 21st
4. Place of Birth, (Street and Number) 1121 Light st.
5. Full Name of Mother, Amelia Abrecht
6. Mother's Maiden Name, Jaeckel
7. Mother's Birthplace, City.
8. Full Name of Father, Friedk Abrecht
9. Father's Occupation, Tobacconist
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. R. H. P. Ellis, M.D.

Address, 733 W. Fayette st.

Remarks,

MAY 3 1890

register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth, as the full name, date and place of birth of any child born after the passage of this ordinance, the name and date and place of birth which shall be given at the time of the registration of its birth or within ten days thereafter, and shall also enter in said schedule the full name, residence and occupation of its parents, and such other facts as may be required by the Commissioner of Health. It shall be the duty of the physician in attendance upon each and every instance of a physician's presence at the birth of any child, to make out and deliver, duly signed by the practitioner in attendance, to the parent or person having charge of such child, a certificate containing the information required by the Commissioner of Health, and should no other person be present at the birth of any child, then it shall be the duty of the parent or person having charge of such child to report the same to the office of the Commissioner of Health, or his duly authorized agent, within the period of ten days after the birth of such child, and it shall be the duty of the Commissioner of Health, or his duly authorized agent, to call upon the parent or person having charge of such child, and obtain the information required, and said schedule shall be filled out as far as practicable in the presence of the informant, and every such informant shall be subject to reprimand by the Commissioner of Health, and to a penalty of five dollars for each offence, in case he shall fail to comply with the provisions of this section. Any physician who shall fail to report any birth to the Commissioner of Health, as herein required, as soon as practicable after the birth occurs, and within the period of ten days thereafter, shall be subject to a penalty of five dollars for each offence, to be recovered, as other fines and penalties are recoverable.

1890-001809

WM. J. D. GILMAN & CO., CITY PRINTERS AND STATIONERS

CHECK NAME ADDED 12-2-55

RETURN OF A BIRTH A 71156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Bessye Lauphaimer Fourth

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth. April 21st 1890

4. Place of Birth. (Street and Number) 1039 Arsquith St

5. Full Name of Mother. Bertha Lauphaimer

6. Mother's Maiden Name. Friedman

7. Mother's Birthplace, Rheinbeck N Y

8. Full Name of Father. Robert Lauphaimer

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. S H Soldner M D

Address, 1501 E Eager St

Remarks,

1890-001810

...ics. The above blank Certificate is to be filled in by the Physician or Midwife who shall be present at the birth of any child, and any other person required by this section to make a certificate of birth, shall make such certificate within five days after the birth of such child, and shall set forth in the certificate all the particulars required by the blank, and the same can be ascertained; the full name and occupation of the father, the date and place of birth; and the full name and maiden name of the mother, the date and place of her birth, and the number of children born to her, including the child whose birth is to be certified. Every certificate of birth shall be delivered, duly signed by the person making the same, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or in case the person or parents of such child shall neglect for the space of ten days after the birth of such child to cause the birth to be certified, as required by this section, it shall become the duty of each and every month to the physician or midwife, or the person or parents of such child, within the period above required, and attendance upon the birth of such child, to report the same to the Commissioner of Health, and shall comply with the provisions of this section with regard to the time and manner of making such certificate, to be recovered as other fines and forfeitures are recoverable. Jected to the fine of ten dollars for each offence.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A2110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as to each birth the full name of each child, (if any shall have been given,) sex, color, the full name and occupation of its parents, the date and place of birth, and such other facts as can be ascertained. Such schedule shall be delivered to the registrar of vital statistics between the first and third day of each and every month, at the office of said registrar, and a certificate to that effect shall be delivered, duly signed by the practitioner in the case of births occurring in his practice. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report the same within the time above specified shall become the duty of the person or parents of such child; and every such person or parents who shall neglect or refuse to report as aforesaid, in the manner and within the time above specified, and every midwife who shall neglect or refuse to report as aforesaid, in the manner and within the time above specified, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third Child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, April 21. St
4. Place of Birth (Street and Number), 832. Bennett. St.
5. Full Name of Mother, Sallie C. Grubbs.
6. Mother's Maiden Name, Sallie C Cannum
7. Mother's Birthplace, Cornwall, Pa.
8. Full Name of Father, Columbus B. Grubbs.
9. Father's Occupation, Printer.
10. Father's Birthplace, Cumrilla. Pa.

Name of Medical Attendant, or other person who makes this Return. Mrs. Ida. Sadler.

Address, 602. Gold. St. Balto.

Remarks,

690 - 3018

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his observation within the month, and shall set forth as far as the same can be ascertained, the full name, sex and color of child; the full names, residence, age and occupation of its parents, the date and place of birth; and the name and residence of the physician or midwife in attendance upon the case, and shall be signed by the practitioner in the form of a certificate between the first and last days of each month to the office of the Commissioner of Health. In case the child is born dead, or shall die before the first day of each and every month to the office of the Commissioner of Health, or in case no other person shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child, and of every person present at the birth, or having charge of the mother during her confinement, to report the same within the period above required, and such person or persons who shall hereunder fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 April 1899
4. Place of Birth, (Street and Number) 223 Exeter St
5. Full Name of Mother, Annie Shinberg
6. Mother's Maiden Name, Annie Seremsohne
7. Mother's Birthplace, Russia
8. Full Name of Father, Frank Shinberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. G. Ackerman

Address, 103 Lombard St

Remarks,

1899 No 018112

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 21104.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 21st 1870
4. Place of Birth, (Street and Number) 735 Saratoga St.
5. Full Name of Mother, Sabina Geiger
6. Mother's Maiden Name, " " Hensh
7. Mother's Birthplace, Baden Baden
8. Full Name of Father, George Geiger
9. Father's Occupation, Baker
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other person who makes this Return. Annie Imhoff

Address, 106 S. Howard St.

Remarks,

1890-001813

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his care during the last month, and shall set forth as far as the same can be ascertained, the name and place of birth; and the said schedule shall be delivered, duly signed by the midwife or physician in attendance, at the office of the Commissioner of Health, on the first day of each and every month to the officer appointed to receive the same; and no other person be in attendance upon the mother, unless the midwife or physician shall become sick or unable to perform the duty, or the person or parents of such child refuse to employ a physician, in which case the midwife shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner required and within the time above specified, and in accordance with the following rules and regulations. Any midwife or physician who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 22nd 1911

4. Place of Birth, (Street and Number) 111 Gunter House Space

5. Full Name of Mother, Sarah Harris

6. Mother's Maiden Name, Sarah Shapiro

7. Mother's Birthplace, Russia

8. Full Name of Father, Jack Harris

9. Father's Occupation, Clothing Peddler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, C. Herman

Address, No. 103 Albemarle St.

Remarks,

B 90 - 201814

register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, which schedule shall contain a list of the births which occurred, under his or her care during the week, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the sex, color, date and place of birth, and the full name of the parents, and the number of children born to the mother, between the first and last births, and the occupation of the father, and such other particulars as may be required, and shall have been conferred; its sex, color, the time and place of its birth, the name of the parents, and such other particulars as may be required, and shall sign such schedule and deliver (or cause the same to be delivered) at the office of the Commissioner of Health, on the first and third day of each week without the attendance of a physician, the name of the person in charge of the duty of any child to report its birth, who shall hereafter neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 6 1911 BALTIMORE

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 21111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 22 - 90
4. Place of Birth, (Street and Number)	12. E. Fifth St
5. Full Name of Mother,	Annie M. Tyler.
6. Mother's Maiden Name,	" " Lindeman
7. Mother's Birthplace,	Balto
8. Full Name of Father,	George M. D. Tyler
9. Father's Occupation,	Manufacturer of Tin Cans
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allard
Address,	912 McDonogh St
Remarks,	

L 90 - 91815

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said address shall be delivered, duly filled out and certified, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons, and child to report its birth to the Commissioner of Health, with the particulars required by this section, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MAY 2 1900 BALTIMORE CITY HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race)
4. Date of Birth, April 22
5. Place of Birth, (Street and Number) Rose St 807
6. Full Name of Mother, Friedike Zander
7. Mother's Maiden Name, Krause
8. Mother's Birthplace, Germany
9. Full Name of Father, Henry Zander
10. Father's Occupation, Laborer
11. Father's Birthplace, Germany
12. Name of Medical Attendant, or other person who makes this Return, Miss A. B. Liersemann
13. Address, 1223 Hare Street.
14. Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened; his sex, color, the full name and occupation of the parents, the date and place of birth; and the time at which the return was delivered, duly signed by the practitioner in the form, the date and place of birth; and the third day of each month every such schedule or certificate shall be delivered at the office of the Commissioner of Health. In case the birth of the first and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE J. C. MILLER & CO., CITY PRINTERS AND STATIONERS

690-001816

RETURN OF A BIRTH A. 2111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and fifth day of each month to the Registrar of the City, under a penalty of ten dollars for each birth which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioners of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section will be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	April 22d 1890
4. *Place of Birth, (Street and Number)*	2166 Orleans St
5. *Full Name of Mother,*	Elizabeth Ellen Gould Wood
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Hugh Gould
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return	E. P. Brown M.D.
Address,	1835 E. Baltimore St.
Remarks,	

C 90 - 001817

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 13
2. *Sex,* (state whether male or female) female
3. *Race or Color,* (if not of the white race) white
4. *Date of Birth,* 23 April
5. *Place of Birth,* (Street and Number) 1034 E Lombard H
6. *Full Name of Mother,* Lillie Hagan
7. *Mother's Maiden Name,* " Eckert
8. *Mother's Birthplace,* Balto.
9. *Full Name of Father,* Martin Hagan
10. *Father's Occupation,* Sugar Laborer
11. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. R. Offutt

Address, 1802 Hollan

Remarks,

1890 ~ 001818

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the name, sex, color, the full name and residence of parents, date of birth, and the number of each child born alive. If any shall have been confined who shall not have been attended by any physician or midwife, the head of the family in which such birth occurred shall report the same, duly signed by the physician or midwife attending at the next confinement. If no attendance, then by the father or mother of such child. Immediately thereafter, or Provided, that the Commissioner of Health may require the daily report of births, and the attendance of a physician or midwife at every birth. Any person who shall refuse or neglect to report as herein required, or who shall knowingly make a false report, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense. Any physician or midwife who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered before any justice of the peace. All fines and forfeitures are recoverable.

BALTIMORE

RETURN OF A BIRTH A. 71113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	April 23 1900
4. *Place of Birth, (Street and Number)*	N° 1405 Eastern Ave
5. *Full Name of Mother,*	Lisbeth Green
6. *Mother's Maiden Name,*	single
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Schmidt
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louisa Gaupt
Address,	N° 405 S. Washington Ave
Remarks,	

1900 C 01819

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the Registrar of Vital Statistics, on the first day of each month; and every such practitioner shall, at the same time, deliver a certificate, like the form of this, for each child whose birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner herein required, and every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts are forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 5 1890 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as near as may be the full name of each child, the sex, color, date of birth, and the full name and occupation of its parents, the certificate between the first and second enumeration of the births of the month to be made as above. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother herself immediately thereafter it shall become the duty of the father, or in his absence, of the next of kin present at the birth of such child, to report the birth to the Commissioner of Health, in the time and manner above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 23 90
4. Place of Birth, (Street and Number)	1120 S. Bond St.
5. Full Name of Mother,	Rosa Buczkowsky
6. Mother's Maiden Name,	Sternitz
7. Mother's Birthplace,	Posen
8. Full Name of Father,	Frank Buczkowsky
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Posen
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	N. 415 S. Washington St
Remarks,	

1890 5 01320

WM. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 28rd

4. Place of Birth, (Street and Number) 1002 Creek St

5. Full Name of Mother, Elizabeth Cunningham

6. Mother's Maiden Name, Elizabeth Devine

7. Mother's Birthplace, Longford Ireland

8. Full Name of Father, Jno P. Cunningham

9. Father's Occupation, Hucster

10. Father's Birthplace, Longford Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Monnick

Address, 800 Leadenhall St

Remarks,

1890 - 031821

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2111

GIVEN NAME ADDED 10-14-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen Morse

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 23d April 1890

4. Place of Birth, (Street and Number) 1030 Johnson St

5. Full Name of Mother, Kate Morse

6. Mother's Maiden Name, Dougherty

7. Mother's Birthplace, Virginia

8. Full Name of Father, Emmett Morse

9. Father's Occupation, Letter Carrier

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yerrell

Address, 510 Fort Ave

Remarks,

RECEIVED MAY 2 1891 BALTIMORE

[illegible] a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as forfeitures are recoverable.

CITIZEN NAME ADDED 2-10-55

RETURN OF A BIRTH. A 21119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Price ~~Winchester~~, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 23d 1890
4. Place of Birth, (Street and Number) S. E corner Maryland Ave. & 22d Street
5. Full Name of Mother, Elizie McComb Winchester
6. Mother's Maiden Name, Jane Elizie McComb
7. Mother's Birthplace, Wilmington — Delaware
8. Full Name of Father, James Price Winchester
9. Father's Occupation, Banker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. P. Chilton

Address, 814 Park Avenue

Remarks,

C 9 0 - 0 9 1 8 2 3

month, and shall set forth as far as the same can be ascertained the full name of each child if any, that have been conferred; this section shall not apply to the issue of a married woman living with her husband. Every such return shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month, and shall specify the correct address of the person or persons who shall occur without the attendance of a physician or practitioner, or where no person was in attendance upon the mother immediately thereafter it shall become the duty of the person or persons who shall have charge of such case to report the same to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect, fail or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	23rd of April
4. Place of Birth, (Street and Number)	1119 Lombard
5. Full Name of Mother,	Lottie Stivens
6. Mother's Maiden Name,	Lottie Hoos
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Hubert Stivens
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Friedericke Heuslein Midwife
Address,	2116 West Pratt St.
Remarks,	

MAY 2 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1890 - 011824

RETURN OF A BIRTH A. 21121.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 23 1890
4. Place of Birth, (Street and Number) 233 Bouldt N.
5. Full Name of Mother, Sophia Fahler
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Fahler
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Heine

Address, 1127 E Gall St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name or names of each child born alive, the sex, color, the full name and occupation of the parents, the date of each child, if any shall have been reported dead at birth, and the cause of death, as certified by the physician or midwife, or in case the birth or any child shall occur without the services of a physician or midwife, then by the parent or parents of such child to report upon the matter, since of a physician the Commissioner of Health. In the manner the duty of the parent or parents of such child to report to the Commissioner of Health. In the manner and within the period as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1870-001825

RETURN OF A BIRTH.

A 21122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 L

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth April 24-1890

4. Place of Birth, (Street and Number) Edw & madison Sts

5. Full Name of Mother, Amelia Klaesius.

6. Mother's Maiden Name, Amelia Wagner.

7. Mother's Birthplace, Balto City

8. Full Name of Father, Carl Klaesius.

9. Father's Occupation, Restaurant Keeper

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. J. W. Schumann

Address, 304 N Eutaw St

Remarks,

But of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and residence of the parents, the sex, color and date of birth of each child (if any shall have been registered), duly signed by the practitioner in the form of a certificate to be furnished by the Commissioner of Health, and shall transmit the same to the Office of the Commissioner of Health on the first and third day of each month. Any physician or practitioner of the person or parents of such child, to whom a blank certificate shall have been furnished by the Commissioner of Health, who shall neglect for the space of ten days after the birth of any child shall occur who shall immediately thereafter, it shall be his duty to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person be in attendance, the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

1890-001825

RETURN OF A BIRTH A 211 20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 24 April
4. Place of Birth, (Street and Number) 1232 Jackson Pl
5. Full Name of Mother, Mary Bordecker
6. Mother's Maiden Name, " Danenet
7. Mother's Birthplace, Delaware
8. Full Name of Father, Henry Bordecker
9. Father's Occupation, Ins Agent
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Wm R Ulry

Address, 1302 Holland St

Remarks,

1890-001827

MAY 6 1890

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth and residence of each parent, the number of children born to the mother, and the number now living, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person acting in attendance upon the mother, immediately thereafter, to report said birth to the office of the Commissioner of Health, and in default of the person so acting complying with the provisions of this section shall be subject to the fine of ten dollars for each and every offence. Penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24th 1890
4. Place of Birth, (Street and Number) 403 S. Madeira Al.
5. Full Name of Mother, Lena Schlembecker
6. Mother's Maiden Name, Hamm
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Gottlieb Schlembecker
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Amelia J. Summers

Address, 611 S. Patterson Park Ave

Remarks,

1890 001828

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the attendant who signed the certificate in the form of a certificate between the first and fifth day of the month next following the birth of such child. In case no such certificate shall occur within the time limited, or if the child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in writing to the Commissioner of Health, to the number and within the period above required, and such report shall contain all the facts which should have been returned with the certificate of birth. Any person who shall neglect or refuse to make such report as required shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] any name shall have been conferred) its sex, color, the full name [illegible] the full name of each child, the place of its birth and the said schedule shall be delivered, [illegible] and occupation of its parents, the day and certificate, between the first and third day of each and every month, duly signed by the practitioner, in the form of a birth of any child shall occur without the attendance [illegible] to the Board of Health. In case the should no other person be in attendance upon the mother, [illegible] a physician, or of a practitioner of midwifery, or duty of the parent or parents of such child to report its birth [illegible] thereafter, it shall then become the within the period above required, except in the cases of the births to the Board of Health, in the manner, and any person or persons who shall hereafter fail to comply with the [illegible] deaths of illegitimate children, and to a fine of ten dollars for each offence, to be recovered as other fines and penalties [illegible] provisions of this section shall be subject are recoverable.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

A 2117

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 24th 90
4. Place of Birth, (Street and Number) 144 Johns St
5. Full Name of Mother, Rose Minor
6. Mother's Maiden Name, Rose Mayo
7. Mother's Birthplace, Va
8. Full Name of Father, Benj Minor
9. Father's Occupation, Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return C. Marion Dodson

Address, 1100 Linden Av

Remarks.

[illegible] & Co., City Printers and Stationers.

890-001829

...have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 21126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th April 1890
4. *Place of Birth, (Street and Number)* 1123 Low Street
5. *Full Name of Mother,* Rachel Nisberg
6. *Mother's Maiden Name,* Rachel Fulic
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Simon Nisberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Lehmann

Address, 103 Albemarle St.

Remarks,

1890-601830

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th A 21197

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth April 24 1890

4. Place of Birth, (Street and Number) 973 Pierce ste

5. Full Name of Mother, Mary Schulz

6. Mother's Maiden Name, Ke Beinsel

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, August Schulz

9. Father's Occupation, Cutter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Marie E. Thalwitzer M. D.

Address, 725 Mulberry ste

Remarks,

Act of the Legislature which has been secured under his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled, to the Commissioner of Health. In case the certificate between the first and third day of each and every month, or immediately thereafter. It shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the period above mentioned, to make a similar report of any child born dead after the fifth month of pregnancy, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., Printers and Stationers.

T 5 9 8 - 0 0 1 5 3 1

RETURN OF A BIRTH A. 211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th April, 1890
4. Place of Birth, (Street and Number) Hollins, Str. No. 1.000.
5. Full Name of Mother, Mary. A. Wiegard
6. Mother's Maiden Name, Mary. A. Blum.
7. Mother's Birthplace, Catonsville. Balto. County.
8. Full Name of Father, Charles Wiegard.
9. Father's Occupation, Jr. Helper
10. Father's Birthplace, Philadelphia. Pa.

Name of Medical Attendant, or other person who makes this Return. Susan E. Gunter

Address, 23 N. Poppleton St

Remarks,

monthly, as shall set forth as far as the same can be ascertained the full name of each child, if any, and the sex, color, date and place of birth of each child, and the full name, residence and occupation of its parents, the certificate of birth of each child to have attached thereto the certificate of a physician or midwife, if there be one in attendance, or the certificate of the father or mother, if there be no physician or midwife in attendance, setting forth the cause, time and place of the stillbirth of any child which may occur without the city limits, and the certificate of the undertaker or other person who shall bury or remove the dead body of such child, as to the interment or removal thereof; and every undertaker or other person who shall bury or remove the dead body of any child without the certificate required by this section, shall forfeit and pay for each offense a sum not exceeding fifty dollars; and every undertaker or other person who shall neglect or refuse to report to the Commissioner of Health, in the manner and within the time hereinbefore prescribed, such particulars as he may become possessed of touching any birth or stillbirth, or who shall report any false particulars touching the same, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

U80-03183

GIVEN NAME ADDED 12-10-56

RETURN OF A BIRTH A 21179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ida Lutz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 25th 1890.
4. Place of Birth, (Street and Number) 64 Belair Ave. Balt.
5. Full Name of Mother, Lillie Lutz
6. Mother's Maiden Name, Wagner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Lutz
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, Wilhelmina Schmidt

Address, No. 1869 N. Gay St. City

Remarks, none

MAY 1890

L 4 0 : 0 0 1 8 3 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. Sec. 2. And be it further ordained, That if any births shall have occurred under his or her care during the month, and shall not set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the sex of each child, the full name and occupation of the father, and the full maiden name of the mother of said child, the date and place of birth of each child, and the full name and residence of the parents of said child, it shall be the duty of every such midwife, physician or other person who shall have attended at the birth of any child, to report the said births to the office of the Commissioner of Health, on or before the third day of each and every month thereafter, and the said midwife, physician or other person who shall have attended at the birth of any child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the births of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall be the duty of the parent or parents, guardian or other person having charge of such child to report its birth to the Commissioner of Health, furnishing the information and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 211 30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 25 th 1890
4. Place of Birth, (Street and Number)	137 Cross st
5. Full Name of Mother,	Alice Hamilton
6. Mother's Maiden Name,	Alice Van Vorst
7. Mother's Birthplace,	Baltimore md
8. Full Name of Father,	Theadore Hamilton
9. Father's Occupation,	Huckster
10. Father's Birthplace,	Baltimore md
Name of Medical Attendant, or other person who makes this Return.	Ellemore A. Anderson
Address,	1434 Patapsco st
Remarks,	Child Born with a tooth cut

been conferred; its sex, color, the full name, age, residence and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, within six days after the birth, to the office of the Commissioner of Health, in the manner and within the third day of each month the attendance of a physician or midwife, or should no other person reside in the house where the birth occurs, the father or mother of such child shall become the duty of the person above required, and shall give information thereof immediately. In case the birth of any child occurs without the attendance of a physician or midwife, the person above required, and shall report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1890-001834

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 21121

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex. (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	April 25-11
4. Place of Birth, (Street and Number)	1432 Battery ave.
5. Full Name of Mother.	Rosa Wagner
6. Mother's Maiden Name	" Mayer
7. Mother's Birthplace	Balto.
8. Full Name of Father.	Fred Wagner
9. Father's Occupation.	Letter carrier
10. Father's Birthplace.	Balto.
Name of Medical Attendant, or other Person who makes this Return	E. L. Brandenburg
Address	614 E. Pace st.
Remarks.	

1 & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 21139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth.	April 26th 1890
4. Place of Birth. (Street and Number)	1608 Eutaw Place
5. Full Name of Mother.	Augusta Sonnborn
6. Mother's Maiden Name.	Sonnborn
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Sonnborn
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	S. W. Sedwick M. D.
Address.	1301 E. Eager St
Remarks,	

1890 - 001036

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and thirtieth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwife, the duty of the person or parents of such attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

MAY

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 21133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner [illegible] or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, [illegible] within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MAY 6 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 559 N. Gay St

4. Place of Birth, (Street and Number) 26 April

5. Full Name of Mother, Fannie Hamburger

6. Mother's Maiden Name, Heimburger

7. Mother's Birthplace, Balto

8. Full Name of Father, Adolph Hamburger

9. Father's Occupation, Shoe

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ullrig

Address, 809 N. Gay St [illegible]

Remarks, 1890-001837

RETURN OF A BIRTH A 21134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race).	Black
3. Date of Birth,	April 20 1890
4. Place of Birth (Street and Number),	# 702 Bull Alley
5. Full Name of Mother,	Alexander Snowden
6. Mother's Maiden Name,	Alexander Snowden
7. Mother's Birthplace,	Anne Arundel Co Md
8. Full Name of Father,	Willard Snowden
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Anne Arundel Co Md
Name of Medical Attendant, or other person who makes this Return.	Chas. M. Heppe M.D.
Address,	1 S. E. Monument St.
Remarks,	

1890 ~ 001838

Formed, the sex, color, the full name and occupation of its parents, the time and place of birth; and the said schedule shall be signed by the physician or midwife, or should no other person reside in the house at the time of such birth, by the householder. It shall be the duty of every physician or midwife in attendance upon any case of birth to report the birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Guggenheimer, Weil & Co., City Printers and Stationers.

RETURN OF A BIRTH A. 711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Mut
3. Date of Birth,	April 26 1890
4. Place of Birth, (Street and Number)	1926 Division St
5. Full Name of Mother,	Maggie Garrett
6. Mother's Maiden Name,	Rixse
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Chas Garrett
9. Father's Occupation,	Milk Dealer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas E Watts MD
Address,	2009 Druid Hill Ave
Remarks,	

1890 00 1839

...ments as said set forth as far as the same can be ascertained; the full name of each child of any child-bearing woman to whom he may render professional service in any case of delivery, the sex, color, the full name and occupation of such parents, the usual place of birth, and the number of children born to such parents, the date of birth of each child, and the number (if any) born before the birth of any child then living, and the number (if any) born before the birth of any child then dead; and shall, within the first and third day of each and every month, deliver or cause to be delivered at the office of the Commissioner of Health a return of every birth at which he may have been in attendance as a physician or practitioner of the healing art, or as a person to assist the parents of such child to report its birth to the Commissioner of Health, which return shall contain the information required, and all the particulars of such birth as are within the knowledge of such person, and within the period above required, and also notice upon the mother, immediately thereafter, if such person be present at the birth, of the duty of such mother to report the birth to the Commissioner of Health; and any such person who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 21136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 26/90
4. Place of Birth, (Street and Number) 622 W Lombard St
5. Full Name of Mother, Emma Gibson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father, Not Known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Dr Ebaugh

Address, 622 W Lombard St

Remarks,

1890 001840

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SEC. 24. And be it further enacted, That the name can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of any city or county where there is no such officer, or where no other person shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 21137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Apr. 26. 1890.
4. *Place of Birth, (Street and Number)* Maternité 115 N. Lombard St.
5. *Full Name of Mother,* Maggie Baker.
6. *Mother's Maiden Name,* Maggie Baker.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. Samuel H. Allen M.D.

Address, 115 Lombard St.

Remarks, —

EXD-00184-1

more, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, his sex, color, the full name and occupation of its parents, the date and place of birth; and the said knowledge and information shall be delivered by the person or persons required to give the first certificate of the birth of each child born alive and delivered on his premises, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the particulars required in this section to the Commissioner of Health; and any such person or persons who shall hereafter fail to report as aforesaid, or who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 2 1890 BALTIMORE.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, April 26 1890
4. *Place of Birth*, (*Street and Number*) 119 N. Spring St.
5. *Full Name of Mother*, Mary Conlin
6. *Mother's Maiden Name*, Mc Gowen
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, John Conlin
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Neill

Address, 1427 E. Hull St.

Remarks,

1890-[illegible]01842

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. Gallary & Co., City Printers and Engravers

RETURN OF A BIRTH A. 71139.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26 9
4. Place of Birth, (Street and Number) 1522 Battery Ave
5. Full Name of Mother, Alice Trauty
6. Mother's Maiden Name, Webb
7. Mother's Birthplace, City
8. Full Name of Father, Geo. Trauty
9. Father's Occupation, Merchant
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, E. D. Ellis M. D.

Address, 915 Light st.

Remarks, Child in 1st (Vertex) position; ext. rotation to Left.

Duration of Labor 5 hrs 0 min 2d stage 30 min.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the officer of the Commissioner of Health, who may from time to time be designated and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person other than attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 21140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 26th 1890
4. Place of Birth, (Street and Number)	932 Jenore St
5. Full Name of Mother,	Annie E. Brown
6. Mother's Maiden Name,	Annie E. Zimmerman
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Henry Brown
9. Father's Occupation,	Cigar Maker
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Bappelbon St
Remarks,	

1890-001844

MAY 1 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Upon the receipt of the blank, the name can be ascertained, the full name of each child, if any shall have been given, and the information required by this return, the date and place of birth, and the said schedule shall be delivered daily, at the office of the Commissioner of Health, or should no other person be in attendance at a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th A 21141

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, (Sept 27th 1890
4. Place of Birth, (Street and Number) 2012 Fair mt ave
5. Full Name of Mother, Rebecca Woolfolk
6. Mother's Maiden Name, Morris
7. Mother's Birthplace, New York
8. Full Name of Father, Benj F. Woolfolk
9. Father's Occupation, Ship Joiner
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. E. P. Irons M.D.

Address. 1835 E. Balto. St.

Remarks,

890-G01845

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the said information shall devolve upon the mother. Immediately thereafter it shall become the duty of the said person to report such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 21127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	27, Apl, 1890
4. *Place of Birth, (Street and Number)*	214 S. Washington
5. *Full Name of Mother,*	Lavinia Lee Heller
6. *Mother's Maiden Name,*	Diggs
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Adam Heller
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	E. F. Burns M.D.
Address,	1835 E. Baltimore St
Remarks,	

1890 - 001846

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and the like return of any child shall occur without medical attendance, the same shall be returned within the like period by the parents of such child; and the father, mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid, with the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 211 43

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Apr. 27. 1890.
4. Place of Birth, (Street and Number) Maternité, 115 N. Lombard St.
5. Full Name of Mother, Liggie Ryan
6. Mother's Maiden Name, —
7. Mother's Birthplace, Ireland.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. Samuel H. Allen, M.D.

Address, 115 N. Lombard St.

Remarks, Child weak not fully developed.

5 9 0 - 0 1 8 4 7

MAY 1890

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance of a practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 21147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 27 April

4. Place of Birth, (Street and Number) 504 N Paca St

5. Full Name of Mother, Mary Francis Schmus

6. Mother's Maiden Name, Mary Francis Schive

7. Mother's Birthplace, Baltimore

8. Full Name of Father. John J. Schmus

9. Father's Occupation. Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendent, or other person who makes this Return, Mrs M. Maume Midwife

Address, 923 Penna Ave

Remarks,

1 8 9 0 2 0 0 1 8 4 8

This is to certify that I have carefully examined the contents of the above certificate, and that the same is correct and true to the best of my knowledge and belief. And I do hereby solemnly swear that the date and place of birth, and the sex, color, the full name and occupation of the parents, as stated in the above certificate, have been furnished to me by the person in the form of a certificate between the first and second asterisks, and that I have delivered said certificate to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person or persons in attendance upon the mother immediately thereafter fail to make the return required, and the Commissioner of Health shall certify to the same in the manner and within the period above required, and such child or parents, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SIG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 21146

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	First
1. Sex. (state whether male or female)	Male
2. Race or Color. (if not of the white race)	White
3. Date of Birth.	April 27th 1895
4. Place of Birth. (Street and Number)	1308 E. Eutaw Pl.
5. Full Name of Mother.	Adelia Bunce
6. Mother's Maiden Name.	Adelia Jenkins
7. Mother's Birthplace.	Baltimore City
8. Full Name of Father.	Thos. O. Bunce
9. Father's Occupation.	Brick Layer
10. Father's Birthplace.	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	A. G. Watson
Address.	1301 E. Central Ave.
Remarks.	

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of such mother born alive, the sex, color, the full name and residence of the parents, the date and place of birth of such child, and such other facts as may be required by said Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a midwife, or in case the midwife or other person be unable to answer any question upon the matters hereinbefore referred to, the mother, immediately after the expiration of ten days, shall make return of such case to the Board of Health, in the manner and with the particulars required, except in the case of the death and burial of premature children, and any person or persons who shall neglect to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...T & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 21146

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 27
4. Place of Birth (Street and Number)	818 N Carrollton Av
5. Full Name of Mother	Mary Hudgins Bay
6. Mother's Maiden Name	Mary Hudgins
7. Mother's Birthplace	Baltmd
8. Full Name of Father	James H Bay
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltmd
Name of Medical Attendant, or other Person who makes this Return.	Robt K Knaus
Address	1200 W Fayette St
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1890-001850

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 27 April

4. Place of Birth, (Street and Number) 17 S Eden St

5. Full Name of Mother, Rosa Bandy Claus
   Lunzler

6. Mother's Maiden Name,

7. Mother's Birthplace, Bato

8. Full Name of Father, Jacob Bandy Claus

9. Father's Occupation, Laborer

10. Father's Birthplace, Bato

Name of Medical Attendant, or other person who makes this Return, Mrs R Claus

Address, 1302 Aisquith

Remarks,

1890 - 01851

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. April 28th 1890

4. Place of Birth, (Street and Number) 708 E. Eager St.

5. Full Name of Mother. Mary E. Kearney

6. Mother's Maiden Name. Mary E. Kearney

7. Mother's Birthplace. Baltimore City Md.

8. Full Name of Father. Dennis Kearney

9. Father's Occupation. Porter

10. Father's Birthplace. Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. R. G. Watson

Address. 1301 N. Central Ave

Remarks.

1 5 3 2 - 0 2 1 9 5 2

any name shall have been overlooked, he or she shall be subject to a fine of ten dollars for each and every such omission or neglect. Each and every birth of a child, whether born alive or dead, shall be registered, and a certificate, as herein required, made for the same, whether the child be born in wedlock or out of it, and whether the parents, or either of them, be citizens or aliens, or whether the child be white or of color. In the case of a birth occurring in a hospital, or other institution, the physician, or midwife in attendance, shall make the certificate required by this section, and in the case of a birth occurring elsewhere than in a hospital or other institution, the certificate shall be made by the physician, midwife, or other person in attendance at the birth, and in the absence of such attendance, by the householder of the district in which the birth occurs. Any person who shall neglect or refuse to make the certificate required by this section within the period above required, except as to the cases of the birth, and death of children, and stillborn children, mentioned in the next section, shall forfeit for each offense the sum of ten dollars, to be recovered as other fines and penalties are recoverable.

T 4 ... CITY PRINTER AND STATIONER.

RETURN OF A BIRTH. A 21149

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 28th 1899
4. Place of Birth (Street and Number)	321 Rhenard St
5. Full Name of Mother	Sarah Elizabeth Munroe
6. Mother's Maiden Name	" Wans
7. Mother's Birthplace	Somerset Co. Md
8. Full Name of Father	Charles Munroe
9. Father's Occupation	Driver & Seamless Wagon
10. Father's Birthplace	St Marys Co Md
Name of Medical Attendant, or other Person who makes this Return.	W. Winsey M.D
Address	1220 - E. Fayette St
Remarks	Twelve births. child large. birth living and considered without fractures. Placenta large & thick 5 lbs. Uterus large

Filed at the birth of my child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

A 21150

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 28th, 1890.
4. Place of Birth (Street and Number)	212 N. Chester St.
5. Full Name of Mother	Mary D. Mills.
6. Mother's Maiden Name	Mary Desmond.
7. Mother's Birthplace	City.
8. Full Name of Father	Asbury Mills.
9 Father's Occupation	Ex Captain & Agent Police.
10. Father's Birthplace	City.
Name of Medical Attendant, or other Person who makes this Return.	Dr. Ed. McCandlish
Address	702 Park Ave.
Remarks	Perfectly Natural.

1890-001854

Reverse of the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 2115

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	April 27th 90.
4. Place of Birth, (Street and Number)	1612 Willement St.
Full Name of Mother,	H. Lohmann
Mother's Maiden Name,	H. Bittinger
7. Mother's Birthplace,	Germany
8. Full Name of Father,	L. Lohmann
9. Father's Occupation,	Engener.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	M. D. Buck
Address,	1215 E. Monument St. cor Eutaw Ave
Remarks,	Well.

1890 - 001855

MAY 8 1890 BIRTH

Sec. 4. Be it further ordained, That the name, occupation of its parents, the date and place of birth; and the said schedule shall be delivered, filled up in the manner and within the period above required, and child to report its birth to the Commissioner of Health. In case the birth of any child shall not be reported within the time above required, the duty of the person or parents of such attendance upon the mother. Immediately thereafter, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to perform the duties required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. BALAMY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 21157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 28 of [illegible] 1870
4. Place of Birth, (Street and Number) 611 N. Stevenson Alley
5. Full Name of Mother, Sue E. Caskey
6. Mother's Maiden Name, Sue E. Sparks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Caskey
9. Father's Occupation, Boilmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. R. Caskey

Address, 213 N. Stricker St

Remarks, Doing Well

1890-001856

...ts sex, color, the full name and occupation of its parents, the date and ...ace of birth of each child, if any shall have ...ceased to exist since the last preceding return, and the date of ...ch death, between the first and ...said schedule shall be delivered, duly signed by the physician or ...ctitioner of midwifery, to the Commissioner of Health. In case the birth of any child ...third day of such month, every physician or practitioner of midwifery, or should no other person be in ...ttendance upon the mother, immediately thereafter. It shall become the duty of the person who ...ll such return, and every such return shall contain the certificate of the person who is required, and ...child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be sub...any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be sub...jected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SLAUGHT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 23/1890.
4. Place of Birth, (Street and Number)	145 W. Ell St.
5. Full Name of Mother,	M. Bonds.
6. Mother's Maiden Name,	M. Hasabank
7. Mother's Birthplace,	Balto
8. Full Name of Father,	J. H. Bonds.
9. Father's Occupation,	Bookkeeper.
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	H. J. A. Bibb.
Address,	245 E. Monument St. No. Central Ave
Remarks,	All Well.

T 590 - 001857

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within th[illegible] above required, and any such person or persons who shall hereafter fail to comply with the provi[illegible] shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other [illegible] verable.

MAY 5 1890 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 23/90
4. *Place of Birth, (Street and Number)* No 402 S. Patterson P. St
5. *Full Name of Mother,* Maggie Wagner
6. *Mother's Maiden Name,* Starr
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Wagner
9. *Father's Occupation,* Fruit Packer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. [illegible] Kraft X

Address, No 405 S. [illegible]

Remarks,

1890-001353

J. S. BULAGY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Tenth
1. *Sex,* (state whether male or female)	Male
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	April the 28th
4. *Place of Birth,* (Street and Number)	No 407 Lee
5. *Full Name of Mother,*	Lelna Teves
6. *Mother's Maiden Name,*	Lelna Schnepfinger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry L Teves
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Catherine Reynolds
Address,	800 Bradenhall St
Remarks,	

1890 - 001859

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 2115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 28 - 90
4. Place of Birth, (Street and Number) 1016 N. Broadway
5. Full Name of Mother, Laura . Taylor
6. Mother's Maiden Name, " Bisco
7. Mother's Birthplace, Va
8. Full Name of Father, Clifton Taylor
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonough St

Remarks,

+ 8 9 0 - 0 0 1 8 6 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if none of either be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. S. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	April 28 90
4.	*Place of Birth, (Street and Number)*	929 N. Wolfe St
5.	*Full Name of Mother,*	Elizabeth Mueller
6.	*Mother's Maiden Name,*	" Abendschein
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Frederick Mueller
9.	*Father's Occupation,*	Cigar maker
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
	Address,	912 McElderry St
	Remarks,	

890-001861

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 211 5

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 28th 1870

4. Place of Birth, (Street and Number) 1805 Division St

5. Full Name of Mother, Mrs. Mary A. Shea.

6. Mother's Maiden Name,

7. Mother's Birthplace, Maryland

8. Full Name of Father, John F. Shea.

9. Father's Occupation, U. S. Official

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return Dr. Thomas J. Thomas

Address, 1805 Division St.

Remarks,

1900-001862

...CH., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 21139.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 28 Apr 1890
4. Place of Birth, (Street and Number) 274 S. Washington
5. Full Name of Mother, Ida M Auld
6. Mother's Maiden Name, Black
7. Mother's Birthplace, City
8. Full Name of Father, Benjamin F Auld
9. Father's Occupation, Clerk
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. E. L. Brown M.D.

Address, 1835 E. Balto St.

Remarks.

1890 - 001863

shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period last specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 21160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 28th 1890
4. Place of Birth, (Street and Number) 622 W. Lombard St
5. Full Name of Mother, Mary Wells
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father, Not Known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Dr Edmunds

Address, 622

Remarks,

E 90-001364

RECEIVED MAY 5 1890 REGISTRAR'S OFFICE BALTIMORE CITY

...shall give its sex, color, the full name and occupation of its parents, the date and place of birth, and the name, residence and occupation of the informant, in the form of a certificate between the first and third day of each and every month, and shall make a return of the particulars of such certificate to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by this section to report its birth, it shall become the duty of the mother, immediately thereafter, to make such report within the period above required, and any such person or persons who shall have neglected to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

GEO. J. O. GILDAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th A. M. C.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 29th 1870
4. *Place of Birth, (Street and Number)*	27 S. Caroline St
5. *Full Name of Mother,*	Anna Stemple
6. *Mother's Maiden Name,*	" Schorning
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Timothy Stemple
9. *Father's Occupation,*	Brewer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	Co. 1 No. Fitman M.D.
Address,	
Remarks.	

"Born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1870 - 001865

RETURN OF A BIRTH A 2167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 29 1890
4. *Place of Birth, (Street and Number)*	506 Central Ave
5. *Full Name of Mother,*	Sophia Itzel
6. *Mother's Maiden Name,*	Enaking
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Charles Itzel
9. *Father's Occupation,*	Letter carrier
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1605 Walker Str.
Remarks,	

1890 00 1866

Said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and the fifth day of each month to the officer or Commissioner of Health, if such there be, and if not to said officer without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. GALAHY & CO., CITY PRINTERS AND STATIONERS

over)

RETURN OF A BIRTH A 21 60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: John A. Kramer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 9 & 10 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, the 24 of April 1890
4. Place of Birth, (Street and Number) No 1309 Hollins St
5. Full Name of Mother, Mary Kramer
6. Mother's Maiden Name, Mary Sagler
7. Mother's Birthplace, Maryland
8. Full Name of Father, Conrad Kramer
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm. Chi. Sauer

Address, No 10 S. Harrison St

Remarks, Bal. Md.

1890 - 001867 96

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the actual place of birth, and the same shall be delivered within the time prescribed by section 4 of this act; and every such practitioner who shall neglect for the space of ten days after the birth of any child to report the same to the Commissioner of Health, in the manner and with the particulars required by this act, shall forfeit and pay for each offense the sum of ten dollars; and every such practitioner who shall neglect for the space of ten days after the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, immediately thereafter, it shall become the duty of the person or parents of such child, if living with them, to report the particulars of such birth, in the manner and within the time prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 21162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Apr 24th 90
4. Place of Birth (Street and Number),	1221 Eden St.
5. Full Name of Mother,	Mrs Mary Donegan
6. Mother's Maiden Name,	Collins
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Owen Donegan
9. Father's Occupation,	Cutter
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Dr. Jos. Bonaparte Bayle
Address,	1001 N. Eden St.
Remarks,	

E 90-001869

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 21163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race)
4. Date of Birth, 4/29-L/90
5. Place of Birth, (Street and Number) 113 W Lagmden st
6. Full Name of Mother, Louisa L Sandaal
7. Mother's Maiden Name, " " Goehle
8. Mother's Birthplace, Balto
9. Full Name of Father, Wm H Sandaal
10. Father's Occupation, Tobacconist
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Meinch

Address, S W Cor Leadenhall & Montgomery sts

Remarks,

T 1890 - 001869

said selectmen shall be liable, etc. [illegible] the name and occupation [illegible] the date and place of birth, and the third day of each and every month thereafter, duly signed by the [illegible] shall occur without the attendance of a physician [illegible] attendance upon the mother, immediately thereafter, [illegible] duty of the [illegible] to report to the Commissioner of Health [illegible] any such person or persons shall fail to comply with the [illegible] jected to the fine of ten (10) dollars for each offense, to be [illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 21166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Raymond Etheridge

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29th 9 35 A M. 1890
4. Place of Birth, (Street and Number) 22 S. Broadway
5. Full Name of Mother, Cora R. Etheridge
6. Mother's Maiden Name, C. R. Allen
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wm Chas Etheridge
9. Father's Occupation, Dentist
10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M D

Address, 1701 E Baltimore St

Remarks,

E 80-00 1870

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother or nurse of such child to report said birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...urnish & Co., City Printers and Stationers.

RETURN OF A BIRTH A 21167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex (state whether male or female),*	Female.
2. *Race or Color (if not of the white race),*	White.
3. *Date of Birth,*	April 27, 90.
4. *Place of Birth (Street and Number),*	2416 Oak st.
5. *Full Name of Mother,*	Mary E. McForbes.
6. *Mother's Maiden Name,*	" " Means.
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Eugene McC. Forbes.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Va.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	295 Chestnut ave.
Remarks,	

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the mother of such child be unable to report its birth to the Commissioner of Health, the owner or agent of the premises where such birth occurs shall report its birth to him. Immediately thereafter the Commissioner shall cause a registration to be made of the same, and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Times Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A. 21168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	29th Apr. 1890
4. *Place of Birth, (Street and Number)*	1324 W. Lombard St.
5. *Full Name of Mother,*	Lilly E. Waters
6. *Mother's Maiden Name,*	Schreyer
7. *Mother's Birthplace,*	Washington, D.C.
8. *Full Name of Father,*	Charles Monroe Waters
9. *Father's Occupation,*	Street Car Conductor
10. *Father's Birthplace,*	Carroll Co.
Name of Medical Attendant, or other person who makes this Return.	John Hood, M.D.
Address,	1137 Harlem Av.
Remarks,	mother presentation, Fem leader

890-001872

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

said domicile shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the tenth day of each and every month to the office of the Commissioner of Health, at which office a receipt for such certificate will be given; and no other person be in attendance upon the mother. Commissioner of Health, in the manner and within the period above required, and shall secure without the attendance of a physician or midwife at the birth of such child, and the person or persons who shall hereafter fail to comply with the provisions of this section will be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NAME ADDED 7-6-55

RETURN OF A BIRTH A 21169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 29, 1890.
4. Place of Birth, (Street and Number)	341 S. Calhoun.
5. Full Name of Mother,	Elizabeth Trenkle
6. Mother's Maiden Name,	Elizabeth Sammwald
7. Mother's Birthplace,	Balto. City
8. Full Name of Father,	John M. Trenkle
9. Father's Occupation,	Carter
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return.	G. W. Slater, M.D.
Address,	1637 W. Fayette St
Remarks,	Balto.

1890-001873

and scientific skill be delivered. duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur upon the mother immediately before leaving the city, or within ten days thereafter, and in all other cases upon the mother immediately before leaving the city, or within ten days thereafter, it shall be the duty of the person in charge of the house in which the birth occurs, or the nearest relative present at the birth, or the undertaker who shall be employed to bury the child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MAY 1910

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 21170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	April 29. th 1870.
4. Place of Birth (Street and Number),	23 S. Bond St.
5. Full Name of Mother,	Sarah Elizabeth
6. Mother's Maiden Name,	" Parker
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Joseph Elizabeth
9. Father's Occupation,	Sailor
10. Father's Birthplace,	Maryland.
Name of Medical Attendant, or other person who makes this Return.	L. F. Cookman,
Address,	4 S. Broadway.
Remarks,	

1890-001074

shall be delivered, duly signed by the practitioner in the case of a confinement between the first and thirty-first day of each month, to the office of the Commissioner of Health, in case no birth of any child shall have occurred during the month next preceding the date of such delivery; and every practitioner who shall neglect to report the birth to the aforesaid office, or who shall wilfully or carelessly make a false report of any birth, shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable.

tin e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 21171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 C.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 29 th 90
4. Place of Birth, (Street and Number) # 1753 W. Pratt St.
5. Full Name of Mother, Sarah Burns
6. Mother's Maiden Name, " Hisley
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John H. Burns
9. Father's Occupation, Police Officer.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, # 106 S. Monroe St.

Remarks,

1890-001875

and schedule shall be delivered, duly signed by the [illegible] to the office of the Commissioner in the form of a certificate between the [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or midwife, or should no one of the [illegible] attend to report its birth to the Commissioner of Health, [illegible] and within the period aforesaid any such person or persons who shall [illegible] with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

BALTIMORE

GEO. A. O. DULANY & CO., CITY PRINTERS AND STATIONERS

MAIDEN NAME ADDED 7-11-50

RETURN OF A BIRTH A 21172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Beulah M. Coram

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 29th 90
4. Place of Birth, (Street and Number) #117 S. Monroe St.
5. Full Name of Mother, Sarah S. Coram
6. Mother's Maiden Name, " " Richter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph V. Coram
9. Father's Occupation, Moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Annie L. Jones

Address, #106 S Monroe St.

Remarks,

C 90-001876

[illegible] J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A.211[illegible]
1. Sex. (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	April 29th
4. Place of Birth, (Street and Number)	502 Lanvale St.
5. Full Name of Mother.	Portia White
6. Mother's Maiden Name.	" Sandolat
7. Mother's Birthplace.	Haiti
8. Full Name of Father.	Emmanuel C. White
9. Father's Occupation.	Barber Trader
10. Father's Birthplace.	W. I. Haiti
Name of Medical Attendant. or other Person who makes this Return	J. L. Embleton
Address.	118 E. Pratt St.
Remarks.	

E70-001877

...CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 21174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 29/1890
4. Place of Birth, (Street and Number)	1245 Linwood St.
5. Full Name of Mother,	Kate Ring
6. Mother's Maiden Name,	Kate Mulligan
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	John Ring
9. Father's Occupation,	Car driver
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Wm A Bantz
Address,	1245 E. Linwood St. cor Central Ave.
Remarks,	Fil Still

T 890 - 001870

said return shall be delivered, duly signed by the person or one of the persons required to make the same, at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, within the period above prescribed, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-10-55

RETURN OF A BIRTH A 21175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louise Clara Strahler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29 1895
4. Place of Birth, (Street and Number) Catalpa Court 1046 Baltimore
5. Full Name of Mother, Mary Carrie Strahler
6. Mother's Maiden Name, Mary Carrie Bires
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles Strahler
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

T 6 9 0 - 0 0 1 8 7 9

and otherwise shall be delivered duly signed, (section 10 of its Parents, the date and place of birth; and the name, age and residence of the Informant, to the office of the Registrar of Vital Statistics within the first and third day of each and every month to the office of the Commissioner of Health. If such birth or death shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29 ~~March~~ 1890
4. Place of Birth, (Street and Number) 232 S. Carey St.
5. Full Name of Mother, Susian Lehm
6. Mother's Maiden Name, Susian Kid
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Lehman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. R. Easley

Address, 213 S. Heath St.

Remarks, Caring Well.

+ 890 - 001800

and every such physician or midwife who shall neglect or refuse to make such return, or to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. HELAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the midwife or in Person, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, within ten days thereafter, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 29th ~~October~~ 1890
4. Place of Birth, (Street and Number)	34 W Generette St
5. Full Name of Mother,	Jennie Snow
6. Mother's Maiden Name,	Jennie Smith
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Edgar Snow
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Snow Hill ~~Baltimore~~
Name of Medical Attendant, or other person who makes this Return,	M. R. Leasley
Address,	213 S Sneath St.
Remarks,	Twin Well

1890-001881

HEALTH DEPARTMENT RECEIVED MAY 8 1890

... J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 21178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 5 1899 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 1898

4. Place of Birth, (Street and Number) No 310 S. Eden St.

5. Full Name of Mother, Minnie Hudson Stettin

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Hudson

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 703 S. Washington St

Remarks,

1590 - 10182

And schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother or child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines are recoverable.

GEO. A. S. CRAMP & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 71179.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 30 1900

4. Place of Birth, (Street and Number) 1162 16 Fombard St.

5. Full Name of Mother, Minnie Schäfer

6. Mother's Maiden Name, Greenwald

7. Mother's Birthplace, Germany

8. Full Name of Father, Adolf Schäfer

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm. Louis Hunter

Address, 1403 N. Washington St.

Remarks,

T 890 - 001883

MAY 3 1900

REGISTRAR

said schedule shall be delivered, duly filled out, signed by the practitioner in charge, or other person present at the birth, and the date and place of birth; and the third day of each and every month it shall be the duty of each practitioner in charge of a case of confinement to which he has been in attendance, and of each person present at such birth other than a physician or professional nurse, to make a return to the Commissioner of Health of the birth of any child attended or present at such birth, and if no physician or professional nurse was present at the birth of any child born in this City, then it shall be the duty of the parent or parents of such child to report the birth to the Commissioner of Health, and the Commissioner of Health shall not issue a certificate of birth upon or parents of such any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, as other fines are recoverable.

GEO. A. S. DELANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (state whether male or female)
3. Race or Color, (if not of the white race) Black
4. Date of Birth, April 20th
5. Place of Birth, (Street and Number) # 1217 Shields alley
6. Full Name of Mother, Gertrude Roberts
7. Mother's Maiden Name, " Smith
8. Mother's Birthplace, Charlestown W. Va
9. Full Name of Father, Geo Roberts
10. Father's Occupation, Waiter
11. Father's Birthplace, Charlestown W. Va

Name of Medical Attendant, or other person who makes this Return. John L. Huck

Address, # 644 W. Townsend St.

Remarks,

1890 D 01683

said schedule shall be delivered, duly signed by the practitioner in attendance, to the Registrar of Births; and the Registrar shall cause to be delivered to the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge of the house in which such birth occurs, or the parent or other person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as the penalties and forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James Christopher Haas

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2nd	A 71181
1. Sex. (state whether male or female)	Male	
2. Race or Color. (if not of the white race)	White	
3. Date of Birth.	April 30 1890	
4. Place of Birth. (Street and Number)	924 Ridgely St	
5. Full Name of Mother.	Mollie E Haas	
6. Mother's Maiden Name.	Mollie E. Kuhn	
7. Mother's Birthplace.	Hagerstown	Md
8. Full Name of Father.	Louis Haas	
9. Father's Occupation.	Piano Maker	
10. Father's Birthplace,	Baltimore	Md
Name of Medical Attendant, or other Person who makes this Return	Dr Geo Schaefer	
Address.	13 E Lexington St	
Remarks,		

1590-001885

Blanks to be filled, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate herein, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth. In the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the same shall be reported by the parent, householder, or other person having knowledge of the facts, and in case there should be no other person to be attended, then the same shall be reported by the person in charge of the premises where the birth occurred, within ten days after the birth, to the Board of Health, in the manner and form of the certificate herein required, except in the case of the births and deaths of illegitimate children, and with like penalties for each offence, to be recovered as other debts are recoverable. Any person or persons who shall neglect full to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other debts are recoverable.

...UG., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 21182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 30th 1900.
4. Place of Birth, (Street and Number) 1312 Eutaw Pl.
5. Full Name of Mother, Alice Hall
6. Mother's Maiden Name, Alice McCrotter
7. Mother's Birthplace, Balt City
8. Full Name of Father, Harry Hall
9. Father's Occupation, Drug Clerk
10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return, John F. Hammond M.D.

Address, 2 W. Columbia Street

Remarks,

1900 001806

...ing & Co., City Printers and Stationers.

RETURN OF A BIRTH A 21183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether ~~male~~ or female)

3. Race or Color, (if not of the white race)

3. Date of Birth, 30 April

4. Place of Birth, (Street and Number) 116 Colemans Court

5. Full Name of Mother, Aug Kohl

6. Mother's Maiden Name, Aug Kise

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Kohl

9. Father's Occupation, Kupfer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine A. Monash

Address, 700 Leadenhall St.

Remarks,

600 001387

...third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of birth; and the ...shall occur without the attendance of a physician or midwife, the father, mother, or householder in whose house or tenement the birth shall become ...attendance upon the mother, immediately after the birth, shall report the birth to the Registrar of Vital Statistics, and shall comply with the provisions ...child to report its birth as herein required, and to comply with the provisions of this section within the time specified, shall be guilty of a misdemeanor, and ...jected to the fine of ten (10) dollars for each offense. All penalties and forfeitures are recoverable.

...ORE CITY

...MD. J. C. BALDWIN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 30 – 90
4. *Place of Birth, (Street and Number)*	1104 E. Preston
5. *Full Name of Mother,*	Annie Bell Murphy
6. *Mother's Maiden Name,*	" " Deane
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm C. Murphy
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 N. Broadway
Remarks,	

T 90 - 001888

and schedule shall be delivered, duly signed by the practitioner in the case, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. If such report of the first said shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, or either of them, to report the same within ten days to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1 APR 1890

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 2111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 30th 1890
4. *Place of Birth, (Street and Number)*	1869 Belair Ave. Balt.
5. *Full Name of Mother,*	Maggie Roemer
6. *Mother's Maiden Name,*	Fischer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Conrad Roemer
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Wilhelmine Schmidt
Address,	No. 1859 N. Gay St. City
Remarks,	none

1890 - 001869

MAY 5 1890

said schedule shall be delivered, duly signed and sworn to, by the physician or midwife in attendance, or by the father or mother of such child, or by the householder in whose house the birth occurred, or by the undertaker who shall first be employed after the birth has occurred, within ten days after the birth shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother. Undertakers are hereby forbidden to bury or remove the body of any child for which a certificate of birth has not been filed as above required, and all fees connected with such burial are hereby declared forfeited. And any person who shall refuse or neglect to comply with the provisions of this section shall, for every such refusal or neglect, forfeit to the use of the Commissioners of Baltimore City the sum of ten [10] dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A.211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 30th 1890
4. Place of Birth, (Street and Number) 2518 North Ave. Balt.
5. Full Name of Mother, Lizzie Herrmann
6. Mother's Maiden Name, Krotz
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Edward Herrmann
9. Father's Occupation, Florist
10. Father's Birthplace, France

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 1859 N. Gay St. City

Remarks, none

said schedule shall be delivered, duly signed by the practitioner in the case, the date and place of birth; and the third day of each and every month, all births which may have occurred between the first and shall occur without the attendance of a physician or midwife, of which no other person has child during the month next preceding. And it shall become the duty of any child been informed as aforesaid, to report the same to the Commissioner of Health, in the manner above any such person or persons as aforesaid shall neglect to comply with the provisions of this section, he shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

T 890-021890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 21187

CERTIFICATE CORRECTED 2/23/61

To the Office of Registrar of Vital Statistics, ~~Board of Health~~, Baltimore City.

NAME: AMELIA MADELINE KLAUSMEYER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 30 1870
4. Place of Birth, (Street and Number)	225 S. Bond St
5. Full Name of Mother,	Frances ~~Cunningham~~ KLAUSMEYER
6. Mother's Maiden Name,	Rath
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Emil ~~Cunningham~~ KLAUSMEYER
9. Father's Occupation,	Musician
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1605 Walbrook St
Remarks,	

1870-001891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 21188.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Negro
3. Date of Birth.	Apl. 30/90
4. Place of Birth. (Street and Number)	413 Union Ave.
5. Full Name of Mother.	Lulie Myrick
6. Mother's Maiden Name.	Jones
7. Mother's Birthplace.	N. Ca.
8. Full Name of Father.	Jas. Myrick
9. Father's Occupation.	Waiter
10. Father's Birthplace.	Va.
Name of Medical Attendant. (Other Person who makes this Return)	Jas. M. Craighill
Address.	1720 N. Charles.
Remarks.	

...ince of its birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar of the district, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or other person in attendance, such person shall report the same to the Board of Health, and the parent or parents of such child is required to report its birth to the Board of Health in the manner and within the period above required, except in the case of the Births and deaths of Illegitimate children and such persons or persons as shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 21189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 30th 1890

4. Place of Birth, (Street and Number) 203 E Montgomery St

5. Full Name of Mother, Sarah V Shafer

6. Mother's Maiden Name, " " Dabritt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wellington Shafer

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Address, 914 N Charles St

Remarks,

1890 - 001893

1890 - 001893

said schedule shall be delivered, duly signed by the mother or in her case, as herein provided, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of such child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. O. BELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, A. 21190

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh (7)

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 13 1890
4. Place of Birth, (Street and Number) 212 Monroe St
5. Full Name of Mother Augusta Kirkwood
6. Mother's Maiden Name Schieb
7. Mother's Birthplace Baltimore
8. Full Name of Father William H. Kirkwood
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. H. Lewis M.D.

Address 1209 Pennsylvania

Remarks Childs might 3 lbs.

Premature birth, probably about 8 mo.

1890-021894

Sec. 4. . . . distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 21191.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-1

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 17th
4. Place of Birth, (Street and Number) Baltimore & Patterson Park Avenue No. 415
5. Full Name of Mother, Annie Medlin
6. Mother's Maiden Name, Annie Heckel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Medlin
9. Father's Occupation, Agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Josephine Krueger

Address, No. 234 E. Fayette St. Baltimore 161

Remarks,

C 7 0 - 0 0 1 8 9 5

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required to report the birth as aforesaid, to make a certificate thereof, in conformity with the provisions of this section, and any such person or persons, who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. ELLAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2119

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex,* (state whether male or female)	Female
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth.*	April 17th
4. *Place of Birth,* (Street and Number)	315 Fortieth St
5. *Full Name of Mother.*	Mrs Chas F House
6. *Mother's Maiden Name.*	Emma M Palmer
7. *Mother's Birthplace.*	City
8. *Full Name of Father.*	Chas F House
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace.*	City
Name of Medical Attendant, or other Person who makes this Return	Henry F Hill M D
Address,	1000 E 33d ave
Remarks.	

...n, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

00 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21193

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. ~~May 18~~ April 18th.
4. Place of Birth, (Street and Number) 619 Conway St
5. Full Name of Mother. Emilie C Berry. ~~Rol Pochment~~
6. Mother's Maiden Name, " " Pochment
7. Mother's Birthplace, City
8. Full Name of Father, Ed. H. Berry
9. Father's Occupation, Stone cutter
10. Father's Birthplace. Va

Name of Medical Attendant, or other Person who makes this Return — W H Hill M D

Address, 1107 Edmondson Ave

Remarks,

1890 - 001897

CITY PRINTERS AND STATIONERS

Date, life or death of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH A 71194.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. *Sex, (State whether male or female)*	Female,
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 22nd 1890,
4. *Place of Birth, (Street and Number)*	807 N. Ann st.,
5. *Full Name of Mother,*	Kate Lee Warner,
6. *Mother's Maiden Name,*	Kate Lee Tress,
7. *Mother's Birthplace,*	Balto City,
8. *Full Name of Father,*	Woodward Warner,
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	T. Abbot Co., Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Ziegler, M.D.
Address,	720 N Broadway
Remarks,	

1890-001898

C. GALANTY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 23 th
4. Place of Birth, (Street and Number) Baltimore S. Durham St No 517
5. Full Name of Mother, Lizzie M. ~~Farrell~~ Edelen
6. Mother's Maiden Name, Lizzie M. Farrell
7. Mother's Birthplace, Charles County Maryland
8. Full Name of Father, James A Edelen
9. Father's Occupation, Laborer
10. Father's Birthplace, Charles County Maryland

Name of Medical Attendant, or other person who makes this Return. Josephine Savage

Address, No 2321 E. Fayette St Balt Md

Remarks,

1890-001899

Any day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, as in attendance upon the mother, immediately thereafter, have the same reported, it shall be the duty of such child's parents, or the householder in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

KOLLMYER & SON, CITY PRINTERS AND STATIONERS

A 7196.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, as herein required, and any such person or parents who shall refuse or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (State whether male or female).* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 24th
4. *Place of Birth, (Street and Number)* Baltimore Bedel St No. 2004
5. *Full Name of Mother,* Molly Vincent
6. *Mother's Maiden Name,* Molly Law
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Vincent
9. *Father's Occupation,* Brushmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Josephine Krueger

Address, No 2321 E. Fayette St. Balt. Md.

Remarks,

1870-00-900

J. MURRAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 71197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 27, 1890
4. Place of Birth, (Street and Number) 702 Gorsuch Ave, Annex
5. Full Name of Mother, Virginia A. Holtz Flitton
6. Mother's Maiden Name, Virginia A Holtz
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Charles A. F. Flitton,
9. Father's Occupation, Bank Clerk,
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Dr. L. Rankin, M. D.

Address, 811 Jefferson Ave, Waverly, Md.

Remarks,

1890 - 001901

Any city or county physician, midwife or other person who shall neglect or refuse to report to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the midwife or other person who shall first become the duty of the person or parents of such child to report its birth to the Commissioner of Health, shall, upon conviction thereof, be fined for each offense, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the midwife or other person who shall first become the duty of the person or parents of such child to report its birth to the Commissioner of Health, shall, upon conviction thereof, be fined for each offense, and every month thereafter, until such return is made, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GELSEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 29 — 1890.
4. *Place of Birth, (Street and Number)*	1879 Westfalls Place.
5. *Full Name of Mother,*	Maria Zange
6. *Mother's Maiden Name,*	Bauer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Zange
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Schwasser Midwife.
Address,	1032 Hanover st.
Remarks,	

1890 - 001202

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of a city or town where there is no other person legally required to report the same, then it shall become the duty of the person in charge of the house in which the mother, immediately thereafter, is delivered, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULSBY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, A 21149

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 20th 1890
4. *Place of Birth, (Street and Number)* 1918 Park ave
5. *Full Name of Mother* Roberta L. Dutton
6. *Mother's Maiden Name* " " Barnes
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* David M. Dutton
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. Kneckrow

Address 1406 Linden ave

Remarks _____

If twin or triplet, stating distinctly the date of birth, sex, and color of the child or children born, living or dead, and their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 21200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First (1)
1. Sex, (state whether male or ~~female~~)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 30 1940
4. Place of Birth, (Street and Number)	602 W Lombard
5. Full Name of Mother,	Blanche Obrendorf
6. Mother's Maiden Name,	Blanche B. Bluen
7. Mother's Birthplace,	France
8. Full Name of Father,	David Obrendorf
9. Father's Occupation,	Drummer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	719 W Fayette St
Remarks,	

1940-091984

...shall be delivered, duly signed by the practitioner in the form of a certificate between the ... and the ... day of each month, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period ... shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the ... and the ... day of each month, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period ... shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898, J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 21201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male - WALTER JOSEPH HAYES
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8, 1890.
4. Place of Birth, (Street and Number) 917 W. Mulberry Street
5. Full Name of Mother, Margret C. Hayes
6. Mother's Maiden Name, " " Rice
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Michael J. Hayes
9. Father's Occupation, Clerk
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. G. Lane Taneyhill

Address, 1103 Madison Avenue

Remarks, Instruments and Chloroform: child & mother alive.

1890 - 001905

MAY 25 1890

said scheme shall be delivered, duly signed by the parent, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, in case the birth of any child occur without the attendance of a physician or practitioner of midwifery. In case the birth of any child shall occur where the parents immediately thereafter it shall become the duty of the person next in charge of such child to report its birth to the Commissioner of Health, and within the period above required; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each and every offence, which fines and forfeitures are recoverable.

GEO. J. C. BALDEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

C. 21207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 16. 90
4. Place of Birth, (Street and Number)	1305 Chew St
5. Full Name of Mother,	Clara Fiehl
6. Mother's Maiden Name,	" Tillman
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Jno. H. Fiehl
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Jno. H. Pickel. M. D
Address,	1312 Chew St
Remarks,	

1906

certificate between the first and third day of each and every month to the Office of the Commissioner of Health, over the signature of a Physician or person in charge of such case, and in default of any person who shall neglect or refuse to comply with the duty of the parent or parents of such child, to be in attendance upon the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Kelly & Co., City Printers and Stationers.

RETURN OF A BIRTH A. 2120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 19, 1890
5. Place of Birth, (Street and Number) 1532 Argyle Avenue
6. Full Name of Mother, Annie E. Kraft.
7. Mother's Maiden Name, " " Resch
8. Mother's Birthplace, Maryland
9. Full Name of Father, Walter S. Kraft
10. Father's Occupation, Painter & Glazier
11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Avenue

Remarks, Instrument and chloroform; mother and child doing well.

and each physician shall be delivered, duly signed by the practitioner in charge, the certificate of birth; and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and the fifteenth days of the month following, a return of all births attended by him during the preceding month. In case the attendance upon all the births during any month is not required, or if no births occur, a like return shall be made to that effect. In case the birth of any child attended upon by a physician or practitioner of midwifery as aforesaid is not reported to the Commissioner of Health by the mother of such child within ten days after the birth, it shall become the duty of the physician or practitioner in attendance upon the mother, as the manner and within the period above required, to report the birth to the Commissioner hereafter. It shall be the duty of the physician or practitioner in attendance upon the mother of each child born in the City of Baltimore to report the birth of such child to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,*
4. *Place of Birth (Street and Number),*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Printers and Stationers

Each and every month to the office of the Commissioner of Health, or should no other person be in attendance within ten days after the birth to report the birth to the Commissioner of Health, the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period aforesaid, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 21206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 25 1890.
4. Place of Birth, (Street and Number) 435 E. Fred'k Street
5. Full Name of Mother, Saphronia J. Sterner
6. Mother's Maiden Name, Collett.
7. Mother's Birthplace, Maryland
8. Full Name of Father, Isaac Sterner
9. Father's Occupation, R. R. Engineer
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. G. Lane Taneyhill

Address, 1103 Madison Avenue.

Remarks,

T 2 9 0 - 0 0 1 9 0 9

MAY 1890 BOARD OF HEALTH BALTIMORE

said echelule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, which penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 15 1890

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd & 3rd, Twins
2. Sex, (state whether male or female) Females
3. Race or Color, (if not of the white race) White.
4. Date of Birth, April 28, 1890.
5. Place of Birth, (Street and Number) 125 N. Broadway
6. Full Name of Mother, E. Virginia Gleaner
7. Mother's Maiden Name, Gantz
8. Mother's Birthplace, Pennsylvania
9. Full Name of Father, Robert L Gleaner
10. Father's Occupation, R. R. Engineer
11. Father's Birthplace, Pennsylvania.

Name of Medical Attendant, or other person who makes this Return, G Lane Taneyhill

Address, 1103 Madison Avenue.

Remarks, Twins, first head presentation, second foot presentation: large children during labor

1890 - DD 1910

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Sec. 3. And be it enacted, duty signed by the practitioner in the form of certificate No. 1 [illegible] and the third day of each and every month to the office of the Commissioner of Health, a certificate between the first and attendance upon the mother, immediately after the birth of any child shall occur without the attendance of any physician or practitioner of midwifery, or should the mother of such child or any such person be ill, or from any other cause be unable to make such return, it shall become the duty of [illegible] to make such return, and any such person who shall refuse or neglect to make such return as aforesaid shall be subjected to the fine of ten dollars for each offense, to be recovered as other penalties are recovered. And be it further enacted that all fines and forfeitures [illegible]

RETURN OF A BIRTH A. 21207.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 21st 1890
4. Place of Birth, (Street and Number) 417 Sanderr St
5. Full Name of Mother, Mary Matilda Hampton
6. Mother's Maiden Name, Mary Matilda Corkson
7. Mother's Birthplace, Johnston Co Ind
8. Full Name of Father, Charles Carroll Hampton
9. Father's Occupation, Carpenter
10. Father's Birthplace, Queenscamb Land

Name of Medical Attendant, or other person who makes this Return, Ca Duty

Address, 1127 Light

Remarks, Twinge Well

MAY 15 1890

1890 - 001911

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

third day of each and every month to the office of the Commissioner of Health a certificate between the first and fifteenth days of each month, stating the name, sex, color and date of birth of any child born within the district during the preceding month, and if no birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, to comply with this section shall be subjected to the fine of ten (10) dollars for each offence. Penalties and forfeitures are recoverable.

RETURN OF A BIRTH A 21208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. APR 17 1890 REC'D

N. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 16 April 1890

Place of Birth, (Street and Number) 424 Hughes St

Full Name of Mother, Laura Belvens

6. Mother's Maiden Name, Laura Benson

7. Mother's Birthplace, Prince Geo Co Md

8. Full Name of Father, George John Belvens

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C A Tilley

Address, 1837 Light St

Remarks, Prince Well

1890 - 30712

...ge shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ED. J. C. KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2,1904.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 16th 1870
4. Place of Birth, (Street and Number) ~~Berlin~~ Hudson 1811 Hanover
5. Full Name of Mother, Bertie Kuhn
6. Mother's Maiden Name, Bertie Luber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George H Kuhn
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C A Tully

Address, 1525 Light St

Remarks, Living Well

1 8 0 0 - 0 6 1 0 1 3

Every case of birth must be reported, duly signed by the practitioner in the form of a certificate between the first and third days of the month following the birth. Every midwife, nurse or other person who shall deliver or attend upon any woman in labor shall cause the birth of any child delivered or attended by her to be reported as herein required, and in default thereof shall forfeit and pay a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Every physician, midwife, nurse or other person who shall neglect or refuse to report any birth at which he or she was present or in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. GALAGY & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 1890
4. Place of Birth, (Street and Number) 113 Aliceanna Street City
5. Full Name of Mother, Wilhelmina Bzinski
6. Mother's Maiden Name, Muller
7. Mother's Birthplace, Poland
8. Full Name of Father, Stefan Bzinski
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Marianna Gorka

Address, 116 S. Ann St

Remarks, None

890-019114

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

The Midwife, Physician or other person in attendance upon the mother, immediately after the birth of a child, shall deliver, duly signed by him or her, a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person occupying the house in which the mother resides, to report the birth of the child above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 21211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-7

1. Sex, (state whether male or female) Male and Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th April
4. Place of Birth, (Street and Number) No. 1920 Canton Ave
5. Full Name of Mother, Antonina Martinoska
6. Mother's Maiden Name, Yankulaska
7. Mother's Birthplace, Poland
8. Full Name of Father, John Martinoska
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Martyka

Address, 806 S. Ann St.

Remarks,

DUPLICATE

DEC 01 1915

said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person in charge of the house in which such birth occurs, or in which the mother of such child may be, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BULLARY & CO., CITY PRINTERS AND STATIONERS

[illegible] schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Thursday April 8th 1890

4. Place of Birth, (Street and Number) 1028 Valley St.

5. Full Name of Mother, May P. Voeglein

6. Mother's Maiden Name, May P. Russell

7. Mother's Birthplace, Virginia

8. Full Name of Father, Chas Voeglein

9. Father's Occupation, Travelling Salesman,

10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, Calvert & Preston Sts,

Remarks,

1890-001916

MAY 9 1890 BALTIMORE MD.

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH A21213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 14th - 1890
4. Place of Birth, (Street and Number)	837 Aisquith St
5. Full Name of Mother,	Ella V. Burick
6. Mother's Maiden Name,	Ella V. Strobel
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Chas. W. Burick.
9. Father's Occupation,	Hatter
10. Father's Birthplace,	Balto. Md
Name of Medical Attendant, or other person who makes this Return.	Wilmer Bainter M.D.
Address,	Calvert & Preston Sts
Remarks,	

890 - 01917

GEO. J. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 20th – 1890
4.	*Place of Birth, (Street and Number)*	1311 E. Monument St.
5.	*Full Name of Mother,*	Matilda Seward,
6.	*Mother's Maiden Name,*	Matilda Sherman
7.	*Mother's Birthplace,*	Balto. Md.
8.	*Full Name of Father,*	Wm. W. Seward,
9.	*Father's Occupation,*	Butter Dealer
10.	*Father's Birthplace,*	Balto. Md.
	Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D.
	Address,	Calvert & Preston Sts.
	Remarks,	

C 9 0 0 0 0 1 2 1 B

WM. J. C. MILLER & CO., CITY PRINTERS AND STATIONERS

...shall be delivered, duly signed by the practitioner in the form of a certificate herein provided, and the ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be in ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as aforesaid, and forfeitures are recoverable.

RETURN OF A BIRTH A 912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22nd. 1890
4. Place of Birth, (Street and Number) 1111 E. Pratt St.
5. Full Name of Mother, Clara M. Parsons
6. Mother's Maiden Name, Clara M. Ludwig
7. Mother's Birthplace, York Pa.
8. Full Name of Father, Jas. Parsons
9. Father's Occupation, Furniture Ornamentor
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brenton M.D.

Address, Calvert & Preston Sts.

Remarks,

490-091917

Every birth shall be registered, and a return thereof made in the form of certificate prescribed by the Commissioners of Health, within ten days after the birth, and the attendant upon the mother, immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioners of Health, within the time aforesaid, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] place of birth; and the [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In [illegible] period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH A 2121 G

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED MAY 19 1890 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 26th – 1890

4. Place of Birth, (Street and Number) 928 E. Monument St.

5. Full Name of Mother, Margart A. Flemming

6. Mother's Maiden Name, Margart A. Grove

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, John C. Flemming.

9. Father's Occupation, Travelling Salesman,

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton M.D.

Address, Calvert & Preston Sts.

Remarks,

1890-001920

J. C. Gulany & Co., City Printers and Stationers

RETURN OF A BIRTH A 21217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 28.

4. Place of Birth, (Street and Number) 56 Hanover Lane

5. Full Name of Mother, Mary Wall

6. Mother's Maiden Name, nee Francis

7. Mother's Birthplace, Germany

8. Full Name of Father, Fr. C Wall

9. Father's Occupation, Farmer of Meat

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Geo Hauer

Address, 921 Aisquith

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to report as aforesaid shall be subjected to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

...ker & Co., City Printers and Stationers.

RETURN OF BIRTH

GIVEN [redacted] 8-29-62 [redacted]

A 71918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Leander Dorsey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 29, 1890
4. Place of Birth, (Street and Number) 813 N. Franklin St
5. Full Name of Mother, Nellie Dorsey
6. Mother's Maiden Name, Nellie Bolton
7. Mother's Birthplace, Maryland
8. Full Name of Father, Eugene Dorsey
9. Father's Occupation, Shoe Dealer
10. Father's Birthplace, Montgomery Co.

Name of Medical Attendant, or other person who makes this Return. Hester Hance

Address, 309 Preston Street

Remarks,

MAY 1 1890

1920 - 01922

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21219.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 29th - 1890
4. *Place of Birth, (Street and Number)*	1008 N. Mount St.
5. *Full Name of Mother,*	Linda M. ~~Spies~~ Diggs.
6. *Mother's Maiden Name,*	Linda M. Spies
7. *Mother's Birthplace,*	Harford Co, Md
8. *Full Name of Father,*	Jessie H. Diggs
9. *Father's Occupation,*	Shirt Cutter.
10. *Father's Birthplace,*	B Virginia
Name of Medical Attendant, or other person who makes this Return.	Wilmer Bimton. M.D.
Address,	Calvert & Preston Sts.
Remarks,	

E 10 - 001923

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Births, &c. Each and every birth shall occur without the attendance of a physician or practitioner, it shall be the duty of the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report the birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 19 1890 BALTIMORE MD.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	Sex, (state whether male or female)	Boy
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	April 3. th 1890
4.	Place of Birth, (Street and Number)	1431 N. Bond St.
5.	Full Name of Mother,	Helen N. Buckley
6.	Mother's Maiden Name,	Helen N. Dare,
7.	Mother's Birthplace,	Harford Co. Md
8.	Full Name of Father,	W.J. Buckley
9.	Father's Occupation,	Cab Driver
10.	Father's Birthplace,	Balto Co. Md.
	Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D
	Address,	Calvert & Preston Sts.
	Remarks,	

1890-001924

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 21221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	5 of april
4. Place of Birth, (Street and Number)	vincent alley 1643
5. Full Name of Mother,	Idear Forbs
6. Mother's Maiden Name,	Idear Harkins
7. Mother's Birthplace,	Calvert County MD
8. Full Name of Father,	Bibley Forbs
9. Father's Occupation,	Work at a meat store
10. Father's Birthplace,	Calvert County MD
Name of Medical Attendant, or other person who makes this Return.	Mrs Sarah Williams
Address,	16 10 vincent Avenue
Remarks,	

MAY 8 1925

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 21779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5th 1900.
4. Place of Birth, (Street and Number) #422 Lemmon St.
5. Full Name of Mother, Mary Lang
6. Mother's Maiden Name, Koelker
7. Mother's Birthplace, Germany
8. Full Name of Father, John Lang
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wm. Neal Hagood

Address, #1316 E. Monument St.

Remarks,

HEALTH DEPARTMENT MAY 22 1900 BALTIMORE

U 2 0 - 0 0 1 0 2 6

...shall be delivered duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health, or shall be sent by mail to that office within the same time; and the attendance of a physician or practitioner on the birth of a child shall be deemed sufficient evidence to him of the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19th 1890.
4. Place of Birth, (Street and Number) #424 S. Eutaw St
5. Full Name of Mother, Mary E. Freund
6. Mother's Maiden Name, Yanemaga
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, George A. Freund
9. Father's Occupation, Painter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. Geo. McGuire

Address, #638 W. Lanvale St.

Remarks,

HEALTH DEPARTMENT MAY 22 1890 BALTIMORE

1890 00 01 827

The Law requires that the Certificate of Birth shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, and the Certificate of Death to the undertaker, within three days after the occurrence of the birth or death, and the third day of each and every month to the office of the Commissioner of Health, in the quarter and within the limits of which the birth or death occurs, under the penalty of a fine of ten dollars for each offense. If the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother immediately thereafter shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the quarter and within the limits in which the birth occurs, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. S. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2,224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 22 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 23rd 1900.
4. Place of Birth, (Street and Number) 1706 Freemont St.
5. Full Name of Mother, Ellen Bailey
6. Mother's Maiden Name, Bailey
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Henry Bailey
9. Father's Occupation, Brass Finisher
10. Father's Birthplace, Phila. Pa.

Name of Medical Attendant, or other person who makes this Return, Wm. Geo. Kluge

Address, 1706 Freemont St.

Remarks,

JUN 6 1900

Sec. 4. And be it further enacted, That it shall be the duty of every person having charge of any child required to be registered under the provisions of this act, to report the birth of such child to the office of the Commissioner of Health, or to the Registrar of Vital Statistics, or to such person as may be appointed by the Commissioner of Health to receive such report, within ten days after the birth of such child, and in case the parent or parents of such child shall neglect or refuse to report the birth of such child, as herein required, then it shall be the duty of the person in charge of the house in which such child was born, within ten days after the birth of such child, to report the same to the office of the Commissioner of Health, or to the Registrar of Vital Statistics, or to such person as may be appointed by the Commissioner of Health to receive such report, and in case such person in charge of the house shall neglect or refuse to report the birth of such child, as herein required, then it shall be the duty of the midwife or nurse in attendance upon the mother, immediately thereafter, to report the birth of such child, and in case there shall be no midwife or nurse in attendance upon the mother, immediately thereafter, or should no other person be in charge of the house in which such child was born, then it shall be the duty of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, to report the birth of such child, and in case there shall be no physician or practitioner of midwifery in attendance upon the mother, immediately thereafter, or should no other person be in charge of the house in which such child was born, then it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, or the Registrar of Vital Statistics, or to such person as may be appointed by the Commissioner of Health to receive such report within ten days after the birth of such child; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. April 25th 1890
4. Place of Birth. (Street and Number) 655 N. Lombard
5. Full Name of Mother. Sarah L. Pancoast
6. Mother's Maiden Name. " " Levis
7. Mother's Birthplace. Lansdowne Pa
8. Full Name of Father. Samuel Pancoast
9. Father's Occupation. Salesman
10. Father's Birthplace. Media. Dela Co. Pa

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Benson M.D.

Address.

Remarks.

HEALTH DEPARTMENT MAY 22 90 BALTIMORE

...CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 21126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	11 April 1890
4. Place of Birth, (Street and Number)	1116 Chesapeake St.
5. Full Name of Mother,	Fredrika Heidemeyer
6. Mother's Maiden Name,	Baltimore Md
7. Mother's Birthplace,	Harry Ebermuth
8. Full Name of Father,	Machinist
9. Father's Occupation,	Baltimore Md
10. Father's Birthplace,	E. J. Williams M.D.
Name of Medical Attendant, or other person who makes this Return.	1114 Chesapeake St.
Address,	
Remarks,	

1890 : 001930

FILMED BY THE GENEALOGICAL SOCIETY OF UTAH

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 2122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (stote whether 1st, 2d, 3d, &c.) Four

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white roce),* Coulard
3. *Date of Birth,* April 24 1890
4. *Place of Birth (Street and Number),* West Saratoga St
5. *Full Name of Mother,* Fanny Johnson
6. *Mother's Maiden Name,* Fanny Gatlin
7. *Mother's Birthplace,* Princess Anne Somerset Co MD
8. *Full Name of Father,* William H Johnson
9. *Father's Occupation,* Laboring man
10. *Father's Birthplace,* West River MD

Name of Medical Attendant, or other person who makes this Return. Mrs Ida Jones

Address, West Saratoga St Number 37

Remarks,

JAN 30 1931

each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child of all occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the birth to the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make the report as required in this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 2122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 31 1900

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 11/00

4. Place of Birth, (Street and Number) 705 N. Fayette st.

5. Full Name of Mother, Bertha Penfield

6. Mother's Maiden Name, Moses

7. Mother's Birthplace, Balto.

8. Full Name of Father, Leopold Penfield

9. Father's Occupation, Agent Merchant

10. Father's Birthplace, Austria Poland Russia

Name of Medical Attendant, or other person who makes this Return. Edward P. Davis

Address, 708 Aisquith st

Remarks,

E 90 - 001932

...shall occur without the attendance of a Physician or Midwife, the Occupier of the House or Tenement in which such birth shall occur, or in default thereof, the Parent or Parents of such child, or any other person having knowledge of the facts, shall within the time required, and in the manner hereinbefore directed, give information of such birth to the Registrar, Assistant Registrar or Sub-Registrar of the District in which such birth shall occur, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...and every month to the office of the Commissioner of Health, a certificate between the first and ...tendance at the birth of any child ...which such attendance is required, ...Commissioner of Health, in the manner herein within the time required, and ...

BRO. J. G. GALAXY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 11/90
4. Place of Birth, (Street and Number)	320 Holland
5. Full Name of Mother,	Henrietta Mitnick
6. Mother's Maiden Name,	" Erlanger
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Joseph S. Mitnick
9. Father's Occupation,	Bookkeeper
10. Father's Birthplace,	New York
Name of Medical Attendant, or other person who makes this Return,	Edward McDevitt
Address,	2nd Aisquith-st
Remarks,	

MAY 31 1890

1890-001933

shall refer to the case, and every month to the office of the Commissioner of Health, in the form of a certificate between the first and fifth days of each month, the name of every child born within the city during the preceding month, and the attendance of a physician or practitioner of midwifery. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge of the house in which such birth occurs, or the nearest relative of the person in charge of such child to report its birth to the Commissioner of Health immediately thereafter. It shall become the duty of any such person or persons who shall hereafter fail to report any birth as herein required, within the period above required, and ject to the fine of ten (10) dollars for each offense. (to be recovered as other fines are recoverable.

SEC. 4. D. BALNEY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 4th 1892
4. Place of Birth, (Street and Number) # 1320 Bailey St
5. Full Name of Mother, Mrs Ellen Carrigan
6. Mother's Maiden Name, Ellen Kelleher
7. Mother's Birthplace, County Cork Ireland
8. Full Name of Father, John Kennedy
9. Father's Occupation, R.R. Conductor
10. Father's Birthplace, County Mayo Ireland

Name of Medical Attendant, or other person who makes this Return. Thomas L. Stellings

Address, # 1625 E. Caldwell St

Remarks,

1892-001934

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

© BALTIMORE & OHIO STY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 3

1. Sex, (state whether male or female) Male Child

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 4th 1890

4. Place of Birth, (Street and Number) Hollins St- No 930

5. Full Name of Mother, Rusha Donnelly

6. Mother's Maiden Name, Rusha Morgan

7. Mother's Birthplace, Howard County

8. Full Name of Father, Edward G Donnelly

9. Father's Occupation, Pipe Fitter

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Sebock

Address, Mrs Sebach No 735 West Pratt St

Remarks, all Right and well

1890-001935

BALTIMORE CITY HEALTH DEPARTMENT

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

Every person who shall refuse or neglect to report, as directed by the Health Department in the form of a certificate between the first and second days of each month, the birth of any child born within the city of Baltimore, during the preceding month, or who shall report any false statement concerning the same, shall forfeit and pay for each offence a sum not exceeding one hundred dollars, to be recovered as other fines and forfeitures are recoverable. And every person who shall refuse or neglect to report, as directed by the Health Department, the birth of any child born in any house, tenement or premises within the city of Baltimore, during the preceding month, of which he is the owner, agent or occupant, or which he has under his control, or who shall report any false statement concerning the same, shall forfeit and pay for each offence a sum not exceeding one hundred dollars, to be recovered as other fines and forfeitures are recoverable. And every physician or midwife, or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to make such report, as required by this section shall be subject to the same penalties for such offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 21232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 22nd 1890
4. Place of Birth, (Street and Number)	315 E Fairmount St
5. Full Name of Mother,	Louisa Braxton Boyd
6. Mother's Maiden Name,	Louisa Braxton Cook
7. Mother's Birthplace,	Syracuse, New York
8. Full Name of Father,	Charles Edward Boyd
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore, Md
Name of Medical Attendant, or other person who makes this Return.	Samuel L Staley
Address,	#1625 N. Caroline St
Remarks,	

1890-001936

The day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person giving such attendance upon the mother, immediately thereafter, shall neglect or refuse to report the birth of such child as herein required, the father, mother, or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

KELLY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 21933

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 20
4. *Place of Birth (Street and Number)* 7— [illegible] E, New Fountain Ave.
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* Germany
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

[illegible]

The certificate, stating correctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A. 21234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 26th April
4. Place of Birth, (Street and Number) 1198 N. Getz ave
5. Full Name of Mother, Louisie Straut
6. Mother's Maiden Name, " Whiting
7. Mother's Birthplace, Balto
8. Full Name of Father, Conrad Straut
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm Julia Conway

Address, 420 N. Gay St

Remarks,

T 890-001938

Any person who shall neglect to register the birth of any child born in the city of Baltimore, as required by the ordinance of which this section is a part, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than ten dollars for each offense.

Any physician, midwife or other person who shall attend upon the birth of any child shall cause a certificate thereof to be delivered, duly signed by the practitioner in the form of a certificate below, to the parent or parents of such child, or in case the birth occurs in a hospital or other institution, to the superintendent or other officer thereof, within seven days after the birth of such child, and shall make a return of all births attended by him to the office of the Commissioner of Health, on the first day of each and every month; and in case there is no physician or midwife in attendance upon the birth of any child, the parent or parents of such child, or in case the birth occurs in a hospital or other institution, the superintendent or other officer thereof, shall cause a certificate thereof to be delivered, duly signed by the practitioner in the form of a certificate below, to the parent or parents of such child, within seven days after the birth of such child, and shall make a return of all births attended by him to the office of the Commissioner of Health, on the first day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the birth of any child, the parent or parents of such child shall cause the same to be registered as above provided; and every person who shall become the duty of the person or parents of such child to cause the birth to be registered, and who shall neglect to perform such duty for the space of ten days after the birth occurs, shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Monday 28 April 1890
4. Place of Birth, (Street and Number) Number 424 Pratt St. Ner. Paca
5. Full Name of Mother, Lavine Hohenberger
6. Mother's Maiden Name, Lavine Braun
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Hohenberger
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Seebach

Address, 785 W. Pratt st

Remarks,

HEALTH DEPARTMENT BALTIMORE CITY

third day of each and every month at the office of the Commissioner of Health. In case the birth of any child shall occur while the mother is absent from the city, the father or other person having charge of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 11 - 1890

4. Place of Birth, (Street and Number) 914 Eastern Ave.

5. Full Name of Mother, Bell Gallicka

6. Mother's Maiden Name, Cunningham

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Gallicka

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Gary Stein

Address, 1924 E. Pratt St.

Remarks,

1890 - 1940

third day of each and every month to the office of the Commissioner of Health, a certificate between the first and third day of each and every month to the office of the Commissioner of Health, a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to make such report as herein required, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars, and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense, are reserved as objects and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 21237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) W
3. Date of Birth, 25 April
4. Place of Birth, (Street and Number) 1113 Eason Street
5. Full Name of Mother, Maria Anna Loritz
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Jacques Loritz
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 918 Ethel Ave

Remarks,

1890-001941

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health within ten days after the birth of such child, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. GELANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 21239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6th 1890
4. Place of Birth, (Street and Number) Oliver Place (annex) Hampden
5. Full Name of Mother, Julia Bradley
6. Mother's Maiden Name. " Welsh
7. Mother's Birthplace, Maryland
8. Full Name of Father, Peter Bradley
9. Father's Occupation, Police Officer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Geo H Baines M.D.

Address, 3rd Avenue Hampden

Remarks,

1 E X 0 0 0 3 1 9 4 2

Certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of a birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should the birth be unattended by any person required by this Ordinance to report the same, it shall be the duty of the person or parents of such child, to be attended upon the mother immediately thereafter it shall become the duty of the person or parents of such child, to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A21234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7th 1900
4. Place of Birth, (Street and Number) Jefferson St. 609
5. Full Name of Mother, Maggie Schorn
6. Mother's Maiden Name, Maggie Hedrick
7. Mother's Birthplace, ~~Bay Area~~ Hedrick Bond Co. Ky
8. Full Name of Father, Frank Schorn
9. Father's Occupation, Decorator & Artist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. D H Keith M.D

Address,

Remarks,

1890-001943

Every child shall be delivered, duly signed by the practitioner in the form of a certificate of birth; and the said certificate shall be delivered to the parent or person in charge of the child within the first and third days of each and every month to the office of the Registrar of vital statistics, or should no other person be in charge of the child, then the certificate shall be delivered by the practitioner or midwife, or should no other person be in attendance upon the birth, then the Commissioner of Health, in the manner and form prescribed by him, shall be notified of the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or person in charge of the child shall become the duty of the parent, or person in charge of the child to report the birth to the Commissioner of Health, in the manner and form prescribed by him, and attendance upon the birth, then the Commissioner of Health, in the manner and form prescribed by him, shall be notified of the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or person in charge of the child shall become the duty of the parent, or person in charge of the child to report the birth to the Commissioner of Health, in the manner and form prescribed by him, and all persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT BALTIMORE MD

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 9th 1890
5. Place of Birth, (Street and Number) 2306 N Calvert St
6. Full Name of Mother, Cloey Luckett
7. Mother's Maiden Name, Cloey Funk
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Joseph Luckett
10. Father's Occupation, Book Keeper in Bank
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. P H Keith M D

Address,

Remarks,

1890 - 001944

APR 11 1890 BALTIMORE MD

Every physician or midwife, or other person in attendance upon the mother, immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any person who shall neglect or refuse to comply with the requirements of this section shall be subject to the penalty of the law, and upon conviction thereof shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other debts are recovered in the name of the State of Maryland, for the use of the public.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 5th 1890
4. Place of Birth, (Street and Number) 1303 N Washington
5. Full Name of Mother, Mary Heil
6. Mother's Maiden Name, Leach
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Chas Heil
9. Father's Occupation, Shoe Cutter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Dr. B. Billingslea

Address, 1306 E. Pennsylvania

Remarks,

+ 8 9 0 - 0 0 1 9 4 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the mother of such child to report the birth to the Commissioner of Health. In the manner and within the period above specified. And any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13th 1890
4. Place of Birth, (Street and Number) 2008 Yorkroad
5. Full Name of Mother. Alcesta Sloan
6. Mother's Maiden Name. Alcesta Rictor
7. Mother's Birthplace, Baltimore
8. Full Name of Father. Harry Sloan
9. Father's Occupation. Painter
10. Father's Birthplace, Baltimore Co. Md

Name of Medical Attendant, or other person who makes this Return. P H Reiche M.D.

Address,

Remarks,

1890-001946

RECEIVED JUN 5 1890 REGISTRAR'S OFFICE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24th 1880
4. Place of Birth, (Street and Number) 1800 Hanover Ave
5. Full Name of Mother, Emma Schafer
6. Mother's Maiden Name, Faia Tenhamer
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Geo J. Schafer
9. Father's Occupation, Asst Provision store
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. M. B. Billingslea

Address, 1206 E. Pratt St

Remarks,

1890-001947

Every Physician, Midwife, or other person who shall have attended at the birth of any child, shall, within ten days after the birth, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person in attendance upon the mother, immediately after the birth, become aware that such child has been born, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CH. J. C. KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 21 296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, Apr. 26, 1890
5. Place of Birth, (Street and Number) 1301 E. Pratt St.
6. Full Name of Mother, Hannah Stein
7. Mother's Maiden Name, Hannah Stein
8. Mother's Birthplace, Russia
9. Full Name of Father, Moses Stein
10. Father's Occupation, Grocer
11. Father's Birthplace, Russia.

Name of Medical Attendent, or other person who makes this Return. D. Schwartzman

Address, 19 Albemarle St.

Remarks,

+-5 4 3-0 6 1 2 4 8-

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the premises or plantation of the parent, and the latter be absent at the time, or be a commissioner of insolvency, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 21245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 5 April 30th 1890
4. Place of Birth, (Street and Number) 318 S. High st.
5. Full Name of Mother, Amanda Snieder
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Snieder
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm. A. Bernstein

Address, 122 S. Exeter st.

Remarks,

T 890-001949

Every Physician, Midwife or other person who shall assist at the birth of any child in this City, shall report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within three days thereafter, and every Physician, Midwife or other person who shall assist at the birth of any child which shall occur without the attendance of a Physician, Midwife or other person, shall report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within three days thereafter, and every Physician, Midwife or other person who shall attend on or assist at the birth of any child which shall occur after the passage of this ordinance, shall report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21216

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.),	Margret Bakan
te whether male or female),	Male
Color (if not of the white race),	Colored
Birth,	Born the 11 of April
Birth (Street and Number),	131 Plum alley
e of Mother,	Liyyles Bakan
Maiden Name,	Sarah Baken
Birthplace,	Baltimore
e of Father,	Burl Backan
Occupation,	Laborer
Birthplace,	Baltimore Cyber
Medical Attendant, or other person who makes this Return.	Dorney Johnson

Cross st East

1 8 7 8 - 0 2 1 2 5 0

RETURN OF A BIRTH A 21287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 29th 9.38 A.M. 1890
4. Place of Birth, (Street and Number) 22 S. Broadway
5. Full Name of Mother, Cora R. Eltheridge
6. Mother's Maiden Name, C. R. Allen
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wm H. Eltheridge
9. Father's Occupation, Dentist
10. Father's Birthplace, N York.

Name of Medical Attendant, or other person who makes this Return, James E. Donnelly M.D

Address, 1701 E Baltimore St.

Remarks.

Every person who shall neglect for the space of seven months to file in the office of the Commissioner of Health, in case the birth of a child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the midwife or nurse shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-19-52 A21245

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Charles Bennett Snapp, Jr.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Apl 10 1910
4. Place of Birth, (Street and Number) 223 S. Chicken
5. Full Name of Mother, Elenora Snapp
6. Mother's Maiden Name, Leigh
7. Mother's Birthplace, City
8. Full Name of Father, Chas. B. Snapp
9. Father's Occupation, Painter
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Jno. D. Blake

Address,

Remarks,

[illegible] 1952

[illegible] the practitioner in the form of a certificate between the first [illegible] third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or shall occur in any other place than the usual residence of the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

[illegible] J. D. ENSOR & CO., CITY PRINTERS AND BINDERS

RETURN OF A BIRTH A 21269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) ~~M~~ Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 21st 190
4. Place of Birth, (Street and Number) 657 W Barnes
5. Full Name of Mother, Emma M Riggs
6. Mother's Maiden Name, " " Bucky
7. Mother's Birthplace, Ky
8. Full Name of Father, Chas A Riggs
9. Father's Occupation, Superintendent
10. Father's Birthplace, Ky

Name of Medical Attendant, or other person who makes this Return. Jno D Blair

Address,

Remarks,

1890 - 01953

third day of each and every month in the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter, to make the return required above of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each and every such neglect or refusal, which fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2125

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 April 1890

4. Place of Birth, (Street and Number) N. Mulberry St 1414

5. Full Name of Mother, Mathilda Wirthmager

6. Mother's Maiden Name, Mathilda Barthoff

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Julius Wirthmager

9. Father's Occupation, Merchant

10. Father's Birthplace, Minden — Germany

Name of Medical Attendant, or other Person who makes this Return. A. E. Chintara

Address, 220 N. Madison Street

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a Certificate to the Registrar of Births, etc., within thirty days after the birth. And every person who shall attend the birth of a child in attendance of a Physician, or midwife; or should no other person be in attendance upon the mother, immediately thereafter [illegible] person or persons of such child, to report its birth to the Commissioner of Health. In the absence of the parents, the [illegible] required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall forfeit and pay for each offence to be recovered as other fines and forfeitures are recovered, a sum not exceeding [illegible] dollars

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 2126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 28 April 1890
4. *Place of Birth, (Street and Number)* Portland Place 654
5. *Full Name of Mother,* Therese Tarnitsch
6. *Mother's Maiden Name.* Therese Tarnitzer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Xaver Tarnitsch
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. A. E. Reinhard

Address, 120 W. Madison Street

Remarks,

Penalty for neglect to make return as required by this section, or for making a false return, or for refusing to give information required by the proper officer, or for giving false information, or for interfering with any officer in the discharge of his duties under this section, shall be subject to a fine of not less than ten dollars nor more than fifty dollars for each offence, to be recovered as other fines and penalties are recoverable.

Ordinances of Baltimore, 1890, Section 3, Page 1, Section 4, Page 2.

Sec. 3. And be it further ordained, That it shall be the duty of the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the other person in attendance upon the mother immediately after the birth be unable to make the return required by this section, it shall be the duty of the mother, if able, and if not able, of the nearest relative present at the birth, or of the person having charge of the house at the time, to report the birth to the Commissioner of Health within the time aforesaid required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of not less than ten dollars nor more than fifty dollars for each offence to be recovered as other fines and penalties are recoverable.

Murphy & Co., Mfg. Printers and Stationers.

RETURN OF A BIRTH A 2170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 24th 1890.
4. Place of Birth, (Street and Number) 1630 Miller St.
5. Full Name of Mother, Hargminty Smith.
6. Mother's Maiden Name, " Gardner.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Ebenezer Smith
9. Father's Occupation, Nothing. - He is blind. -
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. John W. White. M.D.

Address, 1059 N. Broadway.

Remarks,

1890-001956

and it shall be the duty of the physician or midwife in attendance upon any birth to deliver, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the time specified, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 21370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh. (7)

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) Blk,
3. Date of Birth, April 4, 1890.
4. Place of Birth, (Street and Number) 1116, Shields alley,
5. Full Name of Mother, Catharine Johnson,
6. Mother's Maiden Name, Catharine Cook,
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Isaac B. Johnson,
9. Father's Occupation, Hostler,
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Dr. E. Chappell M.D.

Address, # 1351, N. Gilmor St.

Remarks,

+ 890 - 001957

Sec. 3. Be it further enacted, That the certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person in whose house or premises such birth shall occur, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF BIRTH A 217 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, 10th April 1894
4. Place of Birth, (Street and Number) 781 Elliot St
5. Full Name of Mother, Mary E. Elisham
6. Mother's Maiden Name, Ford
7. Mother's Birthplace, Balti. Md.
8. Full Name of Futher, Wm Elisham
9. Father's Occupation, Laborer
10. Father's Birthplace, Balti Md

Name of Medical Attendant, or other person who makes this Return. Hannah L. Mak

Address, 807 South Bond St

Remarks,

CITY REGISTER JUN 17 1894

1890-02 195

DUNAWAY & CO., CITY PRINTERS AND STATIONERS.

third day of each and every month, to the office of the Commissioner in the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of Baltimore City, the parent or other person required to report its birth shall be in attendance upon the mother. Immediately therefor it shall become the duty of the person or persons required to report the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A-219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d,~~ &c.)

1. Sex, (~~state whether male or female~~)

2. Race or color, (~~if not of the white race~~)

3. Date of Birth, June 1st 1890

4. Place of Birth, (Street and Number) 416 N Chapel

5. Full Name of Mother, Mattie C. Bucketts

6. Mother's Maiden Name, " " Bowman

7. Mother's Birthplace, Germany

8. Full Name of Father, Wilhelm Bucketts

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. M. [illegible] M.D.

Address, 1102 [illegible]

Remarks,

RETURN OF A BIRTH A 21982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st. 90
4. Place of Birth, (Street and Number) 909 W Lexington St.
5. Full Name of Mother, Sarah V. B. Kraft
6. Mother's Maiden Name, Sarah V. B. Lynch
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William C. Kraft.
9. Father's Occupation, Boiler maker
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. H. C. Ohler, M. D

Address, 1203 W Fayette St

Remarks,

1890 00 1960

Every case of birth must be reported to the office of the Commissioner of Health, in the form of a certificate between the first and third day of birth and every month to the office of the Commissioner of Health, in case the birth of any child shall occur within such interval, and it shall be the duty of the physician in attendance upon the mother, or in case there is no physician in attendance, then of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered by the forfeitures are recoverable.

RETURN OF A BIRTH A. 21983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	First
1. *Sex.* (*State whether male or female*)	Male
2. *Race or color,* (*if not of the white race*)	White
3. *Date of Birth,*	June the 1
4. *Place of Birth,* (*Street and Number*)	109 Frances St Baltimore
5. *Full Name of Mother.*	Cora May Clark
6. *Mother's Maiden Name,*	Cora May Abbott
7. *Mother's Birthplace.*	Portland Maine
8. *Full Name of Father.*	Benjamin Franklin Clark
9. *Father's Occupation,*	Gardener
10. *Father's Birthplace,*	Hartford Co Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Dogherty
Address,	1635 Wolfe St
Remarks,	none

1890-001961

Day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required by this section to report the same, it shall become the duty of the person or persons present at the birth to report the same, and in case of neglect of any person required to report the birth of any child as aforesaid, the Health Commissioner of Health, in the manner and within the time prescribed in this section shall be subject to report the birth of any child as aforesaid, the Health Commissioner of Health, in the manner and within the time prescribed in this section shall be subject to the penalties imposed by this section, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

PHLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 21984.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 5th 1890
4. Place of Birth, (Street and Number)	801 Park Ave
5. Full Name of Mother,	E. Wm. P. Tiffany
6. Mother's Maiden Name,	Evelyn M. Bayly
7. Mother's Birthplace,	Washington D.C.
8. Full Name of Father,	L. Wm. Lane Tiffany
9. Father's Occupation,	Physician
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	L. E. Neale M.D.
Address,	214 W. Monument
Remarks,	

5 7 0 - 0 0 1 9 6 2

third day of each and every month to the office of the Commissioner of Health. Provided the birth of any child with which a midwife or attendant of a physician or practitioner of midwifery, or should no other person be in attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required; and such midwife or attendant of physician or practitioner of midwifery shall make such report. And if any such person or persons shall neglect or refuse to comply with the provisions of this section, he or they shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, as debts of like amount are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 21980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	June 14th 1870
4. *Place of Birth, (Street and Number)*	1816 W. Lafayette Ave
5. *Full Name of Mother,*	Mary Blanch
6. *Mother's Maiden Name.*	Mary McLaughlin
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	John Blanch
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	J. D. Skinner M.D.
Address,	
Remarks,	

Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, as herein required, and the person neglecting to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

1 6 V 0 - 0 5 1 9 6 3

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 21986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female),*	M
2. *Race or Color (if not of the white race),*	W
3. *Date of Birth,*	June 1st 1890
4. *Place of Birth (Street and Number),*	210 Lenox St
5. *Full Name of Mother,*	Nettie F Lawton
6. *Mother's Maiden Name,*	Day
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Wm F Lawton
9. *Father's Occupation,*	Manufacturer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Randolph Winslow Md
Address,	1 Mt Royal Terrace
Remarks,	

C 78 - 30 1 7 0 4

...re Publishing Co., City Printers and Stationers

...from the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report to the Commissioner of Health, in the manner and within the time specified above, the particulars required by this section; and any such person or persons who shall neglect or refuse to make such report as aforesaid shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 21987.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Nellie Lovina Long.

1. Sex, (State whether ~~male~~ or female) colored
2. Race or color, (if not of the white race)
3. Date of Birth, June 1st 1890
4. Place of Birth, (Street and Number) 223 N Fourth St
5. Full Name of Mother, Laura Lucille Long
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto
8. Full Name of Father, Lewis E. Long
9. Father's Occupation, Salesman
10. Father's Birthplace, Eastern Shore, Md

Name of Medical Attendant, or other person who makes this Return. D Reuning Md

Address, 200 N Mad Ave

Remarks, GIVEN NAME ADDED 1-18-54

1890 b m 01965

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above specified, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

SULLIVAN & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 91988.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* June 1st 1890
4. *Place of Birth, (Street and Number)* No 750 Weasche St
5. *Full Name of Mother,* Sarah Williams
6. *Mother's Maiden Name,* " Merritts
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* William Williams
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Park Ave

Remarks,

1890 001966

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required by law, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten hundred dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GUILANY & BO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 21989.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 2 — 90
4. Place of Birth, (Street and Number)	1512 N Eden st
5. Full Name of Mother,	Cecilia Johns
6. Mother's Maiden Name,	Cecilia McGreevy
7. Mother's Birthplace,	Balt
8. Full Name of Father,	Wade Johns
9. Father's Occupation,	Straw Hat maker
10. Father's Birthplace,	Balt
Name of Medical Attendant, or other person who makes this Return.	Daniel V Mayer MD
Address,	1200 N Eden
Remarks,	City

+ 890 - 001967

BIRTH

Third Copy of this Return. The Return signed by the practitioner in the form of a certificate between the first and second pages of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately previous to and at the birth of the child, the parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above named, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 21990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance as required by this section, it shall become the duty of the father or parents of such child to report its birth to the Commissioner of Health within ten days after the occurrence thereof; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth.	June 2
4. Place of Birth, (Street and Number)	244 Collington Av
5. Full Name of Mother.	Mary Knox
6. Mother's Maiden Name.	Lavyun
7. Mother's Birthplace,	Ireland
8. Full Name of Father.	Richard Knox
9. Father's Occupation,	Chief Engineer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mary Perine
Address,	
Remarks,	

1890 001968

SULLIVAN & DO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 21991.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2nd. 90.
4. Place of Birth, (Street and Number) 809 Ramsay st.
5. Full Name of Mother, Lizzie Doyle
6. Mother's Maiden Name, Lizzie Hildrew.
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Andrew Doyle
9. Father's Occupation, Boiler maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. H. C. Hill. M. D.

Address, 1303 West Fayette St.

Remarks,

590-001969

that day of each and every month to the office of the Commissioner of Health. Every such certificate shall state the time and place of birth of any child born alive, the sex of such child, whether it is a single birth, twins, triplets, or other plural birth, and the name and residence of the person in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY HEALTH DEPARTMENT JUN 8 1890 REGISTERED

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2. 1890.
4. Place of Birth, (Street and Number) No 1410 Fort ave
5. Full Name of Mother, Fanny R. Cann
6. Mother's Maiden Name, Fanny R. Chesley.
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Geo E. Cann.
9. Father's Occupation, Sabaer
10. Father's Birthplace, New York City

Name of Medical Attendant, or other person who makes this Return, Mrs Ettel

Address, No. 1619 Eutaw St

Remarks, Cos. of Deth. Not fbl. Grahm

Mrs 2/6 Cann 1410 Fort ave

third day of each and every month to the office of the Clerk of the Circuit Court for Baltimore City, or to such Justice of the Peace as shall occur without the attendance of a physician or practitioner of Health. In case the birth of any child shall not be reported as herein required, it shall become the duty of the father, or, should no other person be in any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Monday June 2th 1890

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. Date of Birth,

4. Place of Birth, (Street and Number) 1017 South Howard St

5. Full Name of Mother, Annie Golding

6. Mother's Maiden Name, Annie Chandler

7. Mother's Birthplace, Born Eastern Shore Virginia

8. Full Name of Father, Charles Golding

9. Father's Occupation, Died of a carter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Mary S Gramby

Address, 1010 B Plum alley

Remarks, No Medical Attendant

+890-001271

third day of each and every month to the office of the Commissioner of Health, a certificate setting forth the first and full name of such child, the name and residence of the parents, the color, the sex, the date of birth, and the name of the attendant upon the mother. Immediately upon the birth of any child born without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person in charge of such child or in whose house or premises the birth occurs, to report to the Commissioner of Health the birth of such child, and the name, sex, color and residence of the parents, and the date of birth. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

JUN 2 1890 HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-21-55

RETURN OF A BIRTH

A 21994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Augusta Porter

No. of Child of Mother, (state whether 1st, 2d, 3d &c.)

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 2 1890
4. *Place of Birth (Street and Number),* 110 Dolphin St
5. *Full Name of Mother,* Catherine Porter
6. *Mother's Maiden Name,* Lam
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Walter Porter
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Jos. Lamartine

Address, 120 E Monument St

Remarks,

each and every month to the office of the Commissioner of Health. In case the birth or any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be required to report the birth to the Commissioner of Health as herein provided, then the mother shall so report the birth to the Commissioner of Health as herein required within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers

0 9 8 - 0 0 1 9 7 2

RETURN OF A BIRTH A 21995.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 2 June
4. Place of Birth, (Street and Number) 203 East 7th
5. Full Name of Mother, Dora Bindheimer
6. Mother's Maiden Name, Benken
7. Mother's Birthplace, Poland
8. Full Name of Father, Henry Bindheimer
9. Father's Occupation, Peddler
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Max Rubin

Address, 502 S. 20th

Remarks,

[illegible] 1873

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother give the notice required, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd of June 1890
4. Place of Birth, (Street and Number) 735 North Chester st.
5. Full Name of Mother, Mary Graft
6. Mother's Maiden Name, Mary McBauerlipp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John McBauerlipp
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Crescintia Hunkel

Address, 213 North Chapel st per Justina Hunkel

Remarks, Healthy

1890 - 21996

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate between the first and shall occur within the limits of the City of Baltimore, and of which he may have been in attendance upon the mother as attendance of a physician or practitioner of Health. In case the birth of any child child to report its birth to the Commissioner of Health. It shall become the duty of any other person who may be present at the birth, or of the parents, or parents of such mother, when such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 2nd 1890
4. Place of Birth, (Street and Number) 1311 E. Baltimore st.
5. Full Name of Mother, Lena Cohn
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Simon Cohn
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

T 090-001975

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

third day of each and every month to the office of the Commissioner of Health. In case there be no attendance upon the mother, immediately thereafter, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 21998.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 3rd 1890.
4. *Place of Birth, (Street and Number)*	1160 Sassafrass st Baltimore
5. *Full Name of Mother,*	Josephine Burgess.
6. *Mother's Maiden Name,*	Josephine Shultz.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	David Burgess.
9. *Father's Occupation,*	Box Maker.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Shaffer.
Address,	716 West street Baltimore Md.
Remarks,	

1890-001976

HEALTH DEPARTMENT BALTIMORE MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 71994.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, June 3rd 190-
4. Place of Birth (Street and Number), Hospital of Good Samaritan
5. Full Name of Mother, Molly Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace, Berkeley Springs, Virginia
8. Full Name of Father, unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Wm. L. Robinson M.D.

Address, Hospital of Good Samaritan

Remarks, Illegitimate child

...ore Publishing Co., City Printers and Stationers

C 70-001977

...sicks and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as is required by this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3rd
4. Place of Birth, (Street and Number) 1116 E Lombard
5. Full Name of Mother, Rosa Ginsburg
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Harry Ginsburg
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

890-001978

Every person required by law to report a birth in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall refuse or neglect to report, as aforesaid, the particulars required by this section in relation to any birth at which he shall be present or in attendance, or shall knowingly and wilfully report falsely in relation thereto, or any midwife who shall refuse or neglect to report the particulars required by this section in relation to any birth at which she shall be present or in attendance, shall be subjected to the fine of ten (10) dollars for each offense. Every physician or midwife who shall refuse or neglect to make the return required by this section shall be subject to a penalty of twenty-five dollars, to be recovered, with costs of suit, in the name of the Mayor and City Council of Baltimore, before any justice of the peace of said city, on information being given to him of such refusal or neglect; and all other fines and forfeitures are recoverable, as other fines and forfeitures are recoverable.

GEO. J. O. DILLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 1900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	F
2. Race or Color (if not of the white race),	W
3. Date of Birth,	June 3rd 1870
4. Place of Birth (Street and Number),	1412 Boston St
5. Full Name of Mother,	Helen C Miller
6. Mother's Maiden Name,	Albrecht
7. Mother's Birthplace,	Bach
8. Full Name of Father,	Matt H Miller
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	R. Winslow M.D
Address,	1 Mt Royal Terrace
Remarks,	

the attendance of a physician or midwife, or should one other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents in attendance upon the birth to report the same to the Commissioner of Health, in the manner and within the period above required; and any such person so neglecting for the space of ten (10) days shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...n e Publishing Co., City Printers and Stationers

8 8 - 0 0 1 9 7 9

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Negro
3. Date of Birth,	June 2 nd
4. Place of Birth (Street and Number),	Maryland Bay Side Alley
5. Full Name of Mother,	Sophia Lowe
6. Mother's Maiden Name,	Lowe
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Conrad Lowe
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Europe
Name of Medical Attendant, or other person who makes this Return.	Maria Jones
Address,	No 1331 Whitelock St
Remarks,	

1900 - 001900

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of every physician or midwife in attendance upon any case of birth occurring after the first day of June, nineteen hundred and one, to report the birth to the Commissioner of Health in the manner and within the period above required. Any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 9903

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th,
1. *Sex,* (state whether male or female).	F.
2. *Race or Color,* (if not of the white race)	W.
3. *Date of Birth,*	June 3. 90.
4. *Place of Birth,* (Street and Number)	21 W. Fayette St.
5. *Full Name of Mother,*	S. R. Hopper
6. *Mother's Maiden Name,*	" " Johns.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Daniel C. Hopper
9. *Father's Occupation,*	Merchant.
10. *Father's Birthplace,*	Eastern Shore Md.
Name of Medical Attendant, or other Person who makes this Return.	Alfred Hauslaiter M.D.
Address,	809 Cathedral St.
Remarks,	

H. D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White race.
3. Date of Birth, June 4/10
4. Place of Birth, (Street and Number) No. 103 James H lley.
5. Full Name of Mother, Mary sel Schelhouse.
6. Mother's Maiden Name, " Funk
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Willian H. Schelhouse
9. Father's Occupation, Laborer.
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. Minnie Jones.

Address, No 12. 14. Light St

Remarks, Yours Respectfully.

0 9 0 - 0 0 1 9 8 2

third day of each and every month of a physician or midwife, or other person, be in attendance upon the mother, immediately thereupon, or within the period above required, and child to report its birth to the Commissioner of Health, in duly, with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A proof.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5th
4. Place of Birth, (Street and Number) Baltimore 1537 Light St.
5. Full Name of Mother, Ella V. Engel
6. Mother's Maiden Name, Ella V. Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Engel
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C. Hinton

Address, C. Hinton 1514 E. Baltimore St.

Remarks,

690 - 01983

JUN 6 1

BALTIMORE

third day of each and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required to report the birth to the Commissioner of Health, it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health in the manner and within the time above required, and any such person or persons who shall hereafter fail to so report the birth of such child shall be guilty of a misdemeanor, and shall be subjected to the fine of ten (10) dollars for each offense, to be collected as other fines and penalties are recoverable.

GEO. A. S. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 17006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) ~~White~~

4. Date of Birth, June 5th 1890

5. Place of Birth, (Street and Number) Erdmann Avenue, Belair Road

6. Full Name of Mother, Mary Glass

7. Mother's Maiden Name, Mary Cairnes

8. Mother's Birthplace, County Antrim, Ireland

9. Full Name of Father, James Glass

10. Father's Occupation, Gardener

11. Father's Birthplace, Antrim, Ireland.

Name of Medical Attendant, or other person who makes this Return. J C Gilchrist, Surgeon & Physician

Address, Corner of Preston & Valley Street (1301)

Remarks,

890 - 001984

Every birth must be reported, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Registrar of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and any such person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, etc.~~)

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth. June 5th 1890
4. Place of Birth, (Street and Number) 1523 E. Fayette
5. Full Name of Mother. Annie Overbeck
6. Mother's Maiden Name. " Graf
7. Mother's Birthplace. Baltimore City
8. Full Name of Father. Theodore Overbeck
9. Father's Occupation. Watch Maker
10. Father's Birthplace. Baltimore City

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address. 800 N. Broadway

Remarks.

during the month, and shall set forth, as far as the same can be ascertained, the full name of such child (if any name shall have been given), its sex, color, the full name and residence of its parents, the day and place of its birth, and the name and residence of the attending physician or midwife, if any. Such certificate, between the first and third days of each month, to the Board of Health, in case the birth of a child shall occur without the attendance of a physician or midwife, it shall be the duty of the parent or parents, guardian or other person having charge of such child, within the period above required, except in the report of the birth to the Board of Health, in which event within ten days thereafter, to report the said birth to the Registrar of Vital Statistics, and within the same time to make the certificate above required. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

...T & CO., CITY PRINTERS AND STATIONERS.

22008

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, June 6 1890

4. Place of Birth, (Street and Number) 1107 Claryed alley

5. Full Name of Mother, Cathren Mccry

6. Mother's Maiden Name, Cathren Hopkins

7. Mother's Birthplace, l Georgetown

8. Full Name of Father, James Mccray

9. Father's Occupation, Engner nerman

10. Father's Birthplace, dogsbourin-del

Name of Medical Attendant, or other person who makes this Return. Scharlottie Williams

Address, 910 Leaden-hall st

Remarks, five dollars

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of [illegible] case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery [illegible] no other person be in attendance upon the mother, immediately thereafter it shall become [illegible] or parents of such child to report its birth to the Commissioner of Health, in the manner and within the [illegible] above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUN 8 1890

1890-00198[illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 77009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	June 6
4. *Place of Birth (Street and Number),*	809 Hanlem Ave.
5. *Full Name of Mother,*	Sophie Lovell
6. *Mother's Maiden Name,*	Stansbury
7. *Mother's Birthplace,*	Annapolis
8. *Full Name of Father,*	H. F. Lovell
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Massachusetts
Name of Medical Attendant, or other person who makes this Return.	A. M. Wilson
Address,	1008 Mad. Ave.
Remarks,	

Baltimore Publishing Co., City Printers and Stationers

C 90 - 001987

Every child born alive within the limits of Baltimore City, shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the attending physician, midwife, or other person in attendance, within ten days after birth, and before burial or removal from the house, in the form of a certificate to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, and any such parent or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 72010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6th 1890
4. Place of Birth, (Street and Number) 913 Fawn st.
5. Full Name of Mother, Hannah Jacobson
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Bernard Jacobson
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Wm. L. Bernstein

Address, 122 S. Exeter st.

Remarks,

1890-001980

month and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, the color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of any such physician or midwife, it shall become the duty of the parents of such child and every mouth to the office of the Commissioner of Health, and furnish the information above required, and attendance upon the birth to the Commissioner of Health, as aforesaid, within the period prescribed in this section shall be subject to the fine of ten (10) dollars for each offense, which forfeiture may be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 29011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child third day of each and every month a physician or practitioner of midwifery, or should no other person be in attendance within the aforesaid time, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, as aforesaid, shall devolve upon the mother, immediately thereafter; it shall become the duty of the person or parents of said any such person or persons with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6th of June 1890
4. *Place of Birth, (Street and Number)*	2010 East Fayette st
5. *Full Name of Mother,*	Katie Mueller
6. *Mother's Maiden Name,*	Katie Mertz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Mertz
9. *Father's Occupation,*	Gilder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Lecantia Kunkel
Address,	213 North Chapel st per Justina Kunkel
Remarks,	Healthy.

8 9 6 - 0 3 1 2 8 9

GEO. J. O. SULAN VB CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A72012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th June 5

1. *Sex (state whether male or female),* Boy
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Baltimore
4. *Place of Birth (Street and Number),* Patterson ave 12 14
5. *Full Name of Mother,* Lucie Baer
6. *Mother's Maiden Name,* Lucie Basler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred Baer
9. *Father's Occupation,*
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Ida Sadler Cozyld

Address,

Remarks,

U 3 0 - 0 0 1 2 9 8

Baltimore Publishing Co., City Printers and Stationers.

ferred), the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the said midwife or attendant, to the father or mother of such child without fee or reward, within ten days after the birth of such child, in case the birth shall happen in the city of Baltimore; and each and every such physician or practitioner of midwifery, or should no such person be in attendance upon the birth, then some one of the parents of such child, shall make a return of the facts required to be stated in relation thereto, as soon as practicable, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Third~~ Fourth

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, June 6th 1890
4. Place of Birth, (Street and Number) No 416 Davis St
5. Full Name of Mother, Fannie Hazelton
6. Mother's Maiden Name.
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Park ave

Remarks,

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician, midwife or other person in attendance at the birth, and the time when and the person to whom the certificate was delivered, duly signed by the practitioner in the form prescribed by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the certificate required shall be delivered within the said delay of each and every month to the office of the Commissioner of Health, in the form prescribed by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person required to make such return, reside in the house where such birth occurs, the duty of the parent or parents of such child to make such return shall become the duty of the person occupying the premises where such birth shall occur without the attendance of a physician or midwife, and such person shall immediately thereafter it shall become the duty of the person occupying the premises where such birth occurs, in the absence of the parent or parents of such child, to make such return, and such person shall be required and attendance upon such birth to the Commissioner of Health, in the form prescribed by the Board of Health. In the absence of the parent or parents of such child, to make such return, and such person shall be required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 1901.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 6th 1890

4. Place of Birth, (Street and Number) # 1312 W. Lanvale St.

5. Full Name of Mother, Laura Kramer Gwaltney

6. Mother's Maiden Name, Laura Kramer

7. Mother's Birthplace, City

8. Full Name of Father, Louis H. Gwaltney

9. Father's Occupation, Clerk

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. R. W. Mifflin

Address, 321 N. Paca St.

Remarks, 1890-001992

ascertained, the full name of each child (if any shall have been born alive), its sex, color, the full names and occupation of its parents, the date and place of birth, and the name and residence of the physician, midwife or other person in attendance at the birth; and that such return shall be delivered, duly signed by the practitioner or midwife in case the parents, the date and place of birth, and the name and residence of the physician, midwife or other person certificate between the first and fifteenth days of each month to the Office of the Registrar of Vital Statistics, or should no other person be in attendance at the birth, then it shall be the duty of the person or parents of such child to report the same within ten days after the birth, in the manner and within the period above required, and any and every person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 99015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white
3. Date of Birth, June 8 1890
4. Place of Birth (Street and Number), 204 S. Pattison st
5. Full Name of Mother, Minnie Siltmann
6. Mother's Maiden Name, Ostmann
7. Mother's Birthplace, " City
8. Full Name of Father, Hermann Siltmann
9. Father's Occupation, Clerk
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Pierre Geo. Dausset

Address, 1729 E. Baltimore st.

Remarks,

1890-001293

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	colored
3. Date of Birth,	1 hour the
4. Place of Birth (Street and Number),	927 Wood Street
5. Full Name of Mother,	Mrs Fanny Golding
6. Mother's Maiden Name,	Fanny Mathews
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Richard F Golding
9. Father's Occupation,	Labor
10. Father's Birthplace.	St Mary Co Md
Name of Medical Attendant, or other person who makes this Return.	Fanny Walker
Address,	921 Wood St.
Remarks,	

1890 - 001994

Each live birth, with the full name and occupation of its parents, the date and place of birth, the sex, color and number of each child of the mother, and whether born alive or dead, shall be returned to the Registrar of Vital Statistics within ten days of birth, in the form of a certificate signed by the practitioner in attendance upon the birth, or by the father or mother, or in their absence by the householder or owner of the premises where the birth occurred, or by the nurse in attendance upon the mother, or by any other person present at the birth, and every such practitioner in attendance upon the mother, and every such person required by this section to make return of a birth, who shall refuse or neglect to report, as herein required, any birth at which he was present or in attendance, or of which he has knowledge, shall be guilty of a misdemeanor and subject, upon conviction thereof, to a fine of not less than five dollars nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 22011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	W
3. Date of Birth,	June 1 1918
4. Place of Birth, (Street and Number)	935 Cross St
5. Full Name of Mother,	Ida Williams
6. Mother's Maiden Name,	Williams
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm Thos Williams
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Thomas
Address,	1112 Scott
Remarks,	

1890-001995

month, and shall set forth as far as the same can be ascertained, the full name of the deceased, place of birth; and the said certificate shall be delivered, duly signed by the practitioner or person in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no certificate be delivered as aforesaid within the third day of each and every month to the officer or practitioner of midwifery, or should no other person in charge of such office or practitioner of midwifery, or should no other person or parents of such child, as aforesaid, immediately thereafter, it shall become the duty of the parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. S. DELANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 77018.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nor. Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born June 3 rd 1896
4. Place of Birth, (Street and Number)	# 9. Stinson Str
5. Full Name of Mother,	Mrs Victora Greella Miss " Roos
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Saxen Germany
8. Full Name of Father,	Mr Charles Roos
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Saxen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Miller
Address,	2127 West Pratt Sts
Remarks,	

1896 - 001996

JUN 8 1896

Health Dept. Baltimore City

Section 3. And be it further enacted, That the full name and occupation of its parents, the date and place of birth; and the number of children born to the mother, including the present birth, and whether the first, second, third or other number born (or twins, triplets, etc., if such be the case), and whether the child be living or dead at the time of making the return, shall be stated in the return of every birth, which return shall be made and signed by the physician or midwife in attendance upon the mother, immediately after the birth, and within the first week thereafter; and in case there shall be no physician or midwife in attendance upon the mother, then the return shall be made and signed by the householder of the district in which the birth shall have occurred, within the first week after the birth shall have occurred; and in case there shall be no householder in the district in which the birth shall have occurred, then the parents of such child shall make and sign the return within the first week after the birth shall have occurred. And it shall be the duty of each attendant at a birth, as aforesaid, to report the birth to the Commissioner of Health, in every case attended by him, within the first week after the birth shall have occurred, and in case any such attendant shall neglect or refuse to report such birth as aforesaid, he shall be subject to the fine of ten (10) dollars for each offense, to be recovered with costs in the name of the State of Maryland, before any justice of the peace of the county where such offense shall be committed.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 3rd 1890

4. Place of Birth, (Street and Number) 1728 Byrd St Balto

5. Full Name of Mother, Mary Neal

6. Mother's Maiden Name, Mary Hidal

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Neal

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C A Tully

Address, 1825 Light St

Remarks, Daingerfield

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 4th 1890

4. Place of Birth, (Street and Number) 132 Addison Alley.

5. Full Name of Mother, Grace Kenson

6. Mother's Maiden Name, Grace Foster.

7. Mother's Birthplace, Carroll County

8. Full Name of Father, Samuel Kenson

9. Father's Occupation, Laborer

10. Father's Birthplace, Navarra Italy

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address, 815 King Street

Remarks, 1890-001990

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A. 22081.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born June 4th 1890
4. Place of Birth, (Street and Number)	# 31 Mollington Lane
5. Full Name of Mother,	Mrs Mary Gimbal
6. Mother's Maiden Name,	Miss " Werner
7. Mother's Birthplace,	Hessen Germany
8. Full Name of Father,	Mr Conrad Gimbal
9. Father's Occupation,	Brewer
10. Father's Birthplace,	Bayern Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt St
Remarks,	

S 9 0 - 0 2 1 8 9 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every midwife, or other person who shall assist at the birth of any child, shall, within five days thereafter, make a return to the Commissioner of Health of such birth, and the name and residence of the parents, the date and place of birth, and the name, sex and color of the child, and such other particulars as may be required by said Commissioner, which return shall be verified by the oath or affirmation of the person making the same. Every physician or midwife who shall attend any woman in labor shall, within ten days after the birth of the child, report to the Commissioner of Health the fact of such birth, and the name, sex and color of the child, and such other particulars as may be required by said Commissioner, which report shall be verified by the oath or affirmation of the person making the same. Every person required by this section to report the birth of any child who shall neglect or refuse to do so within the time above specified shall be subject to a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Every undertaker or other person who shall bury or remove the dead body of any person for burial or interment within the limits of Baltimore City, shall, before burying or removing the same, procure a certificate of burial, which certificate shall be signed by the undertaker or person having charge of the burial, and shall state the name, age, sex, color, place of birth, and cause of death of the deceased, as near as can be ascertained, and the time and place of burial, and the name and residence of the undertaker. Every undertaker or person having charge of any burial shall, within ten days after the burial, return the certificate of burial to the office of the Commissioner of Health, and shall not inter or remove the dead body of any person for burial or interment without the attendance of a physician or practitioner of midwifery, or shall bury or remove the dead body of any child without a certificate of burial, as required by this section, shall be subject to a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1907

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex.* (state whether male or female)	Female
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth,*	June 5th 1907
4. *Place of Birth.* (Street and Number)	1117 Myrtle ave.
5. *Full Name of Mother.*	Caroline V. McClelland
6. *Mother's Maiden Name.*	Snyder.
7. *Mother's Birthplace.*	Balto Md U.S.
8. *Full Name of Father.*	George W McClelland.
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace.*	Balto Md U.S.
Name of Medical Attendant, or other Person who makes this Return	Sent Bell M.D.
Address,	841 N Eutaw St
Remarks,	

within six days thereafter, stating carefully the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5th
4. Place of Birth, (Street and Number) 701 Portland St
5. Full Name of Mother, Elizabeth Hagenholz
6. Mother's Maiden Name, Elizabeth Hack
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H Hagenholz
9. Father's Occupation, Hat Packer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Allegonda Pefes

Address, 644 So Bond St

Remarks,

1890-002001

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall state as far as the same can be ascertained the full name of each child, day of birth, sex, color, the full name and occupation of its parents, the number of children born to the mother, and the number of such children living at the time of such birth, and the place of birth. In case there is no certificate between the first and second schedule shall be delivered, duly signed by the person in charge of such case, to the Commissioner of Health. In case the birth of any child shall occur without the services of a physician or practitioner of midwifery, or should no other person be required to report its birth to the Commissioner of Health, it shall be the duty of the mother, immediately thereafter, to make such report, and any such person or persons who shall wilfully neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-6-57 A 220 50

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	John 3. Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born June 5th 1890
4. Place of Birth, (Street and Number)	# 314 Forrest Str
5. Full Name of Mother,	Mrs Minnie ~~Jas~~ Weadeck
6. Mother's Maiden Name,	Miss " " Jaeger
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mr Joseph Weadeck
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

1890-002002

month, and shall state sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if there was one. In case the birth of any child shall occur without the presence of a physician or midwife, then the duty of the person required, and attendance to report the birth to the Commissioner of Health, in the manner and within the time above specified. Any person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained, the full name of each [illegible] and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 7023.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c*) Sixth

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* Thursday June 5th 12 oclock midnight
4. *Place of Birth,* (*Street and Number*) 752 Waesche St
5. *Full Name of Mother,* Annie C. Davis
6. *Mother's Maiden Name,* Annie C. Sedgwick
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* William Davis
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Hampton Va

Name of Medical Attendant, or other person who makes this Return. E. Gedding Welch M.D.

Address, Park Av + Mulberry St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: William Henry House

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 6th 1870

4. Place of Birth, (Street and Number) 19 Church Street

5. Full Name of Mother, Cyntha House

6. Mother's Maiden Name. Cyntha Fowler

7. Mother's Birthplace, Eastern Shore Va

8. Full Name of Father, Elijah House

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary L. Richardson

Address, 915 King Street.

Remarks,

1820 - 002004

Murphy & Co., City Printers and Stationers.

List of the Births which have occurred under his or her care during the last month, and which are not yet reported as required by law. The full name of each child (if any shall have been given), its sex, color (or race if not white), its exact date of birth (or if not delivered, the date when expected), the full name of the parents, the date and place of their marriage, and the present residence of the parents. In case the birth of any child shall occur after the regular monthly return of midwifery, or should no other person be attending at the birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. To secure the duty of the person or parents of such person to report the birth of any child in the manner and within the time above required, the following penalty is attached: Any person failing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 7th
4. *Place of Birth, (Street and Number)*	77 Columbia
5. *Full Name of Mother,*	Caroline Gunter
6. *Mother's Maiden Name,*	Caroline Dickman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frederick Gunter
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Hedwig Dilger
Address,	64 W. Pratt
Remarks,	

1690-002005

RETURN OF A BIRTH A 22028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been given, its sex, color, the full name and occupation of its parents, the date and place of birth, and the certificate shall be delivered, duly signed by the practitioner in the form of affidavit as above, to the person who is required by this section to cause the birth of any child to be registered within ten days after the birth. In case the birth of any child shall occur without the presence or attendance of a physician or midwife, or should no other person be in attendance at the time of the birth, the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the time prescribed in this section shall be subject to the penalties and forfeitures as above provided, and any such person or persons who shall hereafter violate any of the provisions of this section shall be subject to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I
2. Sex, (state whether male or ~~female~~) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, June 7th 1890
5. Place of Birth, (Street and Number) 903 N. Eutaw St
6. Full Name of Mother, Lizzie F. ~~Sippert~~ Sauf
7. Mother's Maiden Name, " " Sippert
8. Mother's Birthplace, Balto
9. Full Name of Father, J Henry Sauf
10. Father's Occupation, Ironworker
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. John R Winslow MD

Address, 412 W Biddle St

Remarks, Face Presentation / Forceps delivery

1890 - 022066

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 77084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3 child
2. Sex, (state whether male or female)	Girl
3. Race or Color, (if not of the white race)	White Race
4. Date of Birth,	Born June 7th 1920
5. Place of Birth, (Street and Number)	# 337 Lombard Str
6. Full Name of Mother,	Mrs Clara Miller
7. Mother's Maiden Name,	Miss " " Gubrat
8. Mother's Birthplace,	Baltimore
9. Full Name of Father,	Mr Charles Miller
10. Father's Occupation,	Butcher
Father's Birthplace,	Bazern Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Miller
Address,	2127 West Pratt St
Remarks,	

1890 002007

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st June 1890
4. Place of Birth, (Street and Number) 574 Asquith St.
5. Full Name of Mother, Ida Gorodetsky
6. Mother's Maiden Name, Ida Cohen
7. Mother's Birthplace, Russia
8. Full Name of Father, Israel Gorodetsky.
9. Father's Occupation, Pedlar
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 103 Albemarle St.

Remarks,

1890-002008

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the father, mother, householder, or other person having charge of any child born in the State of Maryland, to cause the full name and occupation of its parents, the date and place of birth, and the sex and color of the child, to be correctly registered, and a certificate of such registry, duly signed by the practitioner in the first case, or by the person registering the birth in all other cases, to be delivered, duly signed by the practitioner in the first case, or by the person registering the birth in all other cases, to the office of the Registrar of Vital Statistics, Board of Health, in the city of Baltimore, or to the county commissioner of the county in which the birth occurs, within ten days after the birth of any child born in the State of Maryland; and the Registrar of Vital Statistics, Board of Health, in the city of Baltimore, and the county commissioner of each and every county in the State of Maryland, shall keep a record of all births registered with him, and shall issue a certificate of such registry to any person entitled to the same, without charge. Any person who shall neglect or refuse to make such report, or to cause the same to be made, as herein required, and any midwife who shall neglect or refuse to report the birth of any child attended by her, as herein required, shall be guilty of a misdemeanor, and any physician, midwife, or other person who shall make a false report of any birth, or who shall refuse to give any information required by the Registrar of Vital Statistics, Board of Health, in the city of Baltimore, or by the county commissioner of any county, relative to births, or who shall refuse to allow the records of births in his or her possession to be examined by the Registrar of Vital Statistics, Board of Health, in the city of Baltimore, or by the county commissioner of any county, or his deputy, shall be subject to the penalties provided in this section. Sec. 2. And be it enacted, That it shall be the duty of the Registrar of Vital Statistics, Board of Health, in the city of Baltimore, and the county commissioner of each county, to enforce the provisions of this section, and to report violations thereof to the State's Attorney of the city or county in which he is appointed to act, who shall prosecute all persons who shall hereafter fail to comply with the provisions of this section, and for each offense shall be entitled to a fee of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 32031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUN 10 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 1st 1890
4. Place of Birth, (Street and Number) 1108 E. Lombard St.
5. Full Name of Mother, Mrs. Annie May McGreevey Gilmore
6. Mother's Maiden Name, Miss Annie May McGreevey
7. Mother's Birthplace, Washington, D.C.
8. Full Name of Father, Robert David Gilmore
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Rusk M.D.

Address, 1000 E. Balt. St.

Remarks, Natural delivery

1890-0062009

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 77032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Brown skin
3. Date of Birth, fourth of June 1890
4. Place of Birth, (Street and Number) Orchard St 544
5. Full Name of Mother, Sarah Smith
6. Mother's Maiden Name, Sarah Denis
7. Mother's Birthplace, Bal City
8. Full Name of Father, Alfred Smith
9. Father's Occupation, Porter
10. Father's Birthplace, Smith's burg Virginia

Name of Medical Attendant, or other person who makes this Return. Lydia Lanneville

Address, Clinton ave 616

Remarks,

E 20-00201 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been previously born, the sex, color, the full name and occupation of its Parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the city limits, it shall become the duty of the person or persons required, and each of them, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 770 33

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6.6.1890.
4. Place of Birth, (Street and Number) 610 Gold
5. Full Name of Mother, Catherine Lane
6. Mother's Maiden Name, " McGitigan.
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Enos Lane
9. Father's Occupation, Stable man
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other Person who makes this Return. O. Edward Janney, M.D.

Address, 837 N Eutaw St

Remarks,

…ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

… Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 11032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 6 d
4. *Place of Birth, (Street and Number)*	Frances St 201 Baltimore
5. *Full Name of Mother.*	Carrie Read
6. *Mother's Maiden Name,*	Carrie Flowers
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Louis J Read
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return	Mrs Dorsey
Address,	1635 Walsh St
Remarks,	None

1900 00201 2

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, duly signed by the practitioner in the case, as a certificate between the first and third days of each month to the office of the registrar of midwifery, or should no other person of such child to report its birth as hereafter provided. And every midwife and every other person who shall violate any of the provisions of this section shall be subject to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

KODAK

GIVEN NAME ADDED 8-9-54

RETURN OF A BIRTH A 77036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Grace Augusta Pryor 2nd

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6th 1890
4. Place of Birth, (Street and Number) 2230 Penna Ave.
5. Full Name of Mother, Annie B. Pryor
6. Mother's Maiden Name, Annie B. Wiglein
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward J. Pryor
9. Father's Occupation, Printer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Geo. H. Babcock

Address, 1926 Penna Ave

Remarks,

1890-002013

month, and shall set forth as far as the same can be ascertained the full name of each child born alive of which she was delivered, the sex and color of each child, the date and place of birth; and the full name and occupation of its parents. If a certificate between the first and shall accordingly sign and swear to the same before the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no certificate of such attendance upon the mother, the Commissioner of Health may require the parents of such child to report the same to him, and may require and obtain the particulars required, and any and every person who shall hereafter fail to report as herein required, or who shall in any way violate the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1895 00301 4

RETURN OF A BIRTH. 1890 31

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 7 1890
4. Place of Birth, (Street and Number) 1106 s. Sharp st
5. Full Name of Mother, Maggie Meirauch
6. Mother's Maiden Name, Koffman
7. Mother's Birthplace, Germany
8. Full Name of Father, Reinhardt Meirauch
9. Father's Occupation, Clerk
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser midwife

Address, 1032 Hanover st

Remarks,

L 2 7 0 - 0 0 - 0 1 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the officer of health of the district in which the birth occurred. Every birth which shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and failure to do so shall subject such person or parents to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) two males
2. Race or color, (if not of the white race) White
3. Date of Birth, June 8th 1890
4. Place of Birth, (Street and Number) 1506 Rutter Street-
5. Full Name of Mother, Hedwig Krol Lichteblau
6. Mother's Maiden Name, "
7. Mother's Birthplace, Germany
8. Full Name of Father, Simon Krol.
9. Father's Occupation, Bar Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park ave

Remarks, Twins two boys.

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 270 24

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 5 1890
4. Place of Birth, (Street and Number) 1412 Saint ally
5. Full Name of Mother, Charlotte Gorey
6. Mother's Maiden Name, Charlotte Lewis
7. Mother's Birthplace, Calvert County Md
8. Full Name of Father, Wesley Jones
9. Father's Occupation, Tailor
10. Father's Birthplace, [illegible] Ky

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Ann Mason No 537

Remarks, Saint ally

C 220 - 002017

...been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered every month to the office of the Commissioner of Health. In case no other person lie is ...shall occur without the attendance of a physician or practitioner, said keeper of the city of the person or parents of such ...attendance upon the mother, immediately after the birth, in the manner and within the period above required, said ...child to report the birth to the Commissioner of Health, in the manner and within the period above required, said ...keeper of a house who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ORR. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 1040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First one
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Brown Skin
3. *Date of Birth,*	8th June 1890
4. *Place of Birth, (Street and Number)*	Hoffman St No 5 ~~37~~
5. *Full Name of Mother,*	Mary Brown
6. *Mother's Maiden Name,*	Mary Hall
7. *Mother's Birthplace,*	City of Baltimore
8. *Full Name of Father,*	Clarence Brown
9. *Father's Occupation,*	a Waiter
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	Lydia Somerville
Address,	616 Clinton avenue
Remarks,	

been conferred his sex, color, the city, name and residence of its parents, the date and place of birth; and the said schedule shall be filled out and signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, be in attendance upon the mother immediately before and after the birth, then it shall be the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 19041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11th 1890
4. Place of Birth, (Street and Number) No 1206 Washington Ave
5. Full Name of Mother, Martha Wilters
6. Mother's Maiden Name, Martha Penington
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Winters
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catharine Michell

Address, No 648 west Pratt Street

Remarks,

1890 - 6 0 4 0 1 9

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifteenth days of each month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person occupying such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for the first offense, and twenty dollars for each offense thereafter, as well as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 770 47

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 1st 1890
4. *Place of Birth, (Street and Number)* Sasafrass Street No. 906
5. *Full Name of Mother,* Mary Fanagan
6. *Mother's Maiden Name,* Mary Banahan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Flanagan
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 west Pratt street

Remarks,

1890-001028

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Col'd
3. Date of Birth,	June 2 / 91
4. Place of Birth, (Street and Number)	232 Bruce St
5. Full Name of Mother,	Fanny Dyson
6. Mother's Maiden Name,	Fanny Cook
7. Mother's Birthplace,	East
8. Full Name of Father,	Richard Dyson
9. Father's Occupation.	Laborer
10. Father's Birthplace,	East
Name of Medical Attendant, or other person who makes this Return.	Jane Woodland
Address,	
Remarks,	

570 00202

been conferred by its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge or certificate between the first and third day of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance, upon the mother, immediately thereafter it shall become the duty of the person or persons who shall hereafter shall occur without the mother, immediately thereafter it shall become the duty of the person or persons who shall hereafter have charge of the case to report its birth to the Commissioner of Health, in the manner required, and child to report its birth to the Commissioner of Health, in the manner required, and in accordance with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY, PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 1890.

4. Place of Birth, (Street and Number) No 1609 E. Madison St

5. Full Name of Mother, Eva M. Lapp

6. Mother's Maiden Name, Eva M. Lowry

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benjamin F. Lapp

9. Father's Occupation, Collector for Installment House

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ch. Lewis

Address, No 1959 Ruxton Ave Bal. Md.

Remarks,

1890-002025

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the attendant at the birth, if there was one, and if there was none, the reason why there was none. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required, and shall occur without the attendance of a physician or midwife, the person or persons in charge of such child to report its birth to the office of the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 990 115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 to 5 Child
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Dec 7 June 1890
5. *Place of Birth, (Street and Number)* No 1748 Eastern Ave
6. *Full Name of Mother,* Katharine Bechtel
7. *Mother's Maiden Name,* Katharine Schrade
8. *Mother's Birthplace,* ~~Baltimore~~ Germany
9. *Full Name of Father,* Henry Bechtel
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Christina Lauer

Address, No 1039 Garland Court Baltimore Md

Remarks,

1890 - 00 20 - 23 1890

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been conferred, in his sex, color, the full name and occupation of its parents, the date and place of birth; and the time when and the name by which the child was delivered, duly signed by the practitioner in the form of certificate hereinafter set forth; and the said duplicate of each and every month to the office of the Commissioner of Health, in the manner and within the time prescribed by the Commissioner. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth, then it shall become the duty of the person or parents of such child to report said birth to the Commissioner of Health, in the manner and within the time required when a physician or midwife is in attendance. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

REGISTERED

WM. A.S. WILKEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 7th
4. Place of Birth, (Street and Number) 407 S. 4th St
5. Full Name of Mother, Sadie Hursh
6. Mother's Maiden Name, " Sifton
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, Wm. Hursh
9. Father's Occupation, Engineer on B. C. & A. R.R.
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return Dr. G. L. Brevard

Address, 407 Washington Ave Balto. Co.

Remarks,

1906 - 00202 4

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. Sex, (~~state whether~~ male ~~or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, June 8th 1890
4. Place of Birth, (Street and Number) 116-8½ St
5. Full Name of Mother, Mellissa Adler
6. Mother's Maiden Name, Mellissa Staples
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, Isaac E. Adler
9. Father's Occupation, Merchant
10. Father's Birthplace, Chicago Ill

Name of Medical Attendant, or other person who makes this Return. Wm. J. Ratner

Address, 103 W. Monument St

Remarks, No anaesthetic. No trouble.

[illegible] month, and shall ... be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890-002925

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 7048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th 14 Child
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, 7th 8 of June 1896
5. Place of Birth, (Street and Number) No 1055 Harford Ave
6. Full Name of Mother, Kate Bruning
7. Mother's Maiden Name, Kate Rosemer
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Marcus Bruning
10. Father's Occupation, Cabinet maker
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Christina Lucas

Address, No 1059 Harford Ave Baltimore Md.

Remarks,

1896-00020

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and 3rd day of each and every month to the officer of the commissioners of health. In case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within ten days after the birth of such child, the parent or parents or guardian of such child to report its birth to the Commissioners of Health in the manner and within the period above required; and any such person or persons who shall hereunder fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 5 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 8 of June 1896
4. *Place of Birth, (Street and Number)*	Walbrook
5. *Full Name of Mother,*	Christina Bahlman
6. *Mother's Maiden Name,*	Christina Koenig
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Bahlman
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr. Chas. Lamar
Address,	No 1059 Baltimore St.
Remarks,	Bal. Md

1896

1890-00 2027

month, and shall set forth as far as the same can be ascertained, the full name and usual place of birth; and the person registered, his sex, color, the full name and occupation of his parents, and the usual place of birth; and the said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur within the period of ten days next preceding the expiration of such month, the said schedule shall be delivered on the third day of each and every month. In case of the absence or inattention of a physician or practitioner of midwifery, or should no other person be present at the birth, then the mother, immediately thereafter, shall become the informant, and shall make return of such birth to the Commissioner of Health within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 8 1890
4. Place of Birth, (Street and Number)	604 St Calvert
5. Full Name of Mother,	Lottie M Laland
6. Mother's Maiden Name,	" " Seay
7. Mother's Birthplace,	Cumberland Md
8. Full Name of Father,	Elmer E Laland
9. Father's Occupation,	Advertizer
10. Father's Birthplace,	Ohio
Name of Medical Attendant, or other person who makes this Return.	Mrs Hurdlestone
Address,	914 St Paul
Remarks,	

1890 - 002028

month, or who, not being as far as he can ascertain, the father or mother of such child, shall have been present at the birth of such child, shall within ten days thereafter, report to the Registrar of Vital Statistics, the date and place of birth; and the name, sex, color, the full name and occupation of its parents, the date of marriage, and the maiden name of the mother, if married, of such child, as far as he can ascertain, and a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required by this section to report such birth, it shall become the duty of the person in charge of the house where such birth occurs, within the period above required, and said schedule shall be delivered to the Commissioner of Health, in the manner and subject to the penalties provided in this section. Certificates of births and returns of such births are to be made upon blanks furnished by the Commissioner of Health, and the certificate shall be signed by the physician or midwife in attendance upon the mother, immediately after the birth of such child, if such there be in attendance; if there be no physician or midwife in attendance, then the father or mother of such child, if present at the birth, shall report the birth as required by this section; and in case the father and mother are both absent from the house or place where the birth occurs, then the person having charge of such house or place shall report the birth as required by this section. It shall be the duty of the Commissioner of Health, in the manner and subject to the penalties provided in this section, to require the return of births and returns of births not made as required by this section, and to cause the arrest of any person who shall hereafter fail to comply with the provisions of this section. Said penalties are recoverable before any justice of the peace of Baltimore City, and shall be paid into the treasury of said city. Any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. O. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 77051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 8/90
4. Place of Birth, (Street and Number) 20 Parkist al
5. Full Name of Mother, Harriet Gordon
6. Mother's Maiden Name, Harriet Smith
7. Mother's Birthplace, Balto
8. Full Name of Father, William Gordon
9. Father's Occupation. Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

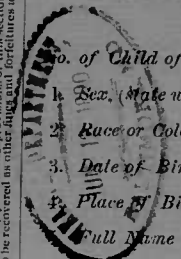
870-003-0029

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and for said delay, if delayed, daily signed by the practitioner in the form of oath certificate herein provided, and every month to the office of the Commissioner of Health. If no certificate of the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth of such child, it shall become the duty of the person or parents of such child, within ten days after the birth, to report the same to the Commissioner of Health in the manner and within the time specified in this section, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 220 57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	9 June 1870
4. Place of Birth, (Street and Number)	Bondstreet 416
5. Full Name of Mother,	Katarina Boode
6. Mother's Maiden Name,	Katarina Lins
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Fr. Boode
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Johanna Schumann
Address,	327 S. Bondstreet.
Remarks,	

1870-002030

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the first day of January, eighteen hundred and seventy-eight, it shall be the duty of the attending physician or midwife, or in the absence of both, of the father or mother, or other person having charge of any child born within the limits of Baltimore City, to report to the Registrar of Vital Statistics, at the office of the Board of Health, the birth of such child, within ten days after such birth, and at the same time to report the full name and residence of the parents, the date and place of birth, and the said report shall be delivered at the office of the Registrar in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, at the office of the Board of Health, and shall be signed by the attending physician or midwife, or in the absence of both, by the father or mother, or other person having charge of the child, and shall contain the full name and residence of the parents, the date and place of birth, and the name of the child, if named; and it shall be the duty of the Registrar of Vital Statistics, at the time of delivering to the parent or guardian of any child a certificate of vaccination, as provided in Section 4 of Ordinance No. 1, approved January 2nd, 1878, to deliver to such parent or guardian a blank form of the certificate of birth required by this ordinance, and to explain the requirements thereof; and it shall be the duty of the Registrar of Vital Statistics to keep a record of all births reported to him, and to report monthly to the Board of Health the number of births reported during the month, and the number of births registered during the year.

Section 2. And be it ordained, That any person who shall neglect or refuse to perform any duty required by the first section of this ordinance, or who shall wilfully report false information as to any birth, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9 1890
4. Place of Birth, (Street and Number) 743 W Hamburg St
5. Full Name of Mother, Emelia A Glenn
6. Mother's Maiden Name, Emelia A Miller
7. Mother's Birthplace, D C
8. Full Name of Father, Charles H Glenn
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balti Md

Name of Medical Attendant, or other person who makes this Return. Theodo Cooke

Address, 914 N Charles

Remarks,

HEALTH DEPARTMENT RECEIVED JUN 22 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] 20 [illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, June 4th 1890 3 A.M.

4. Place of Birth, (Street and Number) 1130 N. Eutaw

5. Full Name of Mother, Adaline Glover

6. Mother's Maiden Name, Adaline Lewis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Glover

9. Father's Occupation,

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. H. Goddard M.D.

Address,

Remarks,

1890 00 2032

Parents, Doctors and Midwives are required to report births to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth occurs, and the said schedule shall be delivered duly signed by the party thereto in the form of a penalty, between the first and third day of each and every month, a return of each and every birth of any child shall occur without the delivery thereafter it shall become the duty of the person, or midwife, who shall be in attendance upon the mother at the birth of such child to report the same to the Registrar of Vital Statistics, in the manner and within the time above specified, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 19056.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female — Ada Webber
2. Race or Color, (if not of the white race)
3. Date of Birth, 4th of June
4. Place of Birth, (Street and Number) No 35 S. Caroline st
5. Full Name of Mother, Ella Webber
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Webber
9. Father's Occupation, Paper hanger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L Schultz

Address, 1831 East Lexington st

Remarks, Full name added by brother - July 8 - 1936. T.C. Wdm. Reg.

George A Webber Brother 833

Penalty for neglect.—Section 5. And be it further enacted, That the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the name given to every child born within the limits of Baltimore city, shall be delivered, duly signed by the attendant at the birth, or the father or mother of such child, if present, to the Commissioner of Health, or should no other person be in attendance upon the birth, the father or mother of such child shall become the duty of the person or persons required, and shall occur without the latter, immediately thereafter, in the manner and within the time prescribed by the Commissioner of Health, in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth. June 16th 1890

4. Place of Birth. (Street and Number) 1711 Etting St.

5. Full Name of Mother. Celia Howard

6. Mother's Maiden Name. Celia Howard

7. Mother's Birthplace. City

8. Full Name of Father. Francis Lee

9. Father's Occupation. Waiter

10. Father's Birthplace. Carroll City Maryland

Name of Medical Attendant, or other Person who makes this Return Dr. C. Shuhman

Address. 111 N. Eutaw St.

Remarks. Illegitimate

any name shall have been registered, he or she, either in the first name or surname, or both, as the case may be, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the person registering the birth, within thirty days next after the registration thereof; and every person who shall neglect or refuse to register the birth of any child shall forfeit the sum of ten dollars to the Board of Health, in the manner and for the purposes aforesaid. To cause the death of any child by any act or omission, or to secrete the dead body of any child, so that it shall not be known whether it was born alive or not, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the time aforesaid, and the neglect or refusal to do so shall subject any person or persons who shall be convicted thereof, to the penalties prescribed in the case of the concealment of the death of children, and such person or persons shall be liable to a fine not exceeding fifty dollars, or imprisonment in the city jail not exceeding six months, or both, at the discretion of the court. Physicians and midwives shall be required to report births as above, and shall be entitled to a fee of fifty cents for each birth so reported; but no other fees shall be recovered as either fees or penalties are recoverable.

[illegible] & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-26-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Howard Leo Bordet 3D

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ *&c.)*

1. *Sex, (state whether male or female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 W
June 1st 1950
906 Hilton ave
Kate Border
Kate Spicer
Baltimore Md
U.S.
Merchant
Balto Md
D. L. Spicer M.D.
835 W. Lombard St

1950-002035

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the parent or person in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother immediately thereafter sign such schedule, the parent or person in charge of such child to report its birth to the Commissioner of Health within the period above required, and any such person or parent who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BLAND & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-22-55

RETURN OF A BIRTH. A 77051

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Anna Marie Hammerl

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 1st 1900
4. Place of Birth (Street and Number)	320 Harford Ave
5. Full Name of Mother	Lotta Hammerl
6. Mother's Maiden Name	Lotta Aulbach
7. Mother's Birthplace	Bel Air Harford Co Md
8. Full Name of Father	George Hammerl
9. Father's Occupation	Foreman
10. Father's Birthplace	Homestead Pa
Name of Medical Attendant, or other Person who makes this Return.	George F. Lyon M.D.
Address	Sandtown Balto Co Maryland
Remarks	

STATE FILE NO. 2035

The Physician, Midwife or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. *Sex, (state whether male or female)* White

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* [illegible]

4. *Place of Birth, (Street and Number)* 1327 Lemmon St

5. *Full Name of Mother,* Anna Burns

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* [illegible] Burns

8. *Full Name of Father,* [illegible]

9. *Father's Occupation,* [illegible]

10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately to report, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH A note

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, Born June 9 th 1890

4. Place of Birth, (Street and Number) # 2127 Calverton Ave

5. Full Name of Mother, Mrs Magdalene Wehrle

6. Mother's Maiden Name, Miss " Limpfer

7. Mother's Birthplace, Baden Germany

8. Full Name of Father, Mr August Wehrle

9. Father's Occupation, Brewer

10. Father's Birthplace, Baden Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Hiller

Address, 2127 West Pratt Str

Remarks,

1890 - 00208

been conferred his sex, color, the (in numerical) Occupation of his Parents, the place of birth, and such other facts as may be required. And every person who shall refuse or neglect to make such return as aforesaid, or to procure a certificate as aforesaid, when the same ought to be delivered, duly signed by the practitioner in the case of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any practitioner or midwifery, or should no other person, such shall occur without the attendance of any practitioner or midwifery, or should no other person, such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	W.
3. Date of Birth,	June 9th 1890
4. Place of Birth, (Street and Number)	2043 Lafayette
5. Full Name of Mother,	Elizabeth De Delius
6. Mother's Maiden Name,	" Rachel
7. Mother's Birthplace,	B. C.
8. Full Name of Father,	Frank De Delius
9. Father's Occupation,	Glass Carver
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Wilkins
Address,	2126 E. Pratt
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, and the date and place of its birth, the full name and residence of its parents, the date and place of their marriage, and such other particulars as may be required by the practitioner or midwife, or by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case no other person be in charge of the mother, immediately after the birth of such child, it shall become the duty of the person in charge of the mother within the period above required, to give notice of such birth to the office of the Commissioner of Health, and it shall be the duty of the person in charge of the mother immediately after the birth of any child to give notice upon the mother, immediately after the birth of such child, it shall become the duty of the person in charge of the mother within the period above required, to give notice of such birth to the Commissioner of Health, and it shall be the duty of any such person or person who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890-002039

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, June 11 / 90

4. Place of Birth, (Street and Number) 122a Block

5. Full Name of Mother, Sarah E. O'Brian

6. Mother's Maiden Name, " O'Boyle

7. Mother's Birthplace, Bo.

8. Full Name of Father, Patrick O'Brian

9. Father's Occupation, Stone Chopper

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Geo. L. Whitacre

Address, 226 S. Ostly

Remarks,

1890 - 02040

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, the sex, race or color, the full name and occupation of each parent, the date and place of birth, and the name of each child that has been previously born to the mother, whether born alive or dead, which information shall be given to the Commissioner in the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or persons in charge of such child to report all the facts required to be reported by this section within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Irish
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	June 11 1890
4. Place of Birth, (Street and Number)	No 21 Central ave
5. Full Name of Mother,	Bella ~~Cohen~~ Schneberger Cohen
6. Mother's Maiden Name,	Virginia
7. Mother's Birthplace,	Jacob Schneberger
8. Full Name of Father,	clerk
9. Father's Occupation,	New York
10. Father's Birthplace,	A Friedenwald
Name of Medical Attendant, or other person who makes this Return.	316 N. Eutaw Street
Address,	
Remarks,	

1890 - 002041

63

The Law requires correct and full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In the manner and within the period above recited. In case of the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the birth, the parent or parents of such child shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th June 1850
4. Place of Birth, (Street and Number) No 1033 Greenmount Av. Balto
5. Full Name of Mother, Mrs Rosa Bateholder
6. Mother's Maiden Name, Miss Rosa Lynch
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mr Walter A. Batcholder
9. Father's Occupation, Watchman
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return. Mrs Morgan

Address, No 936 Greenmount Ave

Remarks,

1890 - 002042

Every birth shall be registered, and the name and color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife present at the birth, if any, shall be entered in the certificate of birth; and the certificate shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health within ten days after the birth of any child born in the city of Baltimore, and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother at the birth of any child, then the mother shall, within ten days after the birth of such child, make out and deliver to the Commissioner of Health a certificate of such birth, in the manner and within the time above specified; and no midwife or other person shall be entitled to receive any fee for services rendered in any case of birth which shall occur without the attendance of a physician, unless the duty of the person or parents of such child to report such birth to the Commissioner of Health shall have been performed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1870.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Mulatto
3. *Date of Birth,* June 5, 1870.
4. *Place of Birth (Street and Number),* 570 Hanover St.
5. *Full Name of Mother,* Mrs. Annie Lewis
6. *Mother's Maiden Name,* Annie Miller
7. *Mother's Birthplace,* Russia
8. *Fult Name of Father,* Abraham Lewis
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Physician of Hanover St.

Address, 410 Hanover St.

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter directed, to the Registrar of Vital Statistics, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs without the attendance of a physician or practitioner, the mother or parent of such child is hereby required to report the birth as aforesaid; and in case the mother or parent is herself unable to report, the duty of reporting shall devolve upon the person in charge of the house in which the birth occurs, and if there be no person in charge of the house, then upon the nearest adult person present at the birth. The Commissioner of Health, in the manner and within the period above prescribed, shall require the report of any birth which shall not have been reported as aforesaid; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

C 70 : 00 2043

RETURN OF A BIRTH. A. 1906

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 5
4. Place of Birth (Street and Number)	1413 Edmonson Ave
5. Full Name of Mother	Mary L Rhinedollar
6. Mother's Maiden Name	Mary L Runser
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Abel Rhinedollar
9. Father's Occupation	Salesman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Robert Krauss
Address	1205 N. Fayette St.
Remarks	

C 7 0 - 0 0 2 0 4 1

Review of the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 so
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 6th 1890
4. Place of Birth, (Street and Number)	No 1027 Hall st
5. Full Name of Mother,	Katie Garling
6. Mother's Maiden Name,	Katie Hanlon
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Daniel Garling
9. Father's Occupation,	Glass Blower
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	No 1517 Byrd st
Remarks,	

1890 002045

been conferred by sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth occur after the attendance of a physician or midwife has ceased, or should no such person be in attendance upon the mother, the certificate shall become the duty of the person or parents of such child to cause the birth to be registered within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored race

3. Date of Birth, 8th of June

4. Place of Birth, (Street and Number) 220 Lamburg St

5. Full Name of Mother. Rosie Boyd

6. Mother's Maiden Name, Rosie Jackson

7. Mother's Birthplace, Mackenburg Co Via

8. Full Name of Father, William Boyd

9. Father's Occupation, Waiter

10. Father's Birthplace, Mackenburg Co Via

Name of Medical Attendant, or other Person who makes this Return. Catherine Wiley

Address, 11 26 Bucknell St

Remarks,

Which, and each and every month, they are required to make, and shall do so, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the Office of the Commissioner of Health. In case the birth of any child upon the mother. Immediately thereafter it shall become the duty of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Guggle & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th 1890
4. Place of Birth, (Street and Number) No 1007 Greenmount
5. Full Name of Mother, Mary Ott
6. Mother's Maiden Name, Mary Baley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christian Ott
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1517 Byrd st

Remarks,

890 - 002047

Each conviction shall be had before one or more justices of the peace of the county or city where the offence is committed, and the fine, when collected, shall be paid into the treasury of said county or city. Any person who shall refuse or neglect to make the return required by this section, or who shall make a false return, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than fifty nor more than one hundred dollars, or be imprisoned in the county jail not more than six months, or both, at the discretion of the court. It shall be the duty of the person in charge of any case of birth to report the same to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 12-30-53

RETURN OF A BIRTH A 77070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Estella Schoolhouse

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 10 1890
4. Place of Birth, (Street and Number) 67½ Stan St
5. Full Name of Mother, Amelia Schoolhouse
6. Mother's Maiden Name, Amelia Housman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Schoolhouse
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wellington Blyden

Address, 641 Dr Pasca St

Remarks,

1890-002048

month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been born, and shall be liable to the penalty of fifty dollars for each offense. The full name and occupation of the parents, the date and place of birth; and the said certificate shall be delivered to the person authorized to register the birth of any child within the first third day of each and every month to the office of the Commissioner of Health, and no certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be liable to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the person or parents shall, immediately thereafter, fail to comply with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 22071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th of June 1890
4. Place of Birth, (Street and Number) 2010 East Federal St. Near Washington
5. Full Name of Mother, Annie Schonate
6. Mother's Maiden Name, Annie Zech
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Zech
9. Father's Occupation, Cupper
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel st. per Justina Kunkel

Remarks, Healthy.

8 9 0 - 0 0 - 0 1 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician or midwife in attendance at the birth of such child, and the said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Wednesday June 11th 1890
4. *Place of Birth, (Street and Number)*	No 403 Smallwood St
5. *Full Name of Mother,*	Louise Allenbahl
6. *Mother's Maiden Name,*	Louise Scheible
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	George K Allenbahl
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return.	Catherine Hall
Address,	No 349 Bentalou St.
Remarks,	

3900 0050

Month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, and the sex, color, the full name and occupation of its parents, the date and place of birth and such other information as the Commissioner of Health may require. In case the first and third day of each and every month to the Commissioner of Health; in the event of the death of any person required to report its birth to the Commissioner of Health; in the event of the death of any child shall occur without a return having been made as aforesaid, the person or persons required to report such birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, A 22043

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) _____

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 5th 1890
4. *Place of Birth, (Street and Number)* 40 Patterson Park Avenue
5. *Full Name of Mother* Margaret A. Hill
6. *Mother's Maiden Name* Margaret A. Raffe
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* Hugh Hill
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 700 E. Broadway.

Remarks _____

The Law requires that a Return of every Birth, which shall occur in Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A. 22070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	Fourth
1. *Sex.* (*State whether male or female*)	Female
2. *Race or color,* (*if not of the white race*)	White
3. *Date of Birth,*	June 6th 1890
4. *Place of Birth,* (*Street and Number*)	910 N. Washington St
5. *Full Name of Mother.*	Elizabeth Peters
6. *Mother's Maiden Name,*	Zimmerman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father.*	Joseph Peters
9. *Father's Occupation,*	Cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S. H. Seldeen M.D.
Address,	1501 E. Eager St
Remarks.	

1890-00-052

... SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 77075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12th
4. Place of Birth, (Street and Number) 906 E. Fayette st.
5. Full Name of Mother, Josephine Dendeck
6. Mother's Maiden Name, Yanolavita
7. Mother's Birthplace, Russia
8. Full Name of Father, Jos. Dendeck
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. L. Buddenbohn

Address, 418 S. Paca st.

Remarks,

L. 6 x 09 : 853

Every birth which shall occur within the limits of Baltimore City shall be registered, and it shall be the duty of the father of the child, the householder, the owner of the premises, the physician, midwife, or other person having charge of the case, to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of oath, to the person in charge of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child third day of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the mother herself to report the birth of her child. Any person who shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in shall neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the time above required, or any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

WM. A. G. COLBERT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	Colored.
3. Date of Birth,	June 12 th.
4. Place of Birth (Street and Number),	1029 Booth St.
5. Full Name of Mother,	Matilda Edwards.
6. Mother's Maiden Name,	Matilda Sweet.
7. Mother's Birthplace,	Eastern Shore Md.
8. Full Name of Father,	Geo. Edwards.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Annapolis Neck. Md.
Name of Medical Attendant, or other person who makes this Return.	Charlotte Proctor
Address,	811 Carlton St.
Remarks,	

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, then the certificate required to be made by the mother or father (and in their absence by the person or persons present at the birth) shall be delivered by the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Kim. e Publishing Co., City Printers and Stationers.

C. O. - 33203

RETURN OF A BIRTH A 22077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12th 1890
4. Place of Birth, (Street and Number) 712 W Ramsay St.
5. Full Name of Mother, Katie Weichard
6. Mother's Maiden Name, Katie Monnich
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Weichard
9. Father's Occupation, Confectioner
10. Father's Birthplace, Baltimore City Md
Name of Medical Attendant, or other person who makes this Return. Thos Cooke
Address, 914 N Charles
Remarks,

BALTIMORE CITY HEALTH DEPARTMENT

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said physician or midwife shall deliver to the person in charge of the premises where the birth occurred, or to the parent or nearest relative present, a certificate bearing the same number as the schedule, and containing the information required to be entered thereon. In case the birth occurs where there is no physician or midwife in attendance, the householder or the person or persons in charge of the premises where such birth occurs shall report the birth to the Commissioner of Health, and shall also cause the information required, and the duty of the parent or nearest relative present to report the birth to the Commissioner of Health, comply with the other provisions of this section shall be guilty of a misdemeanor and upon conviction thereof shall be subjected to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable

R 002055

WM. J. D. DALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13 1890
4. Place of Birth, (Street and Number) 1146 Myrtle Ave
5. Full Name of Mother Teressa A Schuman
6. Mother's Maiden Name Teressa A Johnson
7. Mother's Birthplace, Md
8. Full Name of Father, Albert Schuman
9. Father's Occupation, Groceryman
10. Father's Birthplace, Baltyd City

Name of Medical Attendant, or other person who makes this Return. Thos Cooke

Address, 914 N Charles

Remarks,

been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be every month to the office of the Commissioner of Health. It shall be the duty of any midwife or other person who shall assist at the birth of any child to report to the Commissioner of Health, in the manner and within the period above required and attendance upon the mother, immediately after the birth, or in case of the absence or inability of such midwife or other person, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and such midwife or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. S. GULLEY & SON, CITY PRINTERS AND STATIONERS

1890 - 022054

RETURN OF A BIRTH A. 22079.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	June 15 th 1890
4. Place of Birth, (Street and Number)	1438 Patapsco . St
5. Full Name of Mother,	Ellen cecela Graham
6. Mother's Maiden Name,	Ellen cecela Barritt
7. Mother's Birthplace,	ireland
8. Full Name of Father,	Stephin calvin Graham
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Fredrick county m d
Name of Medical Attendant, or other person who makes this Return.	Ellenora a. anderson
Address,	1434 Patapsco Street
Remarks,	mother and child doing well

1890 - 002057

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance at the birth, then by the occupier of the house in which such birth shall occur, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 77080

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 12, 1890.
4. Place of Birth (Street and Number)	769 Saratoga St.
5. Full Name of Mother	Ida Virginia Bromley
6. Mother's Maiden Name	Ida Virginia Jones
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Francis Henry Bromley
9. Father's Occupation	Car Driver
10. Father's Birthplace	Carroll Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	E. N. Holloway M.D.
Address	714 N. Carey St.
Remarks	

1890-09-058

Every Physician in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. A 22081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15th 1890
4. *Place of Birth, (Street and Number)* 1328 McHenry St
5. *Full Name of Mother,* Emma F. Fowler
6. *Mother's Maiden Name,* Emma F. Stewart
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* L. H. Fowler
9. *Father's Occupation,* Drover
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return S. Robt Kelley, M.D.

Address, 1332 W. Lombard St.

Remarks, 1890-002059

[illegible] in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 22084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	W
3. Date of Birth,	June 16th 1890
4. Place of Birth (Street and Number),	David Ave "Clipper"
5. Full Name of Mother,	Blanche Maisenor
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Md
8. Full Name of Father,	John W. Bradford
9. Father's Occupation,	Md
10. Father's Birthplace,	D. L. Williams M.D.
Name of Medical Attendant, or other person who makes this Return.	Woodberry Balto Md
Address,	
Remarks,	

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the day of the month on which the practitioner of midwifery, or should no other person, shall be required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the like penalty (ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 220883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3rd 1890
4. Place of Birth, (Street and Number) 5-30 W. Franklin St.
5. Full Name of Mother, Maggie Cole
6. Mother's Maiden Name, Rea
7. Mother's Birthplace, Scotland
8. Full Name of Father, William Cole
9. Father's Occupation, Painter
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. J. B. Gardner

Address, 424 N. Greene St.

Remarks, 6-10-00206 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and such additional facts as may be required by the Commissioner of Health, on the first and third day of each and every month of a physician or practitioner in the city of the person or parents of such child, or some one of them, if there be more than one, and in case the birth of any child shall occur without the presence of a physician or practitioner, then the person in whose house or on whose premises such child was born, or the parent, if the latter be present at the birth, immediately thereafter, in the manner and within the period above specified, to report its birth to the Commissioner of Health; and any such person or persons who shall wilfully neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 220 821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh (11th)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6th 1890
4. Place of Birth, (Street and Number) #2208 Essex St
5. Full Name of Mother, Elizabeth Hommeck
6. Mother's Maiden Name, Elizabeth Regner
7. Mother's Birthplace, Germany
8. Full Name of Father, Richard Hommeck
9. Father's Occupation. Tanner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Amedia G Sommers

Address, # 611 S Patterson Park ave.

Remarks,

1890 - 002052

been transferred (as sex, color, the full name and occupation of the parents, &c.) in the form of a certificate between the first and tenth day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the limits of Baltimore City, the person or persons in charge of such child within the period above required, and shall then report its birth to the Commissioner of Health, in full compliance with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A22080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 6th 90
4. Place of Birth (Street and Number),	1109 Hall alley
5. Full Name of Mother,	Bridgett Beynon
6. Mother's Maiden Name,	Bridgett Beynon
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	W. L Beynon
9. Father's Occupation,	Rigger
10. Father's Birthplace,	Wales, G. B
Name of Medical Attendant, or other person who makes this Return.	Mrs C C Tayton
Address,	Mrs H Guilford alley
Remarks,	

1890 - 002063

...Co., City Printers and Stationers

GIVEN NAME LOCKED 5-2-51

RETURN OF A BIRTH A. 990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Florence D Stevens

6th

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female
2. Sex, (state whether male or female)
3. Race or Color, (if not of the white race) June 9th 90
4. Date of Birth, 1031 Edmondson Ave
5. Place of Birth, (Street and Number) Agnes Stevens
6. Full Name of Mother, " Johnson
7. Mother's Maiden Name, Baltimore
8. Mother's Birthplace, Robert L. Stevens
9. Full Name of Father, Paper + Paper bags
10. Father's Occupation, Massachusetts
11. Father's Birthplace, Thomas Opie
12. Name of Medical Attendant, or other person who makes this Return. 600 N. Howard St
13. Address,
14. Remarks,

B 90 - 002064

BALTIMORE CITY HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

With a certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth occurs in a city institution or in a private family where there is no physician or practitioner of attendance, the person or parents of such child to report the birth to the Commissioner of Health, to comply with the provisions of this section. Should any such person or persons who shall neglect or refuse to comply with the provisions of this section, be convicted of any such offense, to be recovered as other fines and forfeitures are recoverable, subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 10, 1880

4. Place of Birth, (Street and Number) 1204 Hanford ave

5. Full Name of Mother, — Wagner

6. Mother's Maiden Name, Ell

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Wagner

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Had no attendant but a neighbor

1890-002065

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colerd
3. Date of Birth, June the 11th
4. Place of Birth, (Street and Number) Ledenhall st 128
5. Full Name of Mother, alice Fleet
6. Mother's Maiden Name, alice riley
7. Mother's Birthplace, richmond Virginia
8. Full Name of Father, denis riley
9. Father's Occupation, labour
10. Father's Birthplace, tobert County Wilm

Name of Medical Attendant, or other person who makes this Return, Sarrah Jane

Address, No 115 Fluney

Remarks,

1890-002066

Said Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or other person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the limitations of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mothers first

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), Colored.
3. Date of Birth, June 15 Th.
4. Place of Birth (Street and Number), Baltimore. Albow Lane 614.
5. Full Name of Mother, Josephine. Washington.
6. Mother's Maiden Name, Josephine Butler.
7. Mother's Birthplace, Charles County Md.
8. Full Name of Father, John Allan Washington.
9. Father's Occupation, Bellmans.
10. Father's Birthplace, Shepards Town West Virginia

Name of Medical Attendant, or other person who makes this Return. did not have any MD doctor

Address, No 108 Cross St. Mrs Annie Johnson. Cecelia Court.

Remarks,

1090-002067

Every physician or midwife in attendance upon a birth shall deliver, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of every birth at which he or she shall be present since the last preceding return, and if no birth has occurred during that time, he or she shall so report. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person shall so report the birth to the Commissioner of Health, it shall become the duty of the father or mother of such child, or the householder in which the birth occurred, within ten days after the birth, to report the birth to the Commissioner of Health, in the form above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 77090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) Colder race
3. Date of Birth, Jun 15 half past 6 sunday evening
4. Place of Birth, (Street and Number) Cal Street 1344 3
5. Full Name of Mother, Maria Brown
6. Mother's Maiden Name, Maria Fillips
7. Mother's Birthplace, Kent Co MD
8. Full Name of Father, James H Brown
9. Father's Occupation, Sailing
10. Father's Birthplace, North Carlina

Name of Medical Attendant, or other person who makes this Return. Laura Mills

Address, 1442 ward st

Remarks, i am dar well con citen for the fut

Child 1890-002068

been conferred, its sex, colour, the full name and occupation of its parents, the date and place of birth, as the case may be, and the name and residence of the practitioner in the first instance, or other person between the first and second return of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, then it shall become the duty of the person or persons present at the birth to report the same to the Commissioner of Health, in the manner and with the particulars above required, and attendance upon the mother. And every practitioner who shall neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

April 9th

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 15, 1890
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Lottie Ruby
6. *Mother's Maiden Name,* Arnold
7. *Mother's Birthplace,* Carroll Co Md
8. *Full Name of Father.* Thomas H Ruby
9. *Father's Occupation,* Opr in Cotton Mill
10. *Father's Birthplace,* Carroll Co

Name of Medical Attendant, or other person who makes this Return. Harriet Summers

Address, 200 S Dinsin St.

Remarks,

1890-002069

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the first and third day of each and every month to the officer or Commissioner of Health. In case the birth takes place without the attendance of a physician or midwife, then the father, mother or householder in charge of such child to report its birth to the officer or Commissioner of Health, in the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A990 92

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether mate or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 15 1890.
4. Place of Birth, (Street and Number) No. 84 Hanford road (Belt.)
5. Full Name of Mother, Maggie Connell
6. Mother's Maiden Name, Maggie O'Neill
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wilfy Connell
9. Father's Occupation, Stone Mason
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Dr. A. Elwell, M.D.

Address, 1244 Hanford ave

Remarks,

1890-002070

JUN 18 1890

been conferred) its sex, color, if not mate nor female, its race, if not white, the day of its birth, the name, age, residence and occupation of its parents, the name and residence of the attending physician, midwife or other person who may be present at the birth, and the cause of death. In case the birth of any child said octolnie shall be delivered, duly signed, to the Coroner in the form of a certificate between the first and third day of each and every month to the office of the Coroner in the form of a certificate between the first and attendance without the attendance of a physician or practitioner of medicine, or midwife, or other person, be in attendance upon the mother of such child, it shall be the duty of the person or persons present at such child to report its birth to the Commissioner of Health as required above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as the other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)	
1. *Sex, (~~state whether male or~~ female)*	
2. *Race or Color, (~~if not of the~~ white race)*	
3. *Date of Birth,*	June 16th 1901.
4. *Place of Birth, (Street and Number)*	1811 W. Baltimore St.
5. *Full Name of Mother,*	Wilhelmina Steinmeyer.
6. *Mother's Maiden Name,*	Wilhelmina Rhinefelz.
7. *Mother's Birthplace,*	Baltimore City, Md.
8. *Full Name of Father,*	Frederick W. H. Steinmeyer.
9. *Father's Occupation,*	Cigar Manufacturer.
10. *Father's Birthplace,*	Baltimore City, Md.
Name of Medical Attendant, or other person who makes this Return.	Wm. D. Keating M.D.
Address,	662. W. Lexington St.
Remarks,	1901-002071

and schedule shall be delivered, duly signed by the practitioner in the case of a birth, within ~~ten~~ days, and in the case of the birth of any child born after the third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. It shall be the duty of any physician or midwife in attendance upon any case of birth or stillbirth to make the return required by this section; and if any such birth shall occur without the attendance of a physician or midwife, or should no other person be in attendance at the birth, it shall thereafter become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered with costs of suit; and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 2nd 1890.

4. Place of Birth, (Street and Number) 1209 Holbrook st

5. Full Name of Mother, Mary Haggerty

6. Mother's Maiden Name, " Welsh

7. Mother's Birthplace, City

8. Full Name of Father, John Haggerty

9. Father's Occupation, Plasterer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby M. D.

Address, 1207 N. Eden st.

Remarks, Neither physician nor midwife was in attendance. E. B. Fenby M.D. 6-2-90 to make return

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 22095.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) white

2. Race or Color, (if not of the white race) Girl

3. Date of Birth, June 2 1890

4. Place of Birth, (Street and Number) Ann st 2327

5. Full Name of Mother, Mary Bednar

6. Mother's Maiden Name,

7. Mother's Birthplace, Bohiamen

8. Full Name of Father, Joseph Bednar

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohiamen

Name of Medical Attendant, or other person who makes this Return. Mary Kupitz

Address, Washington st 206

Remarks,

1890 - 002073

SEC. 2. It shall be the duty of every practitioner in the first and second districts of this City, and of every Coroner, Constable or other person who may be in attendance upon the mother at the birth of a child, to make a return in the form of a certificate between the first and second days of each and every month to the office of the Commissioner of Health, or to the person or parents of such child to report, in writing, such birth, which certificate shall be delivered, duly signed by the practitioner in attendance upon the mother at the birth of a child, to the person or parents of such child, or left at the office of the Commissioner of Health, or to the person appointed by him to receive the same, within the period above required, and every such practitioner, Coroner, Constable or other person who shall neglect or refuse to make such return, or to report, in writing, such birth as herein required, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEC. 3. And be it enacted, That it shall be the duty of the Commissioner of Health to cause to be printed a sufficient number of blank certificates, and to furnish the same to the practitioners, Coroners, Constables and other persons who may be required to make returns of births, as aforesaid, and to receive and file the returns of births, as aforesaid, and to keep a record thereof; and he shall cause to be published, from time to time, such information as may be necessary to secure a correct registration of births, as aforesaid.

SEC. 4. And be it enacted, That it shall be the duty of the Commissioner of Health to cause to be published, from time to time, such information as may be necessary to secure a correct registration of births, as aforesaid.

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SEC.

RETURN OF A BIRTH. 22096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 9 1890
4. Place of Birth, (Street and Number) Chapple st 227
5. Full Name of Mother, Mary Lanz
6. Mother's Maiden Name,
7. Mother's Birthplace, Pohjanen
8. Full Name of Father, John Lanz
9. Father's Occupation. tailor
10. Father's Birthplace, Pohjanen

Name of Medical Attendant, or other person who makes this Return. Mary Kelly

Address, Woodington 205

Remarks, 1890-002074

Every midwife, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, or the Commissioner of Health. In case the birth of any child shall occur within the said period of time and no physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person occupying the same house or tenement with the mother at the time of the birth of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

No 0997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 June 1890
4. Place of Birth, (Street and Number) 1602 Marshall St
5. Full Name of Mother, Mary Asie
6. Mother's Maiden Name, Mary Mansfield
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Asie
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. E. A. Tully

Address, 1828 Light St

Remarks, Doing Well

1890-002075

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22098.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 5 1890
4. Place of Birth, (Street and Number) Orleans st 2031
5. Full Name of Mother, Susiana Blair
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Blair
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koplitz

Address, Washington 20

Remarks,

1890-002076

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth occurs without the presence of a physician or practitioner of midwifery, or if the person or parents of such child do not report its birth to the Commissioner of Health, it shall become and within the period above required, and it shall be the duty of the father, immediately thereafter, if able to comply with the provisions of this section, and any such person or persons who shall refuse or fail to comply with the provisions of this section are recoverable. ject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BALTZ & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 77099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 6 1890
4. *Place of Birth, (Street and Number)* Washington Ave at 955
5. *Full Name of Mother,* Annie Hlavka
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Hlavka
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary E Foster

Address, Washington 205

Remarks,

LVO-002077

said vaccinia shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child attended upon the mother, since the last previous return, or in case no other person be in attendance upon the mother, then the physician or practitioner of midwifery, or the parent of such child, shall report its birth to the Commissioner of Health. It shall become the duty of the person or persons so to report the birth of any child born in a house or tenement, to cause a copy of this section to be posted in a conspicuous place in the room where the mother and child are, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 1910

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name of Child, George E. Harris Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex,* (state whether male or female) Male.
2. *Race or Color,* (if not of the white race) White.
3. *Date of Birth,* June 7th 1910.
4. *Place of Birth,* (Street and Number) 1022 Hopkins Place.
5. *Full Name of Mother,* Bettie W. Harris
6. *Mother's Maiden Name,* Pinell
7. *Mother's Birthplace,* Virginia.
8. *Full Name of Father,* George E. Harris
9. *Father's Occupation,* Merchant Tailor
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return Louis W. Knight M.D.

Address, 414 N. Greene

Remarks,

C 10 - 002073

JOHN S. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 7 1890
4. Place of Birth, (Street and Number) Durham st 1041
5. Full Name of Mother, Mary Roach
6. Mother's Maiden Name, Navratil
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Emil Navratil
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Roche

Address, Washington 2005

Remarks,

1890 - 002079

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or agent having charge of the house in which such birth occurs, or of the parents, if able, within the period above required, and child to report the birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 7210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th 1890
4. Place of Birth, (Street and Number) 1333 Lafayette Av.
5. Full Name of Mother, Ida L. Grindall
6. Mother's Maiden Name, " " Dempsey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J. Grindall
9. Father's Occupation, Magistrate
10. Father's Birthplace, Baltimore

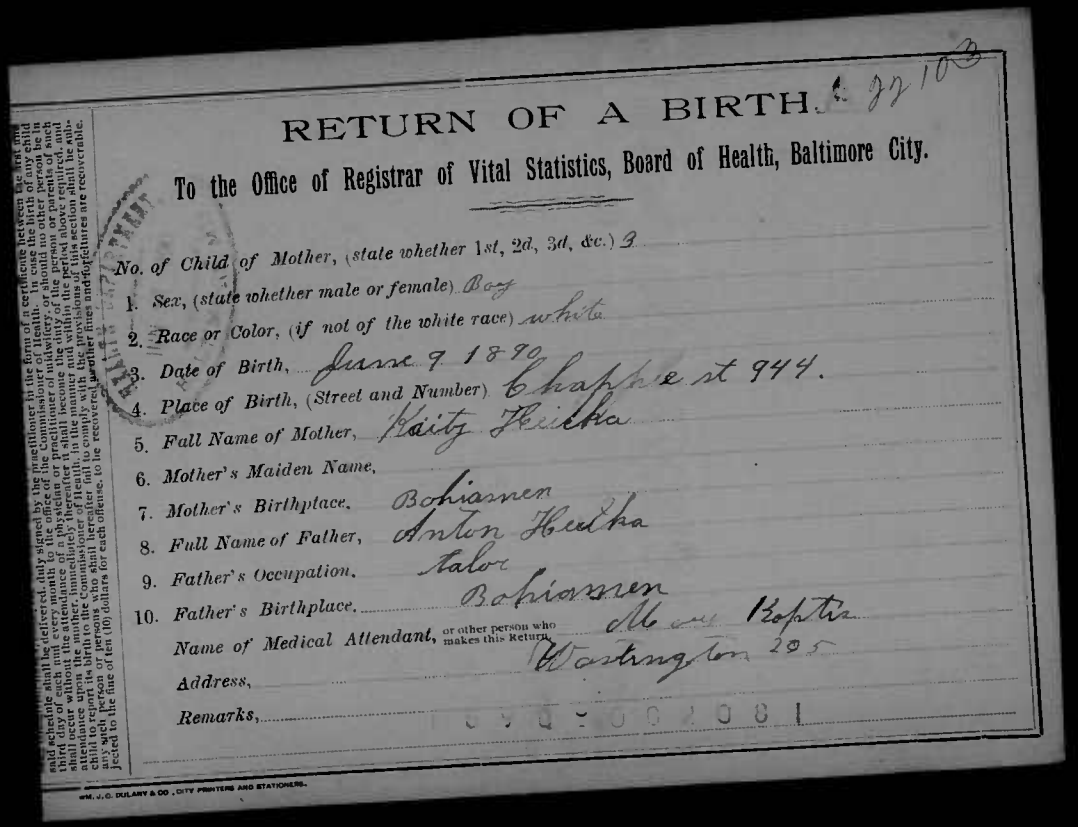
Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address, 639 Dolphin St

Remarks, 1890-002030

ascertained the full name of such child, if any shall have been conferred, its sex, color, the day, month and year of its birth, the name of the city, county or town in which such birth occurred, and such other particulars as may be required by the form of a certificate to be issued by the said Commissioner of Health, and the said schedule shall be delivered, duly signed, to the said Commissioner of Health. In case the certificate is between the first and third day of each and every month to any physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of any child, then it shall become the duty of the person or parents of such child to report the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, then it shall become the duty of the person or parents of such child to report the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, then it shall become the duty of the person or parents of such person to be in attendance upon the mother at the birth of any child hereafter to report the same to the said Commissioner of Health, in the manner and within the period above prescribed, and every such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 9 1890
4. Place of Birth, (Street and Number) Chapline st 944.
5. Full Name of Mother, Kaity Heitka
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohiamen
8. Full Name of Father, Anton Heitka
9. Father's Occupation, Kalor
10. Father's Birthplace, Bohiamen

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, Washington 205

Remarks,

Every child born within the limits of Baltimore City shall be registered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of such child occurs without the attendance of a physician, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall produce upon the mother, the Commissioner of Health, in the manner and within the period above required, and shall produce upon the mother, Commissioner of Health, in the manner and within the provisions of this section are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section are recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered, together fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. Annex

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2

1. Sex, (*state whether male or female*) Boy
2. Race or Color, (*if not of the white race*) white
3. Date of Birth, June 10 1890
4. Place of Birth, (Street and Number) Wolf 1107
5. Full Name of Mother, Mrs Kratzer
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Mrs Kratzer
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Cath Dr

Address, Wash Washington 205

Remarks, 1890-00 2082

said article shall be delivered, duly signed by the practitioner in the form of a certificate (as above), to the Registrar of the district in which the birth of any child shall occur within ten days after the birth of such child, and every such practitioner shall, within the first ten days of each and every month, deliver to the Commissioner of Health a like certificate of the birth of each child born during the preceding month, and in case no other person be in attendance upon such birth, the parent or parents of such child shall comply with the provisions of this section, and in case any practitioner or parent shall neglect or refuse to comply with the provisions of this section, he, she or they shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 June 1890
4. Place of Birth, (Street and Number) 1601 Aisquith St
5. Full Name of Mother, Mary Browning
6. Mother's Maiden Name, Mary Connolly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Browning
9. Father's Occupation, Brick Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr A Dudley

Address, 1828 Light St

Remarks, Dairy Well

1890 : 002083

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as debts of like amount are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	11 June 1890
4. Place of Birth, (Street and Number)	121 Blumberg
5. Full Name of Mother,	Mary Inc Coffery
6. Mother's Maiden Name,	Mary Clark
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Edward Mc Coffery
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	E A Duffy
Address,	1828 Light St
Remarks,	Same Well

1890-002001

SEE J. G. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 77107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 11. 1890
4. Place of Birth, (Street and Number) Castle st 607
5. Full Name of Mother, Mary Morgenroth
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Fredrich Morgenroth
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kettler

Address, Washington 205

Remarks, 1890-002005

...ween conceive shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no certificate be in due time delivered by the attendant, it shall become the duty of the parents of such child to report the same immediately thereafter. If such report is not made within the period above required, and attendance upon, the birth to the Commissioner of Health, in the manner and with the provisions of this section shall be made and reported, such person or persons who shall heretofore have failed to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 77108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, June the 12th 1890
   Place of Birth, (Street and Number) 706 Vincent Alley
5. Full Name of Mother, Georgeanna Wooden
6. Mother's Maiden Name, Georgeanna Webb
7. Mother's Birthplace, Maryland
8. Full Name of Father, George Samuel Wooden
9. Father's Occupation, Stevedore
10. Father's Birthplace, Annapolis Md

Name of Medical Attendant, or other person who makes this Return. Carolina Queen

Address, 1066 Raborg st

Remarks,

1890-002086

BRS. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

BUREAU OF VITAL STATISTICS RETURNED

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the number of children born to the mother, including the child last born, and such other information as may be required by the Commissioner in the form of certificate between the first and third days of each and every month, duly signed by the physician or midwife in attendance upon the birth, or some other person present at the birth, or in the attendance upon the mother immediately after the birth, or by the father or mother of the child, or by the householder in whose house the birth occurred, which certificate shall be delivered by the physician or midwife, or shall become the duty of any other person being in attendance upon the mother immediately after the birth, to report its birth to the Commissioner of Health, in the manner and within the period above required to be reported by the physician or midwife. It shall become the duty of the person or persons who shall undertake the burial of any child for which a certificate of birth shall not have been returned in accordance with the provisions of this section, to require and collect from the parent or parents of such child before the burial thereof, the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A 22109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female.
2. Race or color, (if not of the white race) Colored
3. Date of Birth, 548 W. Hoffman St
4. Place of Birth, (Street and Number) Friday June 13th 1890
5. Full Name of Mother, Elizabeth McDaniels.
6. Mother's Maiden Name, " " Smith
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Alexander McDaniels.
9. Father's Occupation, Waiter
10. Father's Birthplace, Talbot Co Md.

Name of Medical Attendant, or other person who makes this Return Amelia Johnson

Address, 1034 Park ave.

Remarks,

1890-00-2087

and schedule shall be delivered. duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without medical attendance, or should the attendant or other person required to report such birth be absent from the city, or unable from sickness or other cause to make such report, the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence. Penalty recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 77110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 7

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 7th 1890
4. Place of Birth, (Street and Number) Baltimore & Gilmor 1678
5. Full Name of Mother, Mary R. Constantine Barryman
6. Mother's Maiden Name, Mary R Constantine
7. Mother's Birthplace, Bound in Baltimore Co Md
8. Full Name of Father, Ephraim L. Barryman
9. Father's Occupation, former no
10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Shockney Midwife

Address, 731 Cumberland St

Remarks, Burlish

1890 - 002008

been conferred) its sex, color, the full name and occupation of its parents, the certificate between the first and said schedule shall be delivered, duly signed by the Practitioner in the form of which a certificate between the first and third day of each and every month to the Office of Registrar of Vital Statistics. In case the birth of any child shall occur without the presence or attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CHAS. J. C. GILBERT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14 day June 1890
4. Place of Birth, (Street and Number) 1703 Calhoun st
5. Full Name of Mother, Amie E. Forrest
6. Mother's Maiden Name, Amie Hayden
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Edwin Forrest
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary L. Stephens

Address, 731 Caumbalgood St

Remarks, Purfiche

1890-002089

been complied with. Every physician or midwife in attendance upon the birth of a child shall, within ten days after the birth, and every person having knowledge of the facts shall, within five days after the birth, report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, and for each neglect to make such report within the time specified, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 22112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 11 th 1890

4. Place of Birth, (Street and Number) Barney St 16

5. Full Name of Mother, Ida Mills

6. Mother's Maiden Name, Ida Brooks

7. Mother's Birthplace, Hurford Co md

8. Full Name of Father, Thomas Mills

9. Father's Occupation, Brass Finisher

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, E A Tully

Address, 1577 Light St

Remarks, Canton Hill

1890-002090

BALTIMORE DEPARTMENT OF HEALTH

Said midwife shall be delivered duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, in the number and with the particulars required, and said midwife shall not attend any case of childbirth after the person in charge of the same shall have refused such attendance upon the mother. Commissioner of Health, in the manner and with the particulars required, and any midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered in the same manner as other fines and forfeitures are recoverable.

WM. J. G. BULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 27115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether male or female),	female
2. Raee or Color (if not of the white raee),	white
3. Date of Birth,	June 14 - 1890
4. Place of Birth (Street and Number),	823 Granby st
5. Full Name of Mother,	Mary Ann Birthistle
6. Mother's Maiden Name,	" " Hall
7. Mother's Birthplaee,	City
8. Full Name of Father,	Wm. Birthistle
9. Father's Oecupation,	Labor
10. Father's Birthplace,	City
Name of Medieal Attendant, or other person who makes this Return.	P. G. Dauschund
Address,	1729 E. Baltimore st.
Remarks,	

Penalty: As to sex, color, the full name and occupation of the parents, and the certificate between the first and third day of each month, a physician or practitioner of midwifery of the person or parents of such child, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 27114.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, June 16th 1890
4. Place of Birth, (Street and Number) No 1103 Park Ave
5. Full Name of Mother, Laura ~~Sorrell~~ Burgess
6. Mother's Maiden Name, " Sorrell
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Harry Burgess
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, No 1024 Park Ave

Remarks,

1890 - 002092

and certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child shall neglect or refuse to report the same within the period above required, and attendance upon the mother immediately after the birth, in the manner and within the period above required, and shall neglect to report its birth to the Commissioner of Health, in the manner prescribed by this section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 77110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 15 th 1890
4. Place of Birth, (Street and Number)	1634 Hanover St
5. Full Name of Mother,	Josephine Hillery
6. Mother's Maiden Name,	Josephine Mosley
7. Mother's Birthplace,	Montgomery Co. Md
8. Full Name of Father,	Charles August Hillery
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Frederick Co Md
Name of Medical Attendant, or other person who makes this Return.	C A Jelly
Address,	1575 Light St
Remarks,	Primp Wal

1890 - 002093

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month, to the office of the Commissioner of Health, at the office of the Board of Health, in Baltimore City. Every midwife shall in like manner deliver a certificate of every case of childbirth, or should no other person be in attendance, every midwife shall herself become the duty of the person or parents of such child to report its birth, in the manner and within the time above required. Every person who shall be in attendance upon the mother, immediately after the birth of a child, and every parent of such child to report its birth, in the manner and within the time above required. Every person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) White.
3. Date of Birth. June 4th
4. Place of Birth, (Street and Number) 1513 N. Bait.
5. Full Name of Mother. Agnes M Schowyer
6. Mother's Maiden Name, " " Fox
7. Mother's Birthplace. Md
8. Full Name of Father. Chas Schowyer
9. Father's Occupation. Laborer
10. Father's Birthplace, Bait

Name of Medical Attendant, or other Person who makes this Return. Truman F Hill M.D.

Address, 1401 N. Fayette

Remarks,

1 2 2 0 - 0 0 2 2 9 4

Murphy & Co., City Printers and Stationers.

parents, the date and place of birth, and the said midwife shall be delivered, duly signed by the informant, to the person of a midwife, or to the parent, or other person in attendance at the birth, within ten days after the birth. In case the midwife between the first and third day of each month to the Office of the Commissioner of Health, on other proper blanks to be furnished by the Commissioner of Health, the name and residence of the person or parents of such child to be in attendance at the birth of any child shall not so do, immediately thereafter it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and form required, and pay a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 7717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th day of June 1890

4. Place of Birth, (Street and Number) #226 Arlington Ave

5. Full Name of Mother, Catherine Agnes Ward

6. Mother's Maiden Name, Catherine " Bailey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Patrick Ward

9. Father's Occupation, Iron Moulder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Payson St

Remarks, 1890-002095

Every certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no certificate of such attendance upon the mother, immediately after the birth, have been delivered, it shall be the duty of the Commissioner of Health, in the manner and within the period above required, and such certificate or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further [illegible] a birth shall [illegible] schedule, to be furnished by the Com[illegible] during the Baltimore under whose charge or superintendence the same on a blank schedule have occurred under his or her care shall have register of such birth, and shall enter a list of the births which have occurred under each child, (if any shall have) and the Health. This schedule shall contain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the first and month, and shall set forth as far as the same can be ascertained, in the form of a certificate between the first and been conferred shall be delivered, duly signed by the practitioner in the form of Health. In case the birth of any child said schedule shall and every month to the office of the Commissioner of midwifery, or should no other person be in third day of each and every month of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A [illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 10th 1890
4. Place of Birth, (Street and Number) No 19 N. Fremont Ave
5. Full Name of Mother, Anna E. Hofstetter
6. Mother's Maiden Name, Anna E. Dienstbier
7. Mother's Birthplace, Balto
8. Full Name of Father, Ph. Hofstetter
9. Father's Occupation, Provision Dealer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. Hunter

Address, 23 N. Poppleton St

Remarks, 1890-002096

1890-002096

CO. J. C. SULARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 22.119.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
(state whether male or female)	Male
Color (if not of the white race)	White
Date of Birth	June the 11
Place of Birth (Street and Number)	Baltimore 1218 W Pratt
Name of Mother	Paulonia Gaylord
Mother's Maiden Name	Paulonia Smith
Mother's Birthplace	Baltimore
Name of Futher	Joe Gaylord
Father's Occupation	Machinist
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Miss Ruth A Cochran
Address	1218 W Pratt st
Remarks	

C 7 0 - 0 0 2 0 7

RETURN OF A BIRTH A. 77/120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12d 1890
4. Place of Birth, (Street and Number) 817 Fine st
5. Full Name of Mother, Augusta Wulf
6. Mother's Maiden Name, Augusta Gildart
7. Mother's Birthplace, Prusia
8. Full Name of Father, Charles F. W. Wulf
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Prusia

Name of Medical Attendant, or other person who makes this Return. Susan Ellington

Address, 23 N. Poppleton St

Remarks,

1890-002098

Every person who shall neglect to report the birth of a child, without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the time prescribed by law, it shall become the duty of the person or parent of such child to report the same to the Commissioner of Health, in the manner and within the time required, and any such person or parent who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. COLAHAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

22121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether ~~male or~~ female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. June 12 th 1899
4. Place of Birth. (Street and Number) 1722 E. Eager St.
5. Full Name of Mother. Elizabeth A. Sparkling
6. Mother's Maiden Name, " " McCauley
7. Mother's Birthplace, Baltimore City
8. Full Name of Father. Wm. C. Sparkling
9. Father's Occupation. Builder
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, 120 N Broadway

Remarks, Full name of child Clayton Abbott Sparkling

...ing or its birth, and the said schedule shall be delivered, duly signed, to the Board of Health. It ...ses the ...ed, on the first and third day of each and every month, or if a practitioner of midwifery, or ...son in attendance other than a physician, immediately thereafter, it shall then become the ...duty of any child shall occur without the attendance of either, immediately thereafter, it shall then become the ...duty of the parent or parents, or in the case of the absence, death or inability of both parents, the ...should no other person be in attendance, the child to report. In such case the Board of Health may require ...the parent or parents, guardian or other person having the custody of illegitimate children, and ...duty of the parent or parents, guardian or other person having the custody of illegitimate children, and ...with the requirements of this section shall be subject ...person or persons who shall hereafter fail to comply with the provisions of this section shall be subject ...to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

...ING CO., 1371 PRINTERS AND STATIONERS.

RETURN OF A BIR

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

(state whether male or female)

Race or Color, (if not of the white race)

Date of Birth

Place of Birth, (Street and Number)

Full Name of Mother

Mother's Maiden Name

Mother's Birthplace

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant or other Person who makes this Return.

Address

Remarks

1890-00-100

RETURN OF A BIRTH A22123

GIVEN NAME ADDED 8-10-56

To the Office of Registrar of Vital Statistics, ~~Board of Health~~, Baltimore City.

Name: Miriam Van Sant

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 13th 1890
4. *Place of Birth, (Street and Number)* 504 Hollins
5. *Full Name of Mother,* Susan Vansant
6. *Mother's Maiden Name,* " Snyder
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* John B Vansant
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Norman F Hill M.D.

Address, 1401 W. Fayette st

Remarks,

C 90-002101

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the father or mother, to the person registering the birth, who shall thereupon deliver to the father or mother a certificate of such registration, and shall report the same to the Commissioner of Health. In case the parents are not living in the house where the birth occurs, it shall be the duty of the person or persons in charge of such house to report the birth to the Commissioner of Health within the time and in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Matthews & Co., City Printers and Stationers.

OTHER NAME ADDED 1-21-55 A 32121

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, ~~2d, 3d, &c.~~) Ida Priscilla Kirby

1. *Sex.* (state whether ~~male or~~ female) White
2. *Race or Color,* (if not of the white race)
3. *Date of Birth.* June 14th 1890
4. *Place of Birth,* (Street and Number) 1410 Orleans n -
5. *Full Name of Mother.* Mary Ellen Kirby,
6. *Mother's Maiden Name.* " " Fredericks
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father.* George B. Kirby
9. *Father's Occupation.* Marble Polisher
10. *Father's Birthplace.* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Wm E. Russell

Address. 800 N. Broadway -

Remarks.

1895-32-182

Duties of the Mayor and the said Registrar shall be delivered by the said Officials. It shall be the duty of the Mayor to cause the penalties hereinafter mentioned to be enforced. It shall be the duty of each and every midwife, physician, or other person who shall attend upon the birth of any child, to report its birth to the Board of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. In the manner and within the time prescribed by the rules and regulations of the Board of Health. It shall be the duty of the parent, father or mother, of any child born in the city of Baltimore, to report its birth to the Board of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. It shall be the duty of any person or persons who shall hereafter fail to comply with the provisions of this section, to be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	June 14th 1870
4. Place of Birth, (Street and Number)	S.W. cor. George St. & Myrtle avenue
5. Full Name of Mother,	Blanche Hennebergen
6. Mother's Maiden Name,	Lowell
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Henry C. Hennebergen
9. Father's Occupation,	Confectioner
10. Father's Birthplace,	Waynesboro. Franklin Co. Pa.
Name of Medical Attendant, or other person who makes this Return.	Dr. G. S. Shower M.D.
Address,	No. 8 Penna. ave. extended
Remarks,	1870-002193

said scientific adult be delivered, duly signed by the practitioner in the form of a certificate (to be furnished by the Registrar) giving the name, sex, color, date and place of birth of any child born alive, and the name, residence, color and occupation of the parents of such child, and the name and residence of the physician or practitioner in attendance upon the birth of such child, if any there be, and if not, then of the person who shall become the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above specified, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or penalty hereinafter provided for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) 7

2. Race or Color, (if not of the white race)

3. Date of Birth, June 14 - 90

4. Place of Birth, (Street and Number) 904 Mulberry St

5. Full Name of Mother, Mary Wooden

6. Mother's Maiden Name, " Dennis

7. Mother's Birthplace, Balto

8. Full Name of Father, Harry C. Wooden

9. Father's Occupation, Teleg. opl Operator

10. Father's Birthplace, Balto:

Name of Medical Attendant, or other Person who makes this Return J. M. Hundley

Address, 1002 E. Monument ave

Remarks, 6 7 0 - 0 0 1 0 4

... of its birth, and the said schedule shall be returned, duly signed by the prescribing, or the person to whom it is delivered, within ... days after the birth of such child. It is also the duty of every physician, midwife, or other person having charge of any case of birth, within ... days after the birth, to report the same to the Board of Health, in the manner and form prescribed by the Board. And every such physician, midwife, or other person who shall fail to report such birth within the period above required, or shall fail to comply with the provisions of this section shall be subject to a fine of ... dollars for each offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15th
4. Place of Birth, (Street and Number) 313 Bondst
5. Full Name of Mother, Emma Schmidt
6. Mother's Maiden Name, nee Bittner
7. Mother's Birthplace, Germnay
8. Full Name of Father, Wilhelm Schmitt
9. Father's Occupation, Kesselschmidt
10. Father's Birthplace, Germenay

Name of Medical Attendant, or other person who makes this Return, Dr. Schumann

Address, P. 327 S. Bondst

Remarks, 690-002105

...shall be the duty of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance as required by this section, it shall become the duty of the mother, immediately thereafter, to report the birth to the Commissioner of Health, and in case of her failure to do so within the period above required, and after notice from the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

...any such person or persons who shall refuse or neglect to make the return required by this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

...ISS. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	June 18 1890
4. Place of Birth, (Street and Number)	710 N Gay
5. Full Name of Mother,	Etta Mehlhiser
6. Mother's Maiden Name,	" Fulton
7. Mother's Birthplace,	Balto
8. Full Name of Father,	David E. Mehlhiser
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	David Shuttleworth
Address,	403 N. Eutaw St.
Remarks,	

E 90 - 002106

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, it shall be the duty of the attendance upon the mother, immediately thereafter, to report the case to the Commissioner of Health, and within the period above required, and also to report the particulars required of the parents or guardians of such child. And any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, by warrant and proceedings as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex, (~~State whether~~ male ~~or female~~)
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, June 14th 1890
4. Place of Birth, (Street and Number) 430 Robert St
5. Full Name of Mother, Clara F Brown Witmer
6. Mother's Maiden Name,
7. Mother's Birthplace, Williamsville Erie Co N Y
8. Full Name of Father, Elmer Elsworth Browning
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elias C Price M D

Address, 953 Madison Ave

Remarks,

1890 - 002107

~~Section 3. And be it further enacted, That it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. To such report the person in charge of the lying-in asylum, or the attendant of a physician or practitioner of midwifery, or the person or parents of such child, if no such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.~~

E. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, William ~~C.~~ Shipley (own)

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~State whether~~ male ~~or female~~)
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, June 14th 1890
4. Place of Birth, (Street and Number) 508 W Biddle St
5. Full Name of Mother, Mary Catharine Shipley
6. Mother's Maiden Name, Schmeling
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Meyer L. Shipley
9. Father's Occupation, Mail Road Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elias L. Price M.D.

Address, 953 Madison Ave

Remarks, + 8 7 0 - 0 0 2 1 0 8

Section 8 and 9 of Ordinance No. 57, approved April 2, 1894, of the Board of Health. In case the birth of any child shall occur within the limits of Baltimore City, and the parents or guardians of such child shall neglect or refuse to report the same to the office of the Commissioner of Health, or should no other person be in attendance at such birth, it shall become the duty of the person or parents of such child, and of the physician or midwife in attendance upon the mother, immediately thereafter, to report the same to the Commissioner of Health, in the manner and within the time prescribed by this section, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

G. BLAKNEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 93131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & 7 Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 of June 1899

4. Place of Birth, (Street and Number) 1106 E. Biddle St

5. Full Name of Mother, Lute Didusch

6. Mother's Maiden Name, Kate Didusch

7. Mother's Birthplace, Munich Bavaria Germany

8. Full Name of Father, Joseph M. Didusch

9. Father's Occupation, Sculptor and Designer

10. Father's Birthplace, Kimmath Bavaria Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ch. Dauer

Address, 1054 Harford Ave

Remarks, 1899 300 2 1899

Every person having charge of any case of birth, within the City of Baltimore, shall report the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by this section to report such birth, the mother of such child shall, within the third day of each and every month, report to the Commissioner of Health, in the manner provided by this section, all cases of birth occurring during the preceding month, and in which no report has been previously made; and any such person or persons who shall neglect or refuse to report as aforesaid, when the period above required, and after notice as aforesaid, shall have been given, shall be subject to the penalties of this section. Every person who shall report its birth to the Commissioner of Health, in the manner and within the time required by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 72132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race)
3. Date of Birth, June 17 1890
4. Place of Birth, (Street and Number) Tennant St E of Fulton
5. Full Name of Mother, Mary Ella Hoffman
6. Mother's Maiden Name, Mary Ella McGinnis
7. Mother's Birthplace, Baltimore City Baltimore County
8. Full Name of Father, Chas. A. Hoffman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City Baltimore County

Name of Medical Attendant, or other person who makes this Return. Wirt A. Duvall M.D.

Address, 703 Rayner Ave. Baltimore

Remarks, C 90-002110

HEALTH DEPARTMENT JUN 19 1900 BALTIMORE

S. SHLANY & SO., CITY PRINTERS AND STATIONERS

...ral schedule shall be severed, and a separate one filled out for each birth. In case the birth of any child ...shall occur without the limits of the city, but the mother shall reside within the city, a return shall be made ...to the office of the Commissioner of Health. In case the birth of any child shall occur in any institution ...third day of each and every month a physician or practitioner or the person in charge of such institution ...shall become the duty of the person or persons required, and in case the birth shall occur elsewhere than in an institution ...shall occur without the limits of the city, but the mother shall reside within the city, a return shall be made ...alternoon of its birth to the Commissioner of Health, in the manner and within the period of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-22-56

RETURN OF A BIRTH. A 22133

HEALTH DEPARTMENT JUN 19 1890 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Henrietta Main 3d & 4th (Twins)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* 1st Male 2d Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Wed. June 18th 1890
4. *Place of Birth (Street and Number)* 1506 W. Lexington St.
5. *Full Name of Mother* Mary Rebecca Main
6. *Mother's Maiden Name* " Amos
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Archie C. Main
9. *Father's Occupation* Fresco painter
10. *Father's Birthplace* Boston, Mass.

Name of Medical Attendant, or other Person who makes this Return. Charles Goby M.D.

Address 312 N. Carey St.

Remarks

1890-002111

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white
3. Date of Birth, June 18 1890
4. Place of Birth (Street and Number), 1900 E. Fayette st
5. Full Name of Mother, Maggie Uttenreuther
6. Mother's Maiden Name, Gebhardt
7. Mother's Birthplace, City
8. Full Name of Father, Peter Uttenreuther
9. Father's Occupation, Restaurant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Pierre G. Dausch

Address, 1729 E. Baltimore st

Remarks,

HEALTH DEPARTMENT JUN 19 1890 BALTIMORE

shall be delivered, duly signed by the practitioner in charge or in case there is no such practitioner in attendance upon the case, by the person who shall sign the certificate of birth of any child which shall occur without such attendance, to the office of the Commissioner of Health, in case there should be no other person in attendance upon the case, by the mother of such child, within ten days after the occurrence of such birth. Any person or persons failing to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...re Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A22136.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 18th 1890.

4. *Place of Birth, (Street and Number)* 930 N Carrollton Av.

5. *Full Name of Mother,* Mary F. Wagner.

6. *Mother's Maiden Name,* Mary F. Townsend

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* [illegible] Wagner

9. *Father's Occupation,* Upholster

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. [illegible] M.D.

Address, [illegible] N Carrollton Av

Remarks,

HEALTH DEPARTMENT JUN 19 1890 BALTIMORE

1890-002113

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH B 22136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ple 5 bl 18

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Ple 18 June 1890
4. Place of Birth, (Street and Number) No 1046 Central Ave
5. Full Name of Mother, Theresa Goesner
6. Mother's Maiden Name, Theresa Heiner
7. Mother's Birthplace, Germany
8. Full Name of Father, William Goesner
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Th. Lauer

Address, No 1049 Hanford Ave

Remarks, Bal 1890 1890-002114

said sch... shall be the verbal, ... the office of the Commissioner of Health. ... shall ... the ... of each and every month ... of a physician or practitioner of midwifery ... of the person or parents of such ... shall occur without the ... Immediately thereafter. It shall ... manner and within the period above required, and ... attendance upon the ... such ... to report its birth to the Commissioner of ... to comply with the provisions of this section, shall ... any such person or persons who shall be ... offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth.*	June 12th 1890.
4. *Place of Birth. (Street and Number)*	513 East St.
5. *Full Name of Mother.*	Mary Singleton
6. *Mother's Maiden Name.*	Mary Singleton
7. *Mother's Birthplace.*	Baltimore County Md
8. *Full Name of Father.*	~~Wm~~ Alexander Goins
9. *Father's Occupation.*	Barber
10. *Father's Birthplace.*	Richmond Va
Name of Medical Attendant, or other Person who makes this Return	E. E. Mackenzie M.D.
Address.	324 W Biddle St
Remarks.	Notary

C 22 13

115

...CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 22138.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race, or color, (if not of the white race) White

3. Date of Birth, June 15 - 4 20 P.M. 1890

4. Place of Birth, (Street and Number) 128 S Broadway

5. Full Name of Mother Henrietta W. C. Rihl

6. Mother's Maiden Name, H. W. C. Schultz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Rihl

9. Father's Occupation, Merchant

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. James E Donnelly M.D.

Address, 1761 E Baltimore St.

Remarks. 1890-002116

The Return of every birth and every stillbirth of a child of twenty weeks or more of gestation shall be made to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health within the period and in the manner and within the penalties above specified. In case the birth shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health within the period and in the manner and within the penalties above specified, and the Return of every birth shall be authenticated by the attendance upon the mother at the birth of a physician or practitioner, or by the statement of such person or parents, that no physician or practitioner was in attendance upon the mother at the birth. Every midwife or other person who shall undertake to perform the duties required by this section shall be subject to the penalties for neglect of duty. Any midwife or other person who shall undertake to perform the duties required by this section shall be subject to the penalties for neglect of duty. Any midwife or other person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other forfeitures are recoverable.

WM. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A22139.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th June
4. Place of Birth, (Street and Number) Balto. Asquith St. Extended No. 12
5. Full Name of Mother, Anne C. Leiber
6. Mother's Maiden Name, Anne C. Collins
7. Mother's Birthplace, Balto City
8. Full Name of Father, Stephen C. Leiber
9. Father's Occupation, Black Smith
10. Father's Birthplace, York Pa.

Name of Medical Attendant, or other person who makes this Return. Mrs. D. Fesler

Address, 15 S. Asquith St. Balto

Remarks, Balto Adding well.

C.O. 00-00-2117

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth, June 11/10
4. Place of Birth, (Street and Number) No. 115 Clement St
5. Full Name of Mother, Annie Vickle.
6. Mother's Maiden Name, F Hofer.
7. Mother's Birthplace, " Balto Md.
8. Full Name of Father, John Vickle.
9. Father's Occupation, Shoemaker.
10. Father's Birthplace, Prussia Europe.

Name of Medical Attendant, or other person who makes this Return. Annie Evans

Address, No. 1814 Light St.

Remarks, Yours Respectfully. 6 6 0 2 1 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to a physician or practitioner in midwifery, or should no other person be in attendance upon the birth, the father, mother or nurse shall become the duty of the person or persons of such child to report, within the time and in the manner and with the particulars required, and any such person or persons who shall wilfully neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offense, to be recovered as penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22141.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then the father, or in his absence, the nearest attendance upon the mother immediately thereafter it shall become the duty of any other person having knowledge of the birth to report the same within ten days thereafter. Any person required to report the birth of a child to the Commissioner of Health, in the manner and within the time above required, and neglecting or refusing so to do, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be subject to the fine of ten (10) dollars for each offense, to be recovered, with costs, before any court having jurisdiction of such offenses. All fines and forfeitures are recoverable.

JUN 21 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White race.
3. Date of Birth,	June 15/90
4. Place of Birth, (Street and Number)	No 625 Hanover St.
5. Full Name of Mother,	Gertrude Price.
6. Mother's Maiden Name,	" Wolf
7. Mother's Birthplace,	Balto Md.
8. Full Name of Father,	Alfred. A. Price.
9. Father's Occupation,	Pilot.
10. Father's Birthplace,	Talbot Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Annie Jeans.
Address,	No. 12.14 Eight St.
Remarks,	Fraternally.

1 year - 0021 D

WM. A. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 22142

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, June 19th 1890

4. Place of Birth (Street and Number), #154 Chestnut Ave.

5. Full Name of Mother, Florence Harrison Deering

6. Mother's Maiden Name,

7. Mother's Birthplace, Md.

8. Full Name of Father, John C. Harrison

9. Father's Occupation, Machinist

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. D. S. Williams M.D.

Address, Woodberry Baltimore

Remarks,

1890 - 19 - 120

...e Publishing Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with [illegible] this section shall be subjected to the fine of ten (10) dollars for each offense, to be recoverable [illegible] [pen]alties are recoverable.

RETURN OF A BIRTH A 771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20th 1890
4. Place of Birth, (Street and Number) 21 S. Chester Street
5. Full Name of Mother, Annie L. Garrett
6. Mother's Maiden Name, " " Black
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John F. Garrett
9. Father's Occupation, Tugboat Captain
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. James G. McShane M.D.

Address, S.W. Cor. Patterson Park Ave & Baltimore St

Remarks,

1890002121

J. G. Sulary & Co., City Printers and Stationers

RETURN OF A BIRTH

A 7210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Martha Stevens
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	dark
3. Date of Birth,	Betwen 2 and 3 June 20
4. Place of Birth, (Street and Number)	429 S Dallas St
5. Full Name of Mother,	Martha Ann Stevens
6. Mother's Maiden Name,	Martha Carr
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Alfred Stevens
9. Father's Occupation,	Boatman
10. Father's Birthplace,	Eastern Shore Dorchester Co
Name of Medical Attendant, or other Person who makes this Return	Lester henson
Address,	420 South Dallas
Remarks,	1890 - 002422

...ngsley & Co., ...ty Printers and Stationers.

RETURN OF A BIRTH A 22146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUN 23 1890 MD

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
2. Sex, (state whether male or female) Female.
3. Race or Color, (if not of the white race) White.
4. Date of Birth, June 4th 1890.
5. Place of Birth, (Street and Number) 1200 N. Front St.
6. Full Name of Mother, Edith Mortimer.
7. Mother's Maiden Name, Gray.
8. Mother's Birthplace, Ottawa Canada.
9. Father's Occupation, Hatelymaker.
10. Father's Birthplace, New York.

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Millegerit.

Address, #1038 E. Monument St.

Remarks,

1890-002123

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	June the 12. 1890
4. *Place of Birth. (Street and Number)*	No 25-00. Judson st Balto
5. *Full Name of Mother.*	Mary M. Madsen.
6. *Mother's Maiden Name.*	Mary M. Evans.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father.*	George W. W. Madsen.
9. *Father's Occupation,*	Breakman.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah E. Harrington.
Address,	No 924 Bonner st Balto
Remarks,	1890-002124

said schedule shall be delivered daily, signed by the person in charge of such hospital or institution, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above specified; and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

PUBLANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7, th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 18. 1890.

4. Place of Birth, (Street and Number) Towsend St 11.00

5. Full Name of Mother, Betty Fisher

6. Mother's Maiden Name, Betty Weinerman

7. Mother's Birthplace, Germa

8. Full Name of Father, Ted Fisher

9. Father's Occupation, Saloon Keep

10. Father's Birthplace, ~~Ger~~ Ette Germa

Name of Medical Attendant, or other person who makes this Return, No 619 Cuba St Mrs Ethel

Address, No 619 Cuba St

Remarks,

1890 - 002125

Third day of each and every month to the office of the Commissioner of Health. In case he shall fail to make such report as aforesaid, or shall neglect or refuse to state the time of the birth of any child which shall occur without the attendance of a physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents so neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22148.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUN 28 1890 HEALTH DEPARTMENT

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	2d
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 16th 1890
4. *Place of Birth, (Street and Number)*	No 2011 Fort ave
5. *Full Name of Mother,*	Mary Manion
6. *Mother's Maiden Name,*	Mary Cooney
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thomas Manion
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Catherine Hornung
Address,	No 1517 Byrd st
Remarks,	1890 002126

said schedule shall be delivered, duly signed by the practitioner in the birth, certificate to the Registrar of Vital Statistics, within ten days after the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required by this section to report its birth to the Commissioner of Health, the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered before any court of competent jurisdiction.

GEO. J. C. BLAKEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUN 28 1890

1. No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, June 16 1890
5. Place of Birth, (Street and Number) 1431 N Charles
6. Full Name of Mother, Mattie V Angelus
7. Mother's Maiden Name, Mattie V Donnelly
8. Mother's Birthplace, Frederic Co Md
9. Full Name of Father, P Frank Angelus
10. Father's Occupation, Confectioner
11. Father's Birthplace, France

Name of Medical Attendant, or other person who makes this Return, Theodore Cook M.D.

Address, 914 N Charles

Remarks,

E 20-092127

been completed, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month next following the birth, or stillbirth, of any child; and a like certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month next following the birth, or stillbirth, of any child; and said schedule shall be delivered every month to the office of the Commissioner of Health. If no such birth or stillbirth occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required; and attendance upon the mother immediately after the birth, it shall become the duty of the person in charge of such child to report the same to the Commissioner of Health, in the manner and within the period above required; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. To be recovered as other penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Jan 16th 1890
5. Place of Birth, (Street and Number) 2012 St Paul St
6. Full Name of Mother, Alice I Steckler
7. Mother's Maiden Name, Alice I Johnson
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, Milgus E Steckler
10. Father's Occupation, Butcher
11. Father's Birthplace, Md
12. Name of Medical Attendant, or other person who makes this Return, Hubbard Cook Md
    Address, 914 N Charles
    Remarks,

JUL 28 1890 MD

[illegible] 3 2 1 2 8

GEO. J. G. GALAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22137.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 14, 1890

4. Place of Birth, (Street and Number) Hubert. 10.00.

5. Full Name of Mother, Catharine Flynn

6. Mother's Maiden Name, Catharine McDonald

7. Mother's Birthplace, Ireland

8. Full Name of Father, Thomas Flynn

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. Ethel

Address, 1619 Eutaw

Remarks, 1890-002129

RECEIVED JUN 23 1890 REGISTRAR

said schedule shall be delivered, duly signed by the physician or midwife in attendance, to a registrar of births or to the office of the health officer of the district in which the birth occurred, within ten days after the birth occurred. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or mother of such child, or the householder or person in charge of the premises where such birth occurred, shall report the same to the registrar of births or to the health officer of the district, as above required, and in addition thereto shall report the sex, color, date and place of birth of such child, the full name, maiden name, birthplace, occupation and residence of the parents, and the full name and residence of the informant reporting the birth. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

ED. J. C. BULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 to

1. Sex, (state whether male or female) Babe
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 th June 1890
4. Place of Birth, (Street und Number) Baby Ward 1530
5. Full Name of Mother, Lusie Allen
6. Mother's Maiden Name, Waters
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. Allen
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Hardine Hiway East Ft Mc 124

Remarks, T 670 - 002 : 30

said schedule shall be delivered, duly signed by the person in charge of the house, to the messenger of Health. In case the birth of any child shall occur on a steamboat or other vessel, the said schedule shall be delivered, duly signed as aforesaid, to the master or commander thereof, within three days after the arrival of such steamboat or other vessel at any port or place within the limits of this city, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in a railroad car, the said schedule shall be delivered, duly signed as aforesaid, to the conductor of such car within three days after the arrival of the same at any station within the limits of this city, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in any other place than a house, or in a house where there is no person in charge thereof, or if the person in charge thereof shall be absent, or shall refuse to perform the duties required by this section, then the physician or midwife in attendance upon the mother, and in case there shall be no physician or midwife in attendance, then the householder or owner of the premises where the birth occurred, shall, within three days after the birth of such child, or after he shall have become aware of the birth of such child, report the birth to the Commissioner of Health, in the manner and with the particulars required by this section. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A22163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 te

1. Sex, (state whether male or female) Bube

2. Race or Color, (if not of the white race) Weiß

3. Date of Birth, 17 te Juli 1890

4. Place of Birth, (Street and Number) Hanover Str. No 1914

5. Full Name of Mother, Augusta Weslein

6. Mother's Maiden Name, Selzer

7. Mother's Birthplace, Germanien

8. Full Name of Father, Philipp Weslein

9. Father's Occupation, Wood Mann

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Fairline Str. Fort Hill No. 434

Remarks,

1890-002131

...said schedule shall be delivered, duly signed as the...Board of Health. In case the birth of any child ...third day of each and every month to the office of the Commissioner of Health, or should no other person be in ...shall occur without the attendance of a physician or midwife, or should no other person or persons be in ...attendance upon the mother at the time of the birth of such child, it shall become the duty of the person or persons ...duly required by this section to make the return, and to comply with the provisions of this section shall be sub... ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	June 17 th
4. Place of Birth, (Street and Number)	643 n Broad St
5. Full Name of Mother,	Annie L Warner
6. Mother's Maiden Name,	A. L Depra
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	John Warner
9. Father's Occupation,	Broom manufacturer
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mary Warner
Address,	509 n. Caroline St Balt
Remarks,	

1690002132

been conferred) its sex, color, the full names and occupation of its parents, the age of the mother at the birth of such child, and the number of children born to her, and the number of such children living, and the number of children born alive but now dead, and the number of children born dead after seven months of pregnancy, which information shall be delivered in writing to the office of the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of said office. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required by said rules and regulations to report the birth, the occupier of the premises where such birth occurs shall report the same within the time and in the manner aforesaid. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUN 28 1890

1. No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) Twins
2. Sex, (state whether male or female) White
3. Race or Color, (if not of the white race)
4. Date of Birth, Jun 18th 1890
5. Place of Birth, (Street and Number) 218 N Gmm St.
6. Full Name of Mother, Elorsa Muller
7. Mother's Maiden Name, Eleanor Forrests
8. Mother's Birthplace, Washington D.C.
9. Father's Occupation, Chas H Muller
10. Father's Birthplace, Electrician Washington D.C.

Name of Medical Attendant, or other person who makes this Return. Thaddeus Cooke Md
914 N Charles

Address,

Remarks,

been committed in respect to the child named therein, the practitioner in the form of a certificate between the first and third days of each and every month to the Commissioner of Health, or should no birth have occurred during the month, then in like manner a certificate to that effect, and in case the birth of such child shall not be delivered, duly signed by the physician or practitioner in attendance, or should no physician or practitioner be in attendance, then by the parent, guardian or householder, within the time prescribed by the provisions of this section, the said physician or practitioner shall forfeit and pay for every such offense, upon conviction thereof before any court of competent jurisdiction, a penalty of not less than five nor more than ten dollars, and the Commissioner of Health is hereby authorized and required to sue for and recover any such penalty in the name of the Mayor and City Council of Baltimore, and all fines and forfeitures so recovered shall be paid into the City Treasury; and any such person who shall refuse or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as aforesaid.

A 22153

RETURN OF A BIRTH A 22166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 2
4. Place of Birth, (Street and Number) Short St 431
5. Full Name of Mother, Elizabeth Johnson
6. Mother's Maiden Name, Elizabeth Bussa
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H Johnson
9. Father's Occupation, Whitewasher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Walker

Address, 503 N Caroline St

Remarks,

1890-002134

...ection 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of every physician or midwife, or other person who shall attend upon any birth occurring in the city of Baltimore, to make a return of such birth to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of a certificate between the first and third day of each and every month, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be required to make such return, then it shall become the duty of the parent or guardian of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 22157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or female)

2. Race or Color, (if ~~not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Parents, the date and place of birth of a child must be reported by the parent or parents of such child to the Office of the Commissioner of Health, in case the first and third day of each and every Physician or practitioner of midwifery or attendant other than parent, who shall fail to report the birth of any child shall occur without the aforesaid limits, thereafter it shall become the duty of the person in attendance upon the mother, and such person shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 22158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth,
4. Place of Birth, (Street and Number) Lombard 2117
5. Full Name of Mother, Eliza Johnson
6. Mother's Maiden Name, Eliza Johnson
7. Mother's Birthplace, Maryland
8. Full Name of Father, James Johnson
9. Father's Occupation, Carpenter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Jane Doe

Address, 2117 E. 80 H

Remarks, 1000-022137

said act of the shall be delivered, duly sworn to, by the person making the same, to the Registrar of the district in which the birth occurred, within ten days after the birth, and a like certificate shall be delivered, duly sworn to, by the undertaker or person having charge of the burial of any child that dies before a certificate of birth has been filed, within ten days after the burial. Every undertaker or person having charge of a burial shall, on every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after such birth, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time specified in this section, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 22137

RETURN OF A BIRTH

[To] the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, June 22nd. 90.
5. Place of Birth, (Street and Number) 1263 Sargeant st
6. Full Name of Mother, Hannah Warrington
7. Mother's Maiden Name, Hannah Taylor
8. Mother's Birthplace, Philadelphia Pa
9. Full Name of Father, Russell Warrington
10. Father's Occupation, Sailor
11. Father's Birthplace, Bridgeville Del
12. Name of Medical Attendant, or other person who makes this Return. H. C. Hill M.D.
13. Address, 120 W. Fayette st
14. Remarks,

1890-002137

[...]hedule shall be delivered, duly signed by the practitioner in the [...] of [...] said schedule each and every month to the office of the Commissioner of midwife duly [...] third day of without the attendance [...] the physician or practitioner becomes [...] and within [...] shall occur upon the mother and the other. Commissioner of Health [...] attendance report its birth to the physician or practitioner of the provisions [...] attempt to report to person or persons who shall hereafter fail to comply with the manner [...] child such person or persons for each offense, to be recovered as other fines [...] jected to the fine of ten (10) dollars

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether*~~ *1st, 2d, 3d, &c.*)

1. *Sex* (~~*state whether male or*~~ *female*),
2. *Race or Color* (~~*if not of the*~~ *white* ~~*race*~~),
3. *Date of Birth,* 2 June 1929
4. *Place of Birth* (*Street and Number*),
5. *Full Name of Mother,* Mrs Florence Madeline Murder
6. *Mother's Maiden Name,* Florence Madeline Doake
7. *Mother's Birthplace,* Newark N J USA
8. *Full Name of Father,* Mr Albert Murder
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Port Deposit Md USA

Name of Medical Attendant, or other person who makes this Return. 3 - Lawrence Ind
4 - Bacc Dr

Address, Baltimore

Remarks, 1990-002138 Ind

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each and every month to the Commissioner of Health. In case the birth of a child is in attendance upon the said practitioner, or should no practitioner or midwife be in attendance upon the mother, it shall be the duty of the parents of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed in this section; and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. To be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 22161.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, ~~(state whether~~ 1st, ~~2d, 3d, &c.)~~

1. Sex, (~~State whether~~ male ~~or female~~)
2. Race or color, (~~If not~~ of the white race)
3. Date of Birth, June 19 1890
4. Place of Birth, (Street and Number) 1743 Park Ave
5. Full Name of Mother, Edith Hockstein Cummings
6. Mother's Maiden Name, Brittain
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Isaac Merriken Cummings
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Canton Balt Co Md

Name of Medical Attendant, or other person who makes this Return. Elias C Price M D.

Address, 953 Madison Ave

Remarks, 1890 2139

said schedule shall be delivered, duly signed by the Physician in case of illness. In case the birth of any child shall occur without the attendance of a physician, or if a physician shall become the duty of the person or persons in attendance upon the mother, immediately after the same, to report the same to the Commissioner of Health, in the manner and within the time prescribed in this section shall be subject to the same penalties and forfeitures as other fines and forfeitures are recoverable.

Fee of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. G. SHLARY & CO., CITY PRINTERS AND STATIONERS.

A 22162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth June 16 1899

4. Place of Birth, (Street and Number) 1616 Riggs Ave

5. Full Name of Mother, Maggie L. McNeil

6. Mother's Maiden Name, " " Wright

7. Mother's Birthplace, Va.

8. Full Name of Father, John C. McNeil

9. Father's Occupation, Stone Mason

10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. M. K. Warren M.D.

Address, Cor. Lafayette ave & Stricker

Remarks,

1899 JUN 20 P 10

...ohn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 22163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 4th 1890
4. Place of Birth, (Street and Number) Baltimor No 2010 Parkin Street
5. Full Name of Mother, Annie Morgan
6. Mother's Maiden Name, Annie Brow haw
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Robert Morgan
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks,

1890-002141

...ject to the fine of ten dollars for each offence. Blanks for such returns are to be procured at the office of the Commissioner of Health.

...said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, by the physician or practitioner of midwifery, or should no such practitioner shall occur within the aforesaid time, then by the mother, immediately thereafter. It shall become the duty of the parent or parents, guardian or other person having charge of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence. Blanks for such returns are to be procured at the office of the Commissioner of Health.

...any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence. All fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9th 1890
4. Place of Birth, (Street and Number) Baltimore No 105 Lemmon Street
5. Full Name of Mother, Maggie Bush
6. Mother's Maiden Name, Maggie Donahow
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michell Bush
9. Father's Occupation, Labourer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Catharine Michell

Address, No 848 west Pratt Street Baltimore

Remarks,

1890 - 002142

The contracting parties to this instrument in the first of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Commissioner of Health. In case the birth of any child third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner hereinbefore required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SUN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12, 1890
4. *Place of Birth, (Street and Number)* 920 Wolfe St. Baltimore, Md
5. *Full Name of Mother,* Venie L. Bryan
6. *Mother's Maiden Name,* Venie L. King
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* William A. Bryan
9. *Father's Occupation,* Steam Fitter
10. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin, M.D.

Address, 811 Jefferson Ave, Baltimore, Md.

Remarks,

1890 - 002143

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to each [illegible] and shall deliver such schedule to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or some one of such persons to report the birth of such child to report the birth of such child to the Registrar within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

22111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Andrew Vincent ~~Staut~~ (1st twin)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Twins

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race),
3. Date of Birth, June 13
4. Place of Birth (Street and Number), 1103 Gillingham St
5. Full Name of Mother, Louisa Staut
6. Mother's Maiden Name, " Hohman
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas M. Staut
9. Father's Occupation, Carpenter
10. Father's Birthplace, Frederick Md.

Name of Medical Attendant, or other person who makes this Return. M. B. Schell

Address, 1941 Druid Hill ave

Remarks, Twins Breech Presentn

... shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co. City Printers and Stationers.

RETURN OF A BIRTH A 22167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male.
2. Race or color, (if not of the white race) White
3. Date of Birth, Friday June 18. 1880
4. Place of Birth, (Street and Number) Woodbury Hickory Ave 282
5. Full Name of Mother, Mary Blanche Lewis
6. Mother's Maiden Name, Mary Blanche Miles
7. Mother's Birthplace, Ashland Pittsylvania Co
8. Full Name of Father, Charles Alfred Lewis
9. Father's Occupation, Brewer of Ale Veterans Pittsylvania Dublin
10. Father's Birthplace, Elliott city.

Name of Medical Attendant, or other person who makes this return. Mrs Sallivans

Address, Woodbury Hickory Ave 282 Balti city

Remarks,

1090 00 2145

In case the birth of any child shall occur in the absence of the attendance of a physician or practitioner of said science, it shall become the duty of the person in attendance upon the mother at the birth of such child to report its birth to the Commissioner hereafter, if he shall be informed of the same, and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

G. HEUISLER & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 22168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 14. 1879.
4. *Place of Birth, (Street and Number)*	507 Orleans St
5. *Full Name of Mother,*	Alice Dietzel
6. *Mother's Maiden Name,*	" Bliss
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Frederick Dietzel
9. *Father's Occupation,*	Iron Moulder
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1605 Walker St
Remarks,	

Said Midwife shall be delivered, duly signed by the practitioner, to the sum of a certificate of the birth of any child attended by such practitioner, and no other person shall receive any fee or reward for the same, or demand the same, or sue for the same, in the office of the Commissioner of Health. The certificate of midwifery, or the person or parents of such child, if any, who shall neglect or refuse to make such return within the period above specified, and every attendance of a physician or midwife at a birth, who shall become liable to the penalty above specified, shall be subject to a penalty of ten dollars, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, [redacted] June 14 1899
4. Place of Birth, (Street and Number) 621 E. Bethel St
5. Full Name of Mother, Georgetta Wiscott
6. Mother's Maiden Name, Dorsey
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Joseph Wiscott
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Chatham St.

Remarks, 1899-002147

Every birth shall be registered, and every return required by the preceding section shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health, or should no other person be in attendance within that time, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	June 15 1890
4. Place of Birth, (Street and Number)	1010 N. Dallas St.
5. Full Name of Mother,	Ella Seidenzohl
6. Mother's Maiden Name,	" Mann
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Charles Seidenzohl
9. Father's Occupation,	Foreman
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	605 Wallis St.
Remarks,	

1890-002148

been collected in a sex, color, &c. not mentioned in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of four dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. GELSTY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Too

1. *Sex, (state whether male or female)* Males
2. *Race or color, (if not of the white race)* White race
3. *Date of Birth,* June 15 1890
4. *Place of Birth, (Street and Number)* 71 Brick hill
5. *Full Name of Mother,* Jinie Yeager
6. *Mother's Maiden Name,* Jinie Zeppe
7. *Mother's Birthplace,* Carl Conty
8. *Full Name of Father,* Peter Yeager
9. *Father's Occupation,* helper in blacksmit Shop
10. *Father's Birthplace,* York Pa

Name of Medical Attendant, or other person who makes this Return. Ellen Sullivan

Address, hickory avenue 252 baltimore Md

Remarks,

1890-002149

said certificate is delivered, as aforesaid, to the undertaker, he shall forthwith report the same to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the office of Health, and upon receiving such notice, a certificate of said birth shall be issued as aforesaid. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. B. BALDWIN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Wednesday June 18th 1890
4. Place of Birth, (Street and Number) No 22 Landwehr Lane
5. Full Name of Mother, Johannah Raman
6. Mother's Maiden Name, Johannah Remery
7. Mother's Birthplace, Germany
8. Full Name of Father, Bernhart Raman
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Dale

Address, No 349 Bendalton St

Remarks,

1890-002150

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 22173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 4 18 1876
4. Place of Birth, (Street and Number) 500 Biddle Alley
5. Full Name of Mother, Virginia Pinnell
6. Mother's Maiden Name, Virginia Butler
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Richard Pinnell
9. Father's Occupation, Laborer Baltimore Md
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary Mason

Address, 534 Walnut Alley

Remarks, 1876-30151

been conferred) to sex, color, the full name first Christian name or surname in the form of a certificate between the first day of every month, duly signed by the practitioner of midwifery, of the person or parents of such said schedule shall be delivered, duly signed by the Commissioner of Health. In case the mother of any child third day of such month, a like certificate shall be delivered to the Commissioner of Health by the person or parents of such child or other person having charge of such child, stating the name and residence of the practitioner of midwifery, if any, in attendance upon the mother during her confinement, and the reason why such attendance was not had. And if any child born within the period above required to be registered shall die without the attendance of a duly licensed practitioner of midwifery, or if there shall be no such attendance upon the mother during her confinement, and within the period above required to be registered, the mother, or in case of her death or inability, the person having charge of such child shall report the fact to the Commissioner of Health, in the manner and within the time above specified, and shall comply with the provisions of this section in all respects as if a practitioner of midwifery had been in attendance. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 22174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 19. 1890
4. Place of Birth, (Street and Number) 1930 N. Broadway
5. Full Name of Mother, Caroline Freudenberger
6. Mother's Maiden Name, Roettger
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Freudenberger
9. Father's Occupation, Iron Moulder.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Oldham St.

Remarks, 1890-D-21152

...shall be delivered, duly signed by the practitioner in the form of a certificate ... the birth of any child ... days of each and every month to the officer or practitioner of midwifery of the person or parents of such ... shall occur without the attendance of a practitioner of midwifery, or of the person or parents of such ... attendance upon the birth to the Commissioner of Health, to comply with the provisions of this section ... child to every such person or persons who shall hereafter ... and such person or persons who shall hereafter ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, June 20. 1870.
4. Place of Birth, (Street and Number) 1718 Orleans St.
5. Full Name of Mother, Bettie Celia
6. Mother's Maiden Name, Foster
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father. George Celia
9. Father's Occupation. Stevedore
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St.

Remarks,

1870 - 20 - 153

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and 5th days of each and every month, to the Registrar of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or parents of such child is required to report the birth to the Commissioner of Health in the manner and within the period above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts and forfeitures are recoverable.

CERTIFICATE CORRECTED 11-15-55

RETURN OF A BIRTH. A 22176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Bertha ~~Arniger~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	June 20, 1890.
4. Place of Birth, (Street and Number)	524 N. Dallas St.
5. Full Name of Mother,	Rose Arniger
6. Mother's Maiden Name,	" ~~Gessner~~ Gessner
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Peter Arniger
9. Father's Occupation,	Wheelwright &
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Caroline Md.
Address,	1605 Walker St.
Remarks,	

1890-02154

Each midwife shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall not be reported as above required, the midwife shall report the same to the Commissioner of Health within ten days after the birth, and every month to the office of the Commissioner of midwifery, or should no other person be present at the birth, it shall be the duty of the midwife to report the same as above required, and no midwife shall receive any fee for her services in any case where the birth of a child shall occur without the attendance of a physician hereafter if it shall become the duty of the midwife to call in a physician during the period above required, and attendance upon the mother, Commissioner of Health, in the manner the provisions of this section shall be enforced as other fines are recovered. Fees will not be paid to midwives who fail to report births as required by this section. Midwives who shall hereafter fail to report births as required by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Charles Appel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st Day of June

4. Place of Birth, (Street and Number) 58 Centre Market Space

5. Full Name of Mother, Anna Appel

6. Mother's Maiden Name, Anna Wensel

7. Mother's Birthplace, Germany

8. Full Name of Father, Conrad Appel

9. Father's Occupation, Basket Manufacturer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. S. Schusnam

Address, Lonctritt 327

Remarks.

T690-002155

said schedule shall be delivered, duly signed by the practitioner in charge, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the father or mother of said child or of the householder in which the birth occurred, or in the absence of the father and mother from the house, any other person having knowledge of the birth, to report the same to the Registrar of Vital Statistics, in the manner and within the period above named, and in such case the certificate of birth shall be signed by the person making the report. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ED. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	June 21 - 90
4. Place of Birth, (Street and Number)	1103 East Pratt
5. Full Name of Mother,	Rachel Jacobs
6. Mother's Maiden Name,	Rachel Green
7. Mother's Birthplace,	Prussia
8. Full Name of Father,	Abram Jacobs
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Prussia
Name of Medical Attendant, or other person who makes this Return.	Daniel J Moyer M.D.
Address,	1200 N Eden St City
Remarks,	Normal

1890-002156

The attendant shall be delivered daily, signed by the practitioner in the form of a certificate between the 1st and 5th days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, or in case no other person be in attendance upon the mother, immediately after the birth, the person or parents of such child shall report the same to the Commissioner of Health, in the manner and within the period above required. In case the provisions of this section are not complied with, the said attendant upon such birth to the Commissioner hereafter fail to comply with the provisions of this section, he shall forfeit or persons, who shall be recovered as other fines and forfeitures are recoverable, such person or persons, who shall be recovered as other fines and forfeitures are recoverable, subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 21 1890.
4. Place of Birth, (Street and Number) Corner Fremont Ave & Washington Sts
5. Full Name of Mother, Fillie Sat
6. Mother's Maiden Name, " Rupert
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Ernest Sat
9. Father's Occupation, Storekeeper
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Walker

Address, 1605 Walker St.

Remarks,

1890 - 22157

The Physician shall be delivered, duly signed by the practitioner in the presence of a witness, to the parent or nurse of the child or person having charge of the mother, at the time of the birth of any child born alive, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, then the midwife, or should no other person be in attendance upon the mother, the parent of such child shall become the duty of the person or parties so attended, and every person who shall neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ON. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22nd 1890
4. Place of Birth, (Street and Number) 1510 N. Washington st
5. Full Name of Mother, Mary Barnett
6. Mother's Maiden Name, Mary Reed
7. Mother's Birthplace, Maryland
8. Full Name of Father, William H Barnett
9. Father's Occupation, Machinist
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, W. C. Sandrock M.D.

Address, Broadway & Chase St.

Remarks, This child is 8th of 9 births. 7 living. The other child was born dead and is returned as a Still birth.

said schedule shall be delivered, duly signed by the person attending at the birth, to the Commissioner of Health, or to such other person as he may appoint for the purpose, within ten days after the birth of any child born in Baltimore; and the Commissioner of Health shall, every month, transmit to the Comptroller a list of all persons who shall have failed to comply with the provisions of this section, and the Comptroller shall thereupon cause the name of every person or practitioner of medicine, midwifery, or the person or parents of said child to report its birth, without the attendance of any physician or midwife, as aforesaid, to be published in the next annual report of the Commissioner of Health. Every person or practitioner of medicine, midwifery, or the parents of any such child, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) Sixth, (6th)

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 22d 1890
4. Place of Birth, (Street and Number) No. 1531 Jefferson Street
5. Full Name of Mother, Mrs. Indiana Askew
6. Mother's Maiden Name, Miss Indiana Williams
7. Mother's Birthplace, Baltimore County Md.
8. Full Name of Father, Mr. John Henry Askew
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore County Md.

Name of Medical Attendant, or other person who makes this Return, Wm H. Blendinger, M.D.

Address, 201 N. Broadway

Remarks, 1890-002159

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

And schedule shall be delivered, duly signed, by the [illegible] to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a legally qualified physician or midwife, the owner or occupier of the house in which such birth occurs, and every person present at the same, shall immediately thereafter make the same known to the Commissioner of Health, in the manner and with the particulars required by this section; and in case of neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 2217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	M
2. Race or Color (if not of the white race),	W
3. Date of Birth,	June 22 1870
4. Place of Birth (Street and Number),	2313 Maryland Ave
5. Full Name of Mother,	Bertha Williams
6. Mother's Maiden Name,	Wright
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John H. Williams
9. Father's Occupation,	Clerk at Arena Lim
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	R. Winslow M.D.
Address,	1 Mt Royal Terrace
Remarks,	

...ore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

22183

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	~~June 22/90~~ 3d
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	June 22/90
4. *Place of Birth*, (*Street and Number*)	1503 Mosher
5. *Full Name of Mother*,	May. Hynes
6. *Mother's Maiden Name*,	" Holtz
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	John Hynes
9. *Father's Occupation*,	Sea faring Man
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Geo H Norris M D
Address,	1601 Presstman St
Remarks,	Baltimore

of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th June
4. Place of Birth, (Street and Number) 298 Old York Road
5. Full Name of Mother, Margrett A Blatchley
6. Mother's Maiden Name, Margrett A Hurley
7. Mother's Birthplace, Maryland
8. Full Name of Father, Robert Edward Blatchley
9. Father's Occupation, Carpenter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. L. E. Blatchley

Address, 114 Old York Road

Remarks,

890-002162

been conferred by sex, color, the full name and occupation of the parents, and the time and place of birth. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother shall herself make the return required above, and shall immediately thereafter, if she shall become able, sign the certificate before mentioned. In case the birth of a child shall occur in a house in which there is no family, the person having charge of the house shall be subject to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 22185.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* June 2 1901
4. *Place of Birth (Street and Number),* 710 Little Hanover and Stud
5. *Full Name of Mother,* Mary E. Johnson
6. *Mother's Maiden Name,* Mary E. Robinson
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* J. H. Johnson
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return. Ellen Moore

Address, 904 Druid Hill Ave.

Remarks,

forfeit; its sex; color; the full name and occupation of the parents, if known; and the number of the house in which the birth occurs. Every midwife or other person who shall attend upon any childbirth between the first and third day of each and every month to the office of the Commissioner of the Board of Health, a return of all births which shall occur without the knowledge of such midwife or other person, and shall be delivered, duly signed by the practitioner in the case, or by the parent, if no practitioner be in attendance upon the birth. In case of the birth of any child shall occur without the knowledge of such midwife or other person, he shall make such return within the period of ten days after the birth shall have come to his knowledge. Every midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

- over

RETURN OF A BIRTH A. 27 1886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Martin Ziegler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. Sex, (State whether male or female)	Male,
2. Race or color, (if not of the white race)	White,
3. Date of Birth,	June 2nd 1890
4. Place of Birth, (Street and Number)	1327 N Eden st.
5. Full Name of Mother,	Anna Belle Ziegler,
6. Mother's Maiden Name,	Anna Belle Taylor,
7. Mother's Birthplace,	Balto City,
8. Full Name of Father,	Howard Mc Com Ziegler,
9. Father's Occupation,	Pressman,
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return.	Chas B Ziegler, M.D.
Address,	920 N. Broadway,
Remarks,	

1890-002164

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Sec. 3. This certificate shall be delivered, duly signed by the parent, to the physician, midwife or other person in attendance upon the birth, and by him or her delivered to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the parent shall deliver said certificate to the Commissioner of Health, and every month to the officer or practitioner of midwifery appointed to each district by the Commissioner of Health, a list of such births as may have occurred in the district of each such officer or practitioner during the preceding month; and any physician, midwife or other person who shall neglect or refuse to deliver such certificate or list, as required, and within the time specified by this section, or who shall wilfully make any false statement in any certificate required by this section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 2/1897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) First Child
2. *Sex,* (state whether male or female) Female Child
3. *Race or Color,* (if not of the white race)
4. *Date of Birth,* June 7th 4-1890
5. *Place of Birth,* (Street and Number) Stockton St No 608
6. *Full Name of Mother,* Carrie Lee
7. *Mother's Maiden Name,* Lee
8. *Mother's Birthplace,* Lancaster Co. Pa.
9. *Full Name of Father,* Henry Wilson
10. *Father's Occupation,* General house work
11. *Father's Birthplace,* Lancaster County Pa.

Name of Medical Attendant, or other person who makes this Return. Mary Catherine Jones

Address, 1121 Saratoga St

Remarks, 1890-002165

been collected. If a sex, color, &c., be not stated by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly filled out, at the office of the Commissioner of Health. In case no physician or midwife shall be in attendance, or if in attendance, shall neglect or refuse to perform the duty, the same shall devolve upon the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section will be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

FEB 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 2218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Friday June 5th 1896

4. Place of Birth, (Street and Number) 1111 N. Ballo. St.

5. Full Name of Mother, Rosa Zacks

6. Mother's Maiden Name, " Hamburger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Zacks

9. Father's Occupation, Ship Chandler

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Edward Pinkard

Address, 217 Aisquith St

Remarks, C V O - 0 0 2 1 6 6

JUN 25 1896

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the [illegible] day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any person who shall neglect or refuse to make any such report or render any such certificate required by the provisions of this section shall be subject to the fine of ten dollars for each and every such offence, which forfeitures are recoverable as debts.

GEO. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 27189

Over

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female)	Female — Flora Dobler Sutton
2. Race or Color (if not of the white race)	White
3. Date of Birth	nov 7 '20
4. Place of Birth (Street and Number)	1100 W. Cross St.
5. Full Name of Mother	Elizabeth A. Sutton
6. Mother's Maiden Name	Dobler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John B. Sutton
9. Father's Occupation	Engineer
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Wm. B. Rieser
Address	167 Eutaw Ave.
Remarks	

1 6 7 0 - 0 0 2 1 6 7

Thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 27190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 8/90
4. Place of Birth, (Street and Number) 630 Ritchie St
5. Full Name of Mother, Harriet Virginia Hooper Rumney
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father, Wm E Hooper
9. Father's Occupation, Insurance
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Fred D Blair

Address,

Remarks,

1890 002168

said Secretary, to be delivered, duly signed by the practitioner in charge, to the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person in charge of such child to report the birth to the Commissioner of Health, in the manner and with the particulars required, and within the time above specified, and in case the parent or parents of such child shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 2nd 1890

4. Place of Birth, (Street and Number) #660 Montgomery st

5. Full Name of Mother, Emma M Vansant

6. Mother's Maiden Name, Emma A Easton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John R Vansant

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Miss M A Cottrell

Address, #606 Hanover st

Remarks, 1890-002169

The law requires that every child born in this city shall be reported to the Board of Health within ten days after birth, and that the first and said schedule shall be delivered duly signed by the practitioner in the room of every case between the first and third day of each month to the office of the Commissioner of Health, in case the child is born without the attendance of a physician or practitioner of midwifery, or should the other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and also every person who shall become aware of the birth of any child within the city shall forthwith report such birth to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. GILBERT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Colored (Male)

2. Race or Color (if not of the white race),

3. Date of Birth, June 7. 1900

4. Place of Birth (Street and Number), 1316 Fremont Ave.

5. Full Name of Mother, Lucy J. Cadery

6. Mother's Maiden Name, Lucy J. Hawkins

7. Mother's Birthplace, Lynchburg Va.

8. Full Name of Father, Charles Cadery Charles F Cadery

9. Father's Occupation, Sells in market

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Edward Meade

Address, 704 Druid Hill Ave.

Remarks,

1900-002170

shall be delivered, duly signed by the practitioner in the form of a certificate approved by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the father or mother of such child, if able, or the householder or owner of the premises where the birth occurs, shall report the same to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A 22193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of 4 & 5 children

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 9. 1890
4. Place of Birth, (Street and Number) Bal & 15 Whitelock st
5. Full Name of Mother, Louisa Blount
6. Mother's Maiden Name, Louisa Saunther
7. Mother's Birthplace, Edenton NC
8. Full Name of Father, Edward Blount
9. Father's Occupation, Laborer
10. Father's Birthplace, Edenton NC

Name of Medical Attendant, or other person who makes this Return. Mary Catherine Jones

Address, 1121 Saratoga St.

Remarks, 5900002171

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health, or to such other person be in such place with the duties of the Health Department as the duty of the person or parents of such child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GILMAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 10th 1890
4. *Place of Birth, (Street and Number)*	1315 Hanover av
5. *Full Name of Mother.*	Hannitta Andrews
6. *Mother's Maiden Name.*	Hannitta Pitcher
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	William Andrews
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	W. B. Noble M.D.
Address,	201 Hanover av
Remarks,	1890 002172

Each case the birth shall be delivered, duly signed by the practitioner, or, if no practitioner shall be present, by the nurse or other person in attendance, to the Commissioner of Health, or some person designated by him, within ten days after the birth of any child born alive, and every month to the office of the Commissioner of Health, or should no other person be in said city, by the nurse or other person in attendance, a certificate of the birth of any child born alive, and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, or if a physician or midwife be in attendance, then by such physician or midwife, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, then by the father or mother of such child, or, in the absence of the father or mother, by the person with whom the child may be living, or by the occupant of the house or tenement where such birth shall occur, or by the undertaker who shall first be employed in the burial of such child, which certificate shall be signed by the person making the same, and shall contain the information required by the Commissioner of Health, in the manner and within the period above required, and shall comply with the provisions of this section in all respects; and any person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. S. GILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 27195.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female.
2. Race or color. (if not of the white race) White
3. Date of Birth, June 11th 1890
4. Place of Birth, (Street and Number) 2055 Gough St.
5. Full Name of Mother, Elizabeth J. Harp
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Talbot Co. Md.
8. Full Name of Father, Nicholas Thos Harp
9. Father's Occupation, Steel Business
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. E. L. Burns M.D.

Address, 1835 E. Balto. St.

Remarks, 6702 002173

Every physician, midwife or other person who shall hereafter attend upon any birth or stillbirth shall, within ten days after the birth or stillbirth, report the same to the office of the Commissioner of Health. In case the birth or stillbirth shall occur without the attendance of any physician, midwife or other person, then the father or mother of such child shall report such birth or stillbirth to the office of the Commissioner of Health within ten days after the birth or stillbirth shall occur without the attendance of any physician, midwife or other person, then the father or mother of such child shall report such birth or stillbirth to the office of the Commissioner of Health within ten days after the birth or stillbirth shall occur without the attendance of any physician, midwife or other person, then the father or mother of such child shall report such birth or stillbirth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as debts of like amount are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 2196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 12 June 1890
4. Place of Birth, (Street and Number) 521 West Biddle
5. Full Name of Mother, Sarah Jane McKinnell
6. Mother's Maiden Name, Sadler
7. Mother's Birthplace, Balt City
8. Full Name of Father, James McKinnell
9. Father's Occupation, machinist
10. Father's Birthplace, Balt City

Name of Medical Attendant, or other person who makes this Return. Thos. J. Brewer M.D.

Address, 1106 McCulloh Street

Remarks, 1890 002174

said schedule shall be every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance, then the duty of reporting such birth shall devolve upon the parent or parents of such child, if of sufficient age and discretion, and in either case it shall be the duty of the person above required, and such parent or parents, immediately thereafter to visit the said office and report its birth to the Commissioner of Health, or some one of his assistants, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall neglect or refuse to report the birth of any child within the time

... G. BLAKNEY & CO., CITY PRINTERS AND STATIONERS.

[illegible] schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 22197

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hubert W. Spath

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 13th 1890

4. *Place of Birth, (Street and Number)* 1751 N. Chester St.

5. *Full Name of Mother,* Marie Louise Späth

6. *Mother's Maiden Name,* Diehl

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Anton Späth

9. *Father's Occupation,* Grocer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. S. H. Seldner M.D.

Address, 1801 E. Eager St.

Remarks, 1890-002175

A 27198

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord Race
3. Date of Birth, June 13
4. Place of Birth, (Street and Number) 1015 Whatlcat St
5. Full Name of Mother, Susie B Johnson
6. Mother's Maiden Name, Susie B Smith
7. Mother's Birthplace, Midel Stat Contyard
8. Full Name of Father, James Johnson
9. Father's Occupation, Publik Work
10. Father's Birthplace, West River Md

Name of Medical Attendant, or other person who makes this Return.

Address, Martha Lolley 1359 Whatlcat St

Remarks. 690-002176

been conferred) its sex, color, the full name and occupation of the parents, the first and ... certificate shall be signed by the practicing physician ... Board of Health ... birth of any child ... said schedule shall be every month to the office of the ... of such ... third day of each month ... attendance of a physician or midwife ... the birth of such child ... attendance upon the mother ... Board of Health ... child to report its birth ... any such person who shall ... subject to a fine of ten ... dollars for each offense. ... recovered ... other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 77 177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 14 1900

4. Place of Birth, (Street and Number) 121 N Exeter St

5. Full Name of Mother, Margaretha Reidell

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Germany

8. Full Name of Father, Claus W Reidell

9. Father's Occupation, Cutter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Jno O Blair

Address,

Remarks,

1900 002177

said school shall be delivered, duly signed by the principal teacher thereof, to the commissioner of health. In case the birth of any child shall occur in any city or county in which there is no commissioner of health, or should no other person be required to report the same, then it shall be the duty of the person in charge of such child to report the birth to the commissioner of health, in the manner and within the time above required, and every such person who shall neglect or refuse to make such report, or who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14th June
4. Place of Birth, (Street and Number) 807 Hollen St
5. Full Name of Mother, Lina Lalonde
6. Mother's Maiden Name,
7. Mother's Birthplace, California
8. Full Name of Father, E. Va. Clay
9. Father's Occupation, Baltimore M. D.
10. Father's Birthplace, Mrs. D. Jacob Middleton

Name of Medical Attendant, or other person who makes this Return.

Address, 707 Hollen St.

Remarks,

1890-002178

Every birth shall be delivered, duly signed by the proper informer in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall not be reported as aforesaid, then the midwife, nurse and every other person who shall receive any fee or reward for his or her services in the premises, and every physician, surgeon or practitioner of midwifery, or the person or parents of such child, who shall neglect to report the birth of such child as aforesaid, shall forfeit and pay for every such neglect or refusal, the sum of ten dollars; and every such midwife, nurse or other person who shall receive any fee or reward as aforesaid, without the attendance of a physician, surgeon or practitioner of midwifery, shall report the birth of such child as aforesaid, within the period of twenty-four hours next after the birth of such child, and every such midwife, nurse or other person who shall neglect to report as herein required, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A2220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, June 14 1890
4. Place of Birth, (Street and Number) 1311 Eutaw Place
5. Full Name of Mother, Jane Waring
6. Mother's Maiden Name, " Leary
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William E. Waring
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Marbury Brewer M.D.

Address, 1106 N. Eutaw Street

Remarks, 6 7 0 5 0 0 2 1 7 9

Every Physician, Midwife or other person in attendance upon any case of birth shall report the birth of any child to the Office of the Commissioner of Health, in the city of Baltimore, on a blank form to be furnished by the Commissioner of Health, or should no other person be in attendance, the mother shall report the birth, and in case the duty of the person or persons required, and shall occur without the presence of a physician or practitioner of the healing art, then it shall be the duty of each and every midwife or practitioner of medicine, surgery or midwifery, who shall be employed in any case within ten days thereafter, to report the same in the manner and within the period above specified. And it shall be the duty of the father, if living, and if absent or unable, then the mother, immediately thereafter, to report such birth to the Commissioner of Health, in the manner and within the period above specified. And any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. G. DELANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 222 02

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	16th June 1890
4. Place of Birth, (Street and Number)	9 S. Chester St.
5. Full Name of Mother,	Georgetta Johnston
6. Mother's Maiden Name,	Cunningham
7. Mother's Birthplace,	Harford Co Md.
8. Full Name of Father,	Thomas Johnston
9. Father's Occupation,	Grain Merchant
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	C. F. Voss M.D.
Address,	1835 E. Balto St.
Remarks,	

1890-002100

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 772 02

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th June
4. Place of Birth, (Street and Number) 911. Hollins St
5. Full Name of Mother, Emma Howe
6. Mother's Maiden Name, Emma Mc. Brode.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Howe
9. Father's Occupation, Coachpainter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs S Emily Mitchell

Address, 911 Hollins St.

Remarks,

1890 - 002181

Sent enclosed in No. ..... to ..... Jacket to the fine of ten (10) dollars for each offence, to be sued for and recovered as debts of like amount are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 97704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1890
4. Place of Birth, (Street and Number) 212 E. Barney St
5. Full Name of Mother, Lula M. Coyle Reed
6. Mother's Maiden Name, "
7. Mother's Birthplace, Va. Co Md
8. Full Name of Father, Louis H Coyle
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, John C. Roth

Address, 1601 E. 1st St

Remarks, 1890-002102

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and 5th days of each and every month to the Commissioner of Health, or shall be mailed to his office within the third day of each and every month by a physician or practitioner of midwifery, or shall be delivered by some other person he in shall occur without the aforesaid schedule being delivered, mailed or otherwise transmitted as aforesaid, the person attendance at the birth to the Commissioner of Health, within the period above required, and shall immediately thereafter if such birth occurs within the limits of the city of Baltimore, and shall comply with the provisions of this section within the time above specified. And any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED JUN 26 1890 REGISTRAR

GEO. J. G. GILASY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) White
2. Race or color, (if not of the white race)
3. Date of Birth, June 16/92 2P
4. Place of Birth, (Street and Number) 532 N Lombard
5. Full Name of Mother, Sarah E Frantz
6. Mother's Maiden Name, " Crane
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Frank Frantz
9. Father's Occupation, Salesman & Commission
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. W. L. Dick M.D.

Address, 535 N. Lombard St

Remarks, 1892-00213

And whereas the above certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. BALANTY & CO., CITY

RETURN OF A BIRTH Agmt.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUN 25 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	June 17th 1890
4. Place of Birth, (Street and Number)	863 Collins St
5. Full Name of Mother,	Bertha Agnes Manko
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Bernard Innes
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Edna J. Whitacre M.D.
Address,	
Remarks,	1890002184

and schedule shall be delivered, duly signed by the practitioner is the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and attendance upon the mother, immediately after the birth, and during the hours of this section, shall be deemed any such person or persons who shall neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, and forfeitures are recoverable as debts of like amount.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH B 22209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, June 17th 1899

4. Place of Birth, (Street and Number) 1121 Clarett alley

5. Full Name of Mother, Mary Scott

6. Mother's Maiden Name, Mary E Basin

7. Mother's Birthplace, Easton Md

8. Full Name of Father, Samuel Scott

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Scharlotte Williams

Address, 910 Leadenhall st

Remarks, five Dollars

F. 0021 05

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Sec. 3. [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and 5th of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other Person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents, and each and every person who shall thereafter fail to [illegible] child to report its birth to the Commissioner of Health as herein required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offense, to be recovered, with costs, in the name of the State of Maryland, before any justice of the peace of Baltimore City, in the manner that debts of like amount are recoverable.

RETURN OF A BIRTH A 7778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 5 childe

1. (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, the 18 of June the year 1870
4. Place of Birth, (Street and Number) 62 S. Walker Street
5. Full Name of Mother. Elizzy Crumber
6. Mother's Maiden Name, Elizzy Lattig
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, Jarge Crumber
9. Father's Occupation, Labor Farm
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return. Miller Gross

Address, No. 229. York. Street

Remarks, 1870 002186

been conferred by sex, color, the full name and occupation of its parents. If a difference between the first and second schedule shall be discovered by the Registrar in the form of the child, in case the birth of any child shall occur within one month after the date of the filing of the first schedule, or should no other person be required by this section to report the birth within that time, it shall become the duty of the person in charge of the institution upon the next regular business day thereafter to report the same, with the particulars required, and circumstances upon the margin, to the Registrar of Health, in the manner and within the limitations of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. O. SHLAUDY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3rd)

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, June 18th 1890
4. Place of Birth (Street and Number), 1431 N Fremont Ave
5. Full Name of Mother, Mary Virginia Merryman
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Elmer J. Merryman
9. Father's Occupation, Carriage Builder
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other person who makes this Return. J. L. Hammer

Address, 242 N Franklin St

Remarks,

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

A 7210.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th.
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth,* 18 June 1890
5. *Place of Birth, (Street and Number)* 765 Hoyer Street
6. *Full Name of Mother,* Mary Hodson
7. *Mother's Maiden Name,* Mary Edwards
8. *Mother's Birthplace,* Anne Arundel County Md.
9. *Full Name of Father,* Anne Arundel County Md.
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* William Hodson
12. *Name of Medical Attendant, or other Person who makes this Return,* Mary Jane Richardson
13. *Address,* 315 King Street
14. *Remarks,* 3900-0021 83

parents the date and place of birth, and the name, age and residence of the mother, to the Office of the Commissioner of Health. In case the child is born dead, or dies before the return is made, the certificate must state the fact. Any midwife, physician or practitioner of the person or parents of such person shall, within one calendar month after the birth of any child upon the mother, immediately thereafter it shall become the duty of the midwife, physician or practitioner of the person or parents of such person to make a return of such birth to the Commissioner of Health, in the manner and with the particulars required by this section, and within the period above required, under a penalty of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19th 1890
4. Place of Birth, (Street and Number) S Chappel st 3 & 4
5. Full Name of Mother, Elizabeth Barton
6. Mother's Maiden Name, Hoffman
7. Mother's Birthplace, Balto City Md
8. Full Name of Father, Robert Barton
9. Father's Occupation, Stevedore
10. Father's Birthplace, Balto city Md

Name of Medical Attendant, or other person who makes this Return. M D Davenport

Address, 225 S ann st

Remarks, Mother and Baby do fine

do vac'd Well 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 7712.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 2 ~~Feb~~ 1900

4. Place of Birth, (Street and Number) 17 Byrd Street

5. Full Name of Mother, Leigh Stanton

6. Mother's Maiden Name, Leigh Young

7. Mother's Birthplace, Colored

8. Full Name of Father, Lang Stanton

9. Father's Occupation, Laborer

10. Father's Birthplace, Eastern Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address, 213 W. Lg Street.

Remarks, 1900 - 007190

Penalty. The date and place of birth of each and every month to the Office of the Commissioner of Health. In case no certificate between the first and fifteenth day of the month shall become the duty of the person required to report the birth of any child born to the mother, immediately thereafter, in the manner and within the period above required. Any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the one of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Printed by A. Hoen, City Printers and Stationers.

A 77213

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20 june 1890

4. Place of Birth, (Street and Number) 607 patterson park av

5. Full Name of Mother, Annie Elisabeth Steinmetz

6. Mother's Maiden Name, Greder

7. Mother's Birthplace, Germany

8. Full Name of Father, George Fredrick Steinmetz

9. Father's Occupation, Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Amelia Sommers

Address, 611 S. P K Av.

Remarks, 1890 No. 2191

... been completed ... shall ... duly signed by the practitioner in the form of a certificate ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate ... the birth of any child ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 7771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	25th of June
4. Place of Birth, (Street and Number)	2216 N. Eden Ave.
5. Full Name of Mother,	Eliz. Deschner
6. Mother's Maiden Name,	Anders
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm. Deschner
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Jessie Tennant
Address,	1911 Eden St.
Remarks,	1890002192

been completed. [illegible] shall be the practitioner in the form of a certificate between the first and fifth days of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should the person or parents of such child fail to report its birth to the Commissioner of Health, it shall become the duty of the person in charge of the house where the birth occurred, and in all other cases the parents of such child, to report the birth to the Commissioner of Health, to comply with the provisions of this section shall be liable to a penalty of ten dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-19-56

RETURN OF A BIRTH 22210.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nellie Stemler 4th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 20th 1890
4. Place of Birth, (Street and Number) 1110 N. Gratt St
5. Full Name of Mother, Emma Stemler
6. Mother's Maiden Name, Emma Michael
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Stemler
9. Father's Occupation, Tinner
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Kelly von du Pfeffer

Address, 1st Dr. Pharmacy

Remarks, 1890-032193

month, and shall set forth as far as the same may be ascertainable, the date and place of birth, and the name, if any, given to the child, the full name and residence of the parents, the age of the mother (if known), the number of children born to her, and the number now living, whether the child was born in wedlock or not, and if the parents were married, the date of such marriage (which information shall be kept confidential), and such other information as the Commissioner of Health may require; and within the first and third days of each month the attendance at a birth shall become liable for the penalty hereinafter provided for the failure to report the birth of any child which he may have attended during the preceding month, unless the mother, midwife or other person in charge of the person or premises where such birth occurred shall have reported the same as required, and such attendance upon the mother, midwife or other person in charge shall be sufficient evidence of the birth of such child to report its birth to the Commissioner of Health; and within the time limit of this section shall be substituted the time limit of ten (10) days, after which time any such attendant who shall hereafter fail to report as aforesaid shall be liable to a penalty of five dollars for each offense, to be recovered in other fines and forfeitures are recoverable. Subject to the time of ten (10) days forfeiture.

BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 77 716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20.
4. Place of Birth, (Street and Number) 1505 Light
5. Full Name of Mother, Clementina Finglas Paul
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father, J. J. Finglas
9. Father's Occupation, Tinner
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. E. Dorsey Ellis C.P.

Address, 915 Light st

Remarks, R.O.A. position. Sutures of childs head

1890-002194

verified

been conferred by sex, color, full name and occupation of ea parent, the certificate between the first and said delivered, duly signed by the practitioner in the form of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, then the householder or the parent shall be required, and child to report to the Commissioner of Health, in the manner and form aforesaid, the particulars required by this section, and in default thereof shall become liable to the penalty hereinafter provided. And any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 23319

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been con[illegible] delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every attendance of a physician or practitioner of midwifery, or should no other person be in shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 21, 1890.
4. Place of Birth, (Street and Number) No. 2023 Guilford ave
5. Full Name of Mother, Elizabeth Reguardt.
6. Mother's Maiden Name, Elizabeth Herman.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Julius Reguardt.
9. Father's Occupation, Cigar Manufacturer.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clewell M.D.

Address, 1741 Harford ave.

Remarks, 1890-002195

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. B 7718

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 21 90
4. *Place of Birth (Street and Number)*	1417 E Baltimore St
5. *Full Name of Mother*	Julia McMahon
6. *Mother's Maiden Name*	Colvill
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Geo McMahon
9. *Father's Occupation*	Engineer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm B Ruter
Address	567 Fulton Ave
Remarks	

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, June 21 — 1890

4. Place of Birth, (Street and Number) 104 E. Mulberry

5. Full Name of Mother, Lena Lancaster.

6. Mother's Maiden Name, Lena Johnson

7. Mother's Birthplace, Maryland

8. Full Name of Father, Geo. W. Lancaster.

9. Father's Occupation, Waiter at Rennert Hotel

10. Father's Birthplace, St Mary's Co Md.

Name of Medical Attendant, or other person who makes this Return. Haughton Bayley M.D.

Address, Guilford ave & Lexington St.

Remarks, C 90-002197

been conferred) its sex, color, the full names and residence of its parents, and the date of birth, in the form of a certificate between the first and third days of each month, which certificate shall be duly signed by the practitioner or midwife in attendance, or if there be no such person in said actionate shall be delivered month to the office of the Commissioner of Health. In case the other person be in attendance, or if there be no such person in attendance, then the certificate shall be signed by the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall furnish such information as he may require in connection therewith. Any person who shall fail to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	5 Child
1. Sex, (*state whether male or female*).	Little Girl
2. Race or Color, (*if not of the white race*)	White race
3. Date of Birth,	21st June 1890
4. Place of Birth, (*Street and Number*)	No 10 Second lane
5. Full Name of Mother,	Mrs Lietzau
6. Mother's Maiden Name,	Mrs Lietzau
7. Mother's Birthplace,	Priason Germany
8. Full Name of Father,	Mr. Lietzau
9. Father's Occupation,	Milk Dealer
10. Father's Birthplace,	Priesan Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 ... St.
Remarks,	

1890-002198

HEALTH DEPARTMENT ... BALTIMORE

... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 22221.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,*
4. *Place of Birth (Street and Number),*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without such attendance, it shall be the duty of the parent or parents of such child, or in case of their absence from the city, of the person having charge of such child, to report the birth to the office of the Commissioner of Health. In case the parent or parents of any child shall be unable to report the birth, the duty of such report shall devolve upon the person or persons in attendance upon the mother. Immediately thereafter it shall become and within the period above required, and any such person or the Commissioner of Health to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are by law recoverable.

...ore Publishing Co., City Printers and Stationers

1890 - 002199

RETURN OF A BIRTH A 77777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27 of June 1890
4. *Place of Birth, (Street and Number)*	No 366 Kamen St
5. *Full Name of Mother,*	Mrs. Elianfranz
6. *Mother's Maiden Name,*	Mrs. Emilie Franz
7. *Mother's Birthplace,*	Sanzor. Germany
8. *Full Name of Father,*	Mr Elianfranz
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Bayer Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	2121 west Pratt st
Remarks,	1890-00-200

been committed, he has, within thirty days after the birth of such child, delivered at the office of the Commissioner of Health, in the form of a certificate, a return of such birth, signed by the practitioner in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and said schedule shall be delivered at the office of the Commissioner of Health, in the manner and within the period above required, and said schedule shall be delivered at the office of the Commissioner of Health. In case the above return shall not be made within thirty days after the birth of such child, or if there should be no practitioner in attendance upon the mother, then the duty of making such return shall devolve upon the person who shall become aware of such birth, and who shall neglect to report the same within the time above specified, shall be liable to a fine of ten (10) dollars for each offense, to be recovered in other lines and forfeitures are irrecoverable.

BALTIMORE CITY DEPARTMENT OF HEALTH

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22nd 1890
4. Place of Birth, (Street and Number) 1029 McDonough Street
5. Full Name of Mother, Hannah E Stoddard
6. Mother's Maiden Name, " Kaye
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Roland Stoddard
9. Father's Occupation, Mill Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr. James E. Whitefora. 15 ASQUITH STREET, BALTIMORE, MD.

Address,

Remarks,

1890 002204

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, then the owner or occupier of the house in which such birth occurs shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	June 22nd 1890
4. Place of Birth, (Street and Number)	436 Cross . st
5. Full Name of Mother,	Clara Phillips
6. Mother's Maiden Name,	Clara Phillips
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Edwin . C. Kaiss
9. Father's Occupation,	Carter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Ellenwood . A. anderson
Address,	1434 Patapsco . st
Remarks,	Child healthy

1890-002202

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, said notice shall be given by the father or mother of such child, or in case the father or mother is dead or unable to act, then by the person having charge of such child, within the period above required. And any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each and every such neglect or refusal, to be recovered as penalties and forfeitures are recoverable.

RETURN OF A BIRTH A222[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	9th child
1. *Sex,* (*state whether male or female*)	female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	June 19
4. *Place of Birth,* (*Street and Number*)	1321 Fillmore St
5. *Full Name of Mother,*	Ella V. Turner
6. *Mother's Maiden Name,*	Ella V. Shaffer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Alvin
9. *Father's Occupation,*	Shoe Dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm C. L. Eliason
Address,	10-1059 Hanover
Remarks,	1890-00220 3 6 90

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month. Any physician or practitioner who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 & 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth June 23rd 1890
4. Place of Birth, (Street and Number) # 506 N Fulton Ave
5. Full Name of Mother, Jacquila Schaffer Hathaway
6. Mother's Maiden Name, Virginia
7. Mother's Birthplace, Albert Schaffer
8. Full Name of Father, Letter Carrier
9. Father's Occupation, Maryland
10. Father's Birthplace, M. L. Warner M.D.

Name of Medical Attendant, or other Person who makes this Return.

Address, 901 N Streeter St

Remarks, 1890-000204

ascertained the full name of each child, and shall duly sign the certificate by him or her signed, duly signed by the practitioner, to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth of any child, the Commissioner of Health shall demand the attendance of such practitioner at the Office of the Commissioner of Health, to explain the circumstances of such birth, and in case such practitioner shall fail to attend at the time and place appointed, or shall refuse to explain the circumstances of such birth, he or she shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Joseph Murphy & Co., Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, June 23 1890
4. Place of Birth (Street and Number), 12 Orchard St.
5. Full Name of Mother, Harriet Bell
6. Mother's Maiden Name, Harriet Ford
7. Mother's Birthplace, Anne Arundel County
8. Full Name of Father, Thomas Bell
9. Father's Occupation, Horse Cutter
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Elliott Moore

Address, 901 Druid Hill Ave.

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of such child is not in attendance upon the said practitioner, then the certificate should be made by the person having charge of such child to report the birth to the attendance in the manner and within the time above specified. Any such person or midwife who shall neglect or refuse to comply with the above requirements shall be subject to a fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

A 77215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	2nd June
4. Place of Birth (Street and Number),	201 N. Bethel st
5. Full Name of Mother,	Harriet Ann Burton
6. Mother's Maiden Name,	Corley
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George H. Burton
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Home de Grace
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Mullaney
Address,	1102 Mulberry st
Remarks,	

Publishing Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 22279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race). White

3. Date of Birth, June 24th 1890

4. Place of Birth, (Street and Number) 106. W. Barney. St

5. Full Name of Mother, Clara May Smith

6. Mother's Maiden Name, Clara May Edwards

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John W. Smith

9. Father's Occupation, Brakeman on Railroad

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Ellennora. a. anderson

Address, 1434 Patapsco St

Remarks, Child Puney

1890-002207

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race).*

3. *Date of Birth,* June 24th

4. *Place of Birth (Street and Number),* 1141 N Baltimore St

5. *Full Name of Mother,* Mollie Lantz-
Fortsch

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant. or other person who makes this Return.

Address,

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the 3rd and 5th days of each month to the City Commissioner of Health. In case the birth of any child is not reported by the practitioner or midwife, or should no midwife or practitioner attend at the birth, it shall be the duty of each parent or guardian of each child to report its birth to the City Commissioner of Health within ten days after the birth of such child, and any such person neglecting to make such report shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than Fifty Dollars for each offence, to be recovered as other fines are recovered. Penalties are recovered as other fines are recovered.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 9773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth.*	June the 24 1870
4. *Place of Birth, (Street and Number)*	Eden ave 244 Hampden
5. *Full Name of Mother,*	Victoria A. Chisholm
6. *Mother's Maiden Name,*	Rhodes
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Nathan C. Chisholm
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	E. Gimmeman
Address,	Hampden
Remarks,	

been collected this year. [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, [illegible] shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered, &c.

JUN 25 1870

A. S. ABLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 27 [illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 te

1. Sex, (state whether male or female) Bube

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 Juni 1890

4. Place of Birth, (Street and Number) Evangelisch Ebene Nr 508

5. Full Name of Mother, Adolf Klinkefer Mere

6. Mother's Maiden Name, Miss

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adolf Klinkefer

9. Father's Occupation, Hotel

10. Father's Birthplace, Germanien

Name of Medical Attendant, or other person who makes this Return.

Address, Klinic Line Howard Park P. 414

Remarks, 1890 002210

And schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and third day of each and every month to the person or practitioner of midwifery of the person or parents of such child, or to the undertaker employed by the person or parents of such child to bury the same, if such burial occur without the attendance of a physician or midwife within the period above required, and shall be transmitted immediately thereafter. If shall become the duty of the person or parents of such child, or the undertaker employed as aforesaid, in case of the attendance of a physician or midwife at the birth, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. S. GILMAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 24th of June
4. Place of Birth, (Street and Number) 123 Little Dough St.
5. Full Name of Mother, Louisa Griffin Moss
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father, Thomas H. Griffin
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. Mrs Jessie Tarrant

Address, 19 N. Eden St.

Remarks,

870-002211

been conferred) its sex, or, the full name and occupation of its parents, or either of them, if living, and the place of birth, in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the city limits, the person who shall become the duty of making such report as aforesaid, shall be required to make the same within the period above required, and after the expiration of such period, if he shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) [illegible]
2. Race or color, (if not of the white race)
3. Date of Birth, [illegible] Feb 25 1870
4. Place of Birth, (Street and Number) 320 Bowers
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible] Louisanna

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks.

[illegible]

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS

In consideration of the sum of [illegible] paid by the practitioner in the form of a certificate, to certify the birth of any child [illegible] shall be delivered, duly signed by the practitioner in the case, to the Commissioner of Health, or to such person as he may designate, said schedule to be delivered to the Commissioner of Health, or such person as he may designate, at the office of the Commissioner of Health, in the City of Baltimore, on the first day of each and every month to the number of [illegible] births, and no other person but the said practitioner or physician or midwife duly of the person or persons employed, and shall occur without the attendance of such practitioner or physician or midwife duly employed, and attendance upon the birth in the manner and within the period [illegible] section shall be subject to the penalty [illegible] to the Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 17805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (~~state whether male or~~ female)
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, 6.25.90.
4. Place of Birth, (Street and Number) N.E. Cor. Pa. ave & Bloom St.
5. Full Name of Mother, Mary Virginia Foos
6. Mother's Maiden Name, Xavier
7. Mother's Birthplace, Balto
8. Full Name of Father, John C. Foos.
9. Father's Occupation, Farmer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. W. W. Eastman

Address, 772 Lexington

Remarks, Breech Presentation

1890 002213

said schools shall be delivered at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in charge of such child, the father or mother thereof shall immediately thereafter it shall become the duty of the person above required and attendance upon the child to the commissioner of Health, in the manner prescribed by the provisions of this section shall be subject to the fine of ten dollars for each offence. If the person so required fail to make such return as to other wise and forfeiture as recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 17726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25th 1890
4. Place of Birth, (Street and Number) No 19 Randall st
5. Full Name of Mother, Ada Williams
6. Mother's Maiden Name, Ida E Falco
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Williams
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Donovan

Address, No 1017 Eyler st

Remarks,

1890 00221

... first and ... any child ... no other person ... such ... period above required ... such ... subpoena ... sum of ten (10) dollars ... recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	6 Child
1. *Sex.* (*state whether male or female*)	Boy
2. *Race or Color,* (*if not of the white race*)	White race
3. *Date of Birth,*	25th of June 1890
4. *Place of Birth,* (*Street and Number*)	No 910 Frederick ave
5. *Full Name of Mother,*	Mrs Schuchart
6. *Mother's Maiden Name,*	Miss Zadler
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	Mr Schuchart
9. *Father's Occupation,*	Glass Maker
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other person who makes this Return.	Mrs. Keller
Address,	2127 west Pratt st
Remarks,	

1890-002215

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 7772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	June 25th 1900.
4. *Place of Birth (Street and Number),*	Hospital of Good Samaritan
5. *Full Name of Mother,*	Margaret Jones
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Mrs. Costello
8. *Full Name of Father,*	Coachman
9. *Father's Occupation,*	Ireland.
10. *Father's Birthplace,*	Wm. H. Robins M.D.
Name of Medical Attendant, or other person who makes this Return.	Res. Phy.
Address,	Hospital of Good Samaritan
Remarks,	Illegitimate — Ward.

Article 12, Sec. 3, Code. He shall make a return to the Commissioner in the form of a certificate between the first and third day of each and every month, of the birth of every child born within the city during the preceding month, which certificate shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, then the householder, to the Commissioner of Health. In case the birth of any child is not reported as herein required, the attendant immediately thereafter (if such) become the duty of the person above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

Baltimore, June 25th 1890.

A. 777 39.

Health Dep. City Hall.

Ella. Frey. - Mother. Age 24
Guy L. Frey. Father. " 31
Nativity American.
Child male. born. Thursday
June. 19th 90. at. 6 o'clock
P. M. color - White.
684. N. Baltimore St

J. H. Hoffman, M. D.
702 W. Fayette St.

1890-002217

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

June 28.

born, its or their physical condition, whether still-born or not, the full name, maiden name, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, June 25 1890
4. Place of Birth, (Street and Number) 110 134 Hamburg st
5. Full Name of Mother. agest Lewis
6. Mother's Maiden Name. Batt cty
7. Mother's Birthplace, George Lewis
8. Full Name of Father, Hard labor
9. Father's Occupation, Batt cty
10. Father's Birthplace. Paid with may 2 Dr

Name of Medical Attendant, or other Person who makes this Return

Address, 903 Peach Alley

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 77224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25th 1890
4. Place of Birth, (Street and Number) Locust Point 1436 Canet Ave
5. Full Name of Mother, Henrietta Hart
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo Hart
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C.H. Mc Glynn M.D.

Address, 648 W Lombard St

Remarks, 1890-002219

Sec. 4. And be it further ordained, That it shall be the duty of the practitioner in the case of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no certificate of such birth occur within the time specified, it shall become the duty of the person who shall have charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 222 ff.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) Black
3. Date of Birth, June 25th 1890
4. Place of Birth, (Street and Number) Balt. City Jail
5. Full Name of Mother, Sallie Johnson
6. Mother's Maiden Name, Unknown unmarried
7. Mother's Birthplace, U. S. or Md
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, " Fro. Statistics Md.

Name of Medical Attendant, or other person who makes this Return, Fro. Statistics Md.

Address, 103 N. Investment st

Remarks, Mother Colored. Negro.

1890 - 002220

been conferred on one, either the full name and occupation of the parents, the sex, color, the first and last days of sickness, and the date when delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the child is born dead, or in case no other person be in attendance upon the mother at the birth, the physician or midwife in attendance shall become the duty of the person or parents of such child to make the return required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, June 25th 1890
5. Place of Birth, (Street and Number) Baltimore 206 Sharp
6. Full Name of Mother, Mary Hannis
7. Mother's Maiden Name, Mary Wladislaw
8. Mother's Birthplace, Germany
9. Full Name of Father, Adam Hannis
10. Father's Occupation, Tailor
11. Father's Birthplace, Germany
12. Name of Medical Attendant, or other person who makes this Return. Mrs Sara Kramer
13. Address, 1142 Stricker St Baltimore
14. Remarks, Mother and child are well

1890 - 002221

Every physician, midwife or other person who shall have been in attendance upon the birth of any child born within the City of Baltimore, shall, within ten days after such birth, report the same to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the Physician or practitioner of midwifery, or should no other person be in attendance, then the father or mother of such child, or the occupier of the house in which such birth occurs, shall, within the period above required, make report of such birth to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the Physician or practitioner of midwifery, or should no other person be in attendance, then the father or mother of such child, or the occupier of the house in which such birth occurs, shall, within the period above required, and shall report its birth to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month; and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 222 44

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or color, ~~if not~~ (of the white race) ✓
3. Date of Birth, 6.26.90.
4. Place of Birth, (Street and Number) 922 W. Mulberry St
5. Full Name of Mother, Louisa Dorothea Dallmann,
6. Mother's Maiden Name, Bertram,
7. Mother's Birthplace, St. Louis, Mo.
8. Full Name of Father, Chas. Fredk. Wm. Dallmann
9. Father's Occupation, Lutheran Preacher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm. Eastman

Address, 772 West a

Remarks, Natural labor.

1870 - 007222

said schedule shall be delivered, duly signed by the parties hereto, to the Registrar of Vital Statistics of Baltimore City. In case the birth of any child ... and every midwife or other person who shall ... to the office of the Commissioner of Health within the first ninth day of each month ... the attendance of a physician or midwife, or should no other person be present, then it shall be the duty of the person in charge of the premises where the birth occurs to report the same as required, and shall notice upon the mother, nurse, father or other person who shall neglect or refuse to comply with the provisions of this section shall be subject to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. E. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A222435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th June
4. Place of Birth, (Street and Number) 404 E. Front St
5. Full Name of Mother, Johanna Evers
6. Mother's Maiden Name, Johanna Dolan
7. Mother's Birthplace, Richmond Virginia
8. Full Name of Father, Charles C. Evers
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Faith Medwidge

Address, No 407 Fallon St.

Remarks,

1870 - 00223

been conferred. Sex, color, the full name of the child, if it has been named, the name of the father, and the maiden name of the mother, shall be stated in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, at the time of making the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or, in case there be no such practitioner in attendance, then by the father or mother of such child, or, in case both father and mother be dead, or absent from the city, then by the person having charge of the house in which such birth shall occur within the time limited by this section. If there be no person having charge of such house, then by the nearest relative of such child present at the birth, or by the person in charge of the place where such birth shall occur within the time limited by this section. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GILBERT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 6th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, June 26th 1900
4. Place of Birth, (Street and Number) 911 N. Broadway St
5. Full Name of Mother, Vernica M. Nicholas
6. Mother's Maiden Name, Veronica M. Langi
7. Mother's Birthplace, Germany
8. Full Name of Father, Godfrey Nicholas
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. John L. Whitehead

Address, 662 N. Lexington St

Remarks,

1900-002224

...conferred his sex, color, the full name and occupation of the father, and a certificate between the first and ...said schedule shall be every month to the office of the Commissioner of Health. In case the birth of any child ...third day of such month, or should no other person as required ...shall occur without the attendance of a physician or midwife, or should no other person as required ...attendance upon the mother, Commissioner of Health, in the manner and with the provisions of this section shall be sub- ...child to report its birth as herein required, the physician or midwife in attendance, or such other person ...any such person who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. BLAKE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26th 1890
4. Place of Birth, (Street and Number) 889 W. Lombard St
5. Full Name of Mother, Elizabeth Wells
6. Mother's Maiden Name, " Zimmerman
7. Mother's Birthplace, Balto
8. Full Name of Father, Stephen Wells
9. Father's Occupation, Tinsmith
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. J. D. Lightner

Address, 1214 Linden Ave.

Remarks, T 890-002225

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the practitioner in the form of a certificate between the first and third day of each and every month. It shall be the duty of the Commissioner of Health, or of such other person as may be appointed by the Board of Health for the purpose, to examine the certificates of births received at the office of the Commissioner of Health, and to require the correction of any certificate which may be incomplete or inaccurate. It shall become the duty of the Physician, or person in attendance upon the mother, immediately after the birth of any child, in the manner and within the time prescribed by this section, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section shall be subjected to the use of ten dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

any such person or persons who shall wilfully fail to comply with the provisions of this section shall be sub-

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 77 758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26th. 90
4. Place of Birth, (Street and Number) 315 Callows Row
5. Full Name of Mother, Fanny Rullmann
6. Mother's Maiden Name, Fanny Colley
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, August Rullmann
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. H. C. Ohler M. D.

Address, 1203 W. Fayette St.

Remarks,

TCV8-002226

JUL 1 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 5 o'clock A.M June 26th 1890
4. Place of Birth, (Street and Number) 921 Curley St
5. Full Name of Mother Matilda Carroll
6. Mother's Maiden Name Hartman
7. Mother's Birthplace Penn
8. Full Name of Father John Carroll
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. E. Prichard MD

Address 1010 Chesapeake St.

Remarks Easy and Natural labor. Both mother and Child are doing well

Section 13 of City Ord. No. 34, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 7725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26th 1890.
4. Place of Birth, (Street and Number) No 102 Barney St.
5. Full Name of Mother, Wealthy Schweitzer
6. Mother's Maiden Name, Wealthy Clemmans.
7. Mother's Birthplace, Wealthy Clemmances.
8. Full Name of Father, Jefferson Davison Schweitzer
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Euthrine Lorman

Address, No 1517 Byrd St

Remarks, 1890-002228

Every child born alive within the City of Baltimore, or dead at birth, the cause of death of which is not ascertained, the full name of each child. If any shall have been omitted in such Return, the full name and occupation of its Parents, the date and place of birth; and the sex, color and race of each child born alive, shall be returned to the office of the Commissioner of Health, in like manner, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge, the father or mother, immediately thereafter, shall become the duty of the person, or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MD. J. E. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) no one

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) African Race Colored
3. Date of Birth, June the 26 1890
4. Place of Birth, (Street and Number) Presstimas St no 1302
5. Full Name of Mother Rebekker Stafford
6. Mother's Maiden Name, Rebekker Cornish
7. Mother's Birthplace, Dorchester County Md
8. Full Name of Father, David Stafford
9. Father's Occupation, Carpenter
10. Father's Birthplace, Dorchester County Md

Name of Medical Attendant, or other person who makes this Return.

Address, 930 N- Eaton St

Remarks,

1890 - 002229

Every certificate of birth shall state the full name and occupation of its parents, the date and place of birth, and the sex and color of the child; and shall be signed by the attending physician or midwife, or in case there was neither present at the birth, then by the father or mother of the child, or the householder in the house of which the child was born, or the owner of such house, or the agent of such owner. Every certificate of birth shall be filled out and delivered to the Registrar of Vital Statistics within the first and third day of each and every month for the preceding month. No certificate of birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall no other person be entitled to receive upon the mother immediately thereafter. It shall become the duty of the person or parents of such child to report the birth to the Registrar of Vital Statistics within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUN 30 1900

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27th
4. Place of Birth, (Street and Number) Guerndt
5. Full Name of Mother, Veronicka Linde
6. Mother's Maiden Name, " Tauer
7. Mother's Birthplace, Germany
8. Full Name of Father, Johann Linde
9. Father's Occupation, Stiveder
10. Father's Birthplace, Lombary

Name of Medical Attendant, or other person who makes this Return. Wm Schumann

Address, P. 327 S. Bond St

Remarks, 1900 002230

been confined) its sex, color, the full name and occupation of the parents, the date of birth, and the number of such child living or dead, within ten days after the birth, under the penalty of forfeiting to the use of the Commissioner of Health, the sum of ten dollars for each offense, to be recovered, with costs of suit, in the name of the Commissioner of Health, before any justice of the peace of this city. And it shall be the duty of the physician or midwife who shall hereafter fail to comply with the provisions of this section, to be subject to the fine of ten dollars for each offense, to be recovered, with costs of suit, in the name of the Commissioner of Health, before any justice of the peace of this city.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 of June
4. Place of Birth, (Street and Number) 1731 N Chester St
5. Full Name of Mother, ~~##~~ Hedwig Loorlenz
6. Mother's Maiden Name, Bohm
7. Mother's Birthplace, Germany
8. Full Name of Father, Emil Loorlenz
9. Father's Occupation, Insurance agent
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs L Schulte

Address, 1834 E Monument

Remarks,

1890-002231

Sec. 4. Be it further enacted, That the name can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of still-born children, and by the third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of four dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 28 — 1890
4. *Place of Birth, (Street and Number)* No 1513 Hanover st
5. *Full Name of Mother,* Mollie Corkum
6. *Mother's Maiden Name,* Mollie Vandutch
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* Lewis Corkum
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Madison Dorchester Co md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 1644 S Charles st

Remarks,

1890002232

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 27236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 28th '90
4. *Place of Birth (Street and Number),* 1626 W Baltimore St
5. *Full Name of Mother,* Mary Gale Shawn
6. *Mother's Maiden Name,* Mary Gale
7. *Mother's Birthplace,* Kent Co. Md
8. *Full Name of Father,* Richard Furgerson Shawn
9. *Father's Occupation,* Car driver
10. *Father's Birthplace,* Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return. Mrs Rigdon MD
220 N. Gilmor St

Address,

Remarks,

1890 - 002233

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 22266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 and
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	very light
3. Date of Birth,	June the 28 1890
4. Place of Birth, (Street and Number)	1319 Cathedral st
5. Full Name of Mother,	Sarah More
6. Mother's Maiden Name,	Sarah More
7. Mother's Birthplace,	West Virginia
8. Full Name of Father,	George LLamond
9. Father's Occupation,	a driver
10. Father's Birthplace,	Frederic County
Name of Medical Attendant, or other person who makes this Return.	Lydia Somerville
Address,	16 Clinton ave
Remarks,	

1870-002234

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or if there be no other person required by this section to report the birth, the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 222,57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	June 26th 1890
4. Place of Birth, (Street and Number)	156 E. Ft. Avenue
5. Full Name of Mother,	M. L. Orem
6. Mother's Maiden Name,	M. L. Thomas
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John T. Orem
9. Father's Occupation,	Book Keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H. B. Noble, M.D.
Address,	201 Warren Ave
Remarks,	1890 - 00 A 235

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been omitted from the first return, the full name and occupation of the parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the physician or midwife in charge, or in case there be none, by the father or mother of such child, or in case he or she be unable to do so, by the householder or other person in charge of the house in which such birth occurred, to the Commissioner of Health, or such other person as he may designate for the purpose, within the time above specified. And every physician or midwife in charge of the person or parents of such child shall be required to make out and deliver to the Commissioner of Health a certificate in the form of a certificate between the 1st and third day of each and every month of the birth of any child which may have been delivered by him or her during the month next preceding; in case there be no physician or midwife in charge, then the father or mother of such child shall be required to make out and deliver such certificate. Any physician or midwife who shall neglect or refuse to report its birth to the Commissioner of Health as herein required, or who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* 1745 Mulikin st
4. *Place of Birth, (Street and Number)* June 24 189
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Birthy Cotton
7. *Mother's Birthplace,* Sumersit Co
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Jocinda Woolford

Address, 428 ~~N~~ Regester

Remarks,

1890-002236

J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH A. 11 54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 29 1890
4. Place of Birth, (Street and Number) No 1501 Hanover st
5. Full Name of Mother, Maggie Leech
6. Mother's Maiden Name, Maggie Hofman
7. Mother's Birthplace, York Pa
8. Full Name of Father, Benjamin F. Leech
9. Father's Occupation, Carpenter
10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other person who makes this Return, E. Hinton

Address, No 1624 E. Charles st

Remarks, Premature not expected to come about 8½ months 2 2 37

Every person who shall neglect or refuse to report to the Registrar of Vital Statistics the birth of any child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the Registrar in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or otherwise, it shall be the duty of the parents or other persons having charge of such child to report its birth to the Registrar, as in the manner and within the period above required, and attendance upon the mother, immediately thereafter. In like manner and within the period above required, and say such report, as shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

O & W

A 277150

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 29th. 90.

4. Place of Birth, (Street and Number) 1826 Wilkens Ave.

5. Full Name of Mother, Annie Foster

6. Mother's Maiden Name, Annie Sandusky

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, William F. Foster

9. Father's Occupation, Mechanic

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. H. C. Ohle M.D.

Address, 1203 W. Fayette St.

Remarks, Full name of child - Edgar F. Foster

1 2 9 0 2 0 2 2 3 8

BOARD OF HEALTH

JUL 3 1890

BALTIMORE CITY

been performed the sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or, should no other person be in attendance, the same shall be delivered by the midwife or nurse within the same period. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 4 Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, June 1st 1890.
4. Place of Birth, (Street and Number) 1320 S. Charles St.
5. Full Name of Mother, Abbie Schultze,
6. Mother's Maiden Name, " Hays.
7. Mother's Birthplace, Cecil Co. Md.
8. Full Name of Father, Ernest Schultze,
9. Father's Occupation, Police.
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. R. J. N. Dall. M.D.

Address, 524 Sharp St.

Remarks,

1890 - 002239

BALTIMORE CITY HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 22262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 1st 1890
4. *Place of Birth, (Street and Number)* 1208 N. Calvert St.
5. *Full Name of Mother,* Alice Gill
6. *Mother's Maiden Name,* Alice Warfield
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Marlin J. Gill
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. Miller M.D.

Address, 639 N. Broadway

Remarks,

Murphy & Co., City Printers and Stationers.

ascertained the full name of such child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and third day of attendance of a physician or practitioner of midwifery, or should no other person have attended the mother during her confinement, then the duty of the person so attending shall devolve upon the father of any child and the mother, immediately thereafter it shall become the duty of the person so attending, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 1st June 1890
4. Place of Birth, (Street and Number) 1111 William St
5. Full Name of Mother, Rosetta Pearman
6. Mother's Maiden Name, Craig
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, Anton Pearman
9. Father's Occupation,
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yerwell

Address, 516 Fort Ave

Remarks,

1890 00224 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form aforesaid, to the person who shall make the certificate required by law to be made in case the birth of any child shall occur upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form as provided by this section, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 22264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 2nd 1890

4. Place of Birth, (Street and Number) 209 S. Collington Ave

5. Full Name of Mother Fanny Wagner

6. Mother's Maiden Name, Fanny Kalmey

7. Mother's Birthplace, Md

8. Full Name of Father, George L Wagner

9. Father's Occupation, Tinsmith Packer

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. J. Miller MD

Address, 639 N Bond St.

Remarks,

ascertained the full name of such child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and every matter and thing required by the preceding sections of this schedule shall be delivered, duly signed by the person making the return, to the Registrar of Vital Statistics of the City of Baltimore, at his office, within the first ten days of each month; and every such person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 22265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3
4. Place of Birth, (Street and Number) 800 Gaudenhall St
5. Full Name of Mother, Mary Nissner
6. Mother's Maiden Name, Mary Munch
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Nissner
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine A Murphy

Address, 800 Gaudenhall St

Remarks,

T 6 9 3 0 0 0 1 2 4 3

800 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every person required by the foregoing section to report the birth of any child, who shall neglect or refuse to report the same within the time prescribed by said section, shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH A 222 66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 2nd June 1866
5. *Place of Birth, (Street and Number)* 2123 Wilhelm
6. *Full Name of Mother,* Margaretha Rohmann
7. *Mother's Maiden Name,* Margaretha Wambold
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* Carle Rohmann
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Friederich Keuler Midwife

Address, 2116 West Fayette St

Remarks,

1890 - 002244

BALTIMORE CITY HEALTH DEPARTMENT

ation, shall be deemed guilty of a misdemeanor, and on conviction thereof shall be subject to a fine of not less than ten (10) dollars for each offense, and recovering suits and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendent, or other person who makes this Return.

Address,

Remarks,

T 6 7 0 2 0 0 2 2 4 5

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	3rd child
1. *Sex.* (*state whether male or female*)	female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth.*	June 2nd
4. *Place of Birth.* (*Street and Number*)	824 Franklin St
5. *Full Name of Mother.*	Nellie V. [illegible] Christ
6. *Mother's Maiden Name.*	
7. *Mother's Birthplace.*	Carroll Co.
8. *Full Name of Father.*	H. B. [illegible]
9. *Father's Occupation.*	Clerk
10. *Father's Birthplace.*	City
Name of Medical Attendant, or other Person who makes this Return	H. F. Hill M.D.
Address.	100 E. Ed ave
Remarks.	

Number the children of the mother, stating ordinally the sex of each, and count of the still or children born, his or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

A. CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 222 68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 2
4. *Place of Birth, (Street and Number)* [illegible] St. No 9
5. *Full Name of Mother,* Mary Francis Creamer
6. *Mother's Maiden Name,* " " Hitaffer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Harry Creamer
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. [illegible] Berg

Address, 711 [illegible] St

Remarks,

1890-002247

J. G. [illegible] & Co., City Printers and Stationers

RETURN OF A BIRTH A 22270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: FREDERICK THEODORE ANDREAE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3rd 1892
4. Place of Birth, (Street and Number) 13 Williamson St
5. Full Name of Mother, Johannetta Magnet Andreae
6. Mother's Maiden Name, " " Gundlach
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Frederick Edward Andreae
9. Father's Occupation, Sign Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Kathren Münch

Address, S W. Cor Tendenhall & Montgomery Sts.

Remarks, 1678 - 30 - 243

[illegible] every conference to its name, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth, then it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2277

GIVEN NAME ADDED 8-9-45

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John George Hebel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5th 1890
4. Place of Birth, (Street and Number) 849 Reinhard St
5. Full Name of Mother, Martha Elizabeth Hebel
6. Mother's Maiden Name, " " Sudwig
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Alphonsus Hebel
9. Father's Occupation, Trunkmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

1890-002249

JUL 1 1890

BALTIMORE

been conferred its sex, color, the full names and the residence of its parents, the date of birth, and the place of birth, and the said notice shall be given by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother of a practitioner of midwifery, or should no other person who may be required, as aforesaid, to give notice of the birth of such child, give such notice in the manner and within the period above required, and child, such person or persons shall be subject to the provisions of this section shall be subjected to the fine of ten dollars, and to the other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 5th 1890

4. Place of Birth, (Street and Number) S. Castle Str. 242.

5. Full Name of Mother, Josephine Strab

6. Mother's Maiden Name, Engers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Engers

9. Father's Occupation, Taylor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address,

Remarks, 1890-00-250 Midwife

been colored) its sex, color, the full name and occupation of its parents, the date and place of birth, and give said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Comm... case the birth of any child shall occur without the attendance of a physician or practi... said to no other person, be in addition to the other matters required, to report the birth to the Commissioner of Health... ve required, and say such person or persons who shall hereafter fail t... shall be sub- jected to the fine of ten (10) dollars for each offense, to... ...ne recoverable.

WM. J. D. BOLLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 12273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 5th 1890

4. Place of Birth, (Street and Number) 603 N. Franklin St.

5. Full Name of Mother, Sarah Weinberg

6. Mother's Maiden Name, Sarah Bergenfeld

7. Mother's Birthplace, Md.

8. Full Name of Father, Isaac Weinberg

9. Father's Occupation, Dry Goods Merchant

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this return. J. H. Keller, M.D.

Address, 639 N. Franklin St.

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 22271

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	1 st
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	June 5th
4. *Place of Birth,* (*Street and Number*)	917 W Franklin St
5. *Full Name of Mother,*	Mrs Laura Poole
6. *Mother's Maiden Name,*	Tormann
7. *Mother's Birthplace,*	" City
8. *Full Name of Father,*	Thos E Poole
9. *Father's Occupation,*	Policeman
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	W H Hill M D.
Address,	1081 Edmondson Ave
Remarks,	

A. CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 22275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5 1/4

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, June 5th 90

4. Place of Birth (Street and Number), 1004 William St.

5. Full Name of Mother, Emma Price

6. Mother's Maiden Name, Emma Tolson

7. Mother's Birthplace, Va

8. Full Name of Father, James Price

9. Father's Occupation, machinist

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return. Claude M. Pumphrey

Address, 48 E Montgomery St.

Remarks,

1090-00X253

...ered. In sex, color, the full name and occupation of the parents, the date and place of birth, and the number of children born to the mother, including the present birth, and whether the child shall secure without the said information to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ed by the practitioner in charge, or in attendance, shall be delivered within ten days after the birth to the office of the Registrar of Vital Statistics. It shall be the duty of the attendance of a physician or midwife, then the duty to report shall devolve upon the mother, householder or parent. In the manner and within the time above prescribed, under the penalties above mentioned.

...ore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 22276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 6th 1890

4. Place of Birth, (Street and Number) 1117 N. Eutaw St.

5. Full Name of Mother Matilda King

6. Mother's Maiden Name, Matilda Thaler

7. Mother's Birthplace, Md.

8. Full Name of Father. Joseph M. King

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. H. Miller M.D.

Address, 632 N. Broadway

Remarks,

Every birth, the name of every child born in any city, town or village, shall be registered, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly executed, by the person registering the same, to the Registrar of Vital Statistics within the first and fifth day of each and every month to the Office of the Commissioner of Health. In the form of a report to be by him prescribed for that purpose. Every person who shall be present at the birth of any child shall make a report of such birth to the Commissioner of Health. In the form of a report to be by him prescribed for that purpose. Every person who shall be in attendance upon the mother, immediately thereafter, shall report the birth to the Commissioner of Health, in the manner and within the time aforesaid. Every person who shall be required to report as aforesaid, who shall refuse or fail to comply with the provisions of this section, shall be subjected to the penalty of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A222[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. ~~Sex,~~ (state whether male or ~~female~~)
2. Race or ~~Color.~~ (if not of the white race)
3. Date of Birth, June 6th 1876
4. Place of Birth, (Street and Number) 826 S Charles st. Balto Md.
5. Full Name of Mother, Amelia Munn
6. Mother's Maiden Name, Amelia Salisbury
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George Munn
9. Father's Occupation, Milk Business
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Catherena Grundy

Address, 800 Cadenbal St

Remarks,

[illegible]

teen consecutive) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when the mother is not under the care of any physician or midwife, then it shall be the duty of the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth.*	June. 6th.
4. *Place of Birth, (Street and Number)*	911. Mc. Kimm St.
5. *Full Name of Mother.*	Annie Gleason
6. *Mother's Maiden Name.*	" Slater.
7. *Mother's Birthplace.*	Q Anne. St. Marys. Co.
8. *Full Name of Father.*	J. Gleason.
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant. or other person who makes this Return.	Mr. Ward.
Address,	829. Eutaw St.
Remarks,	None. —

890-002250

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician (or practitioner of midwifery) or should no other person be in attendance upon the mother named in such certificate, it shall become the duty of one of the parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 22279.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 6. 1890
4. Place of Birth, (Street and Number) 607, S. Eutaw St. Baltimore MD
5. Full Name of Mother, Margaret Furst
6. Mother's Maiden Name, Margaret Fleck
7. Mother's Birthplace, 607. S. Eutaw St Baltimore MD
8. Full Name of Father, William Furst
9. Father's Occupation, Brakeman
10. Father's Birthplace, Mobile Ala

Name of Medical Attendant, or other person who makes this Return. Catherine Yannock

Address, 800 Lexington St.

Remarks,

1870-002257

every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

888. J. C. DULANY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 22280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 6 — 90
4. Place of Birth (Street and Number),	#918 Hoba St.
5. Full Name of Mother,	Ladie Crowell
6. Mother's Maiden Name,	Ladie White
7. Mother's Birthplace,	Philadelphia Pa
8. Full Name of Father,	Ralph Crowell
9. Father's Occupation,	Painter
10. Father's Birthplace,	Pa
Name of Medical Attendant. or other person who makes this Return.	Charles A. Potter M.D.
Address,	4 S E. Monty omery Co.
Remarks,	

I. C. 70 - 0 1 2 5 3

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 22281.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8. D.

1. Sex, (state whether male or female) Paul. male — male. Franz.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, June 17. 1900.
4. Place of Birth, (Street and Number) 1000 Fillen: St.
5. Full Name of Mother, Amalie Bonnyo.
6. Mother's Maiden Name, Amalie Mezritzky.
7. Mother's Birthplace, Ungarn.
8. Full Name of Father, Josef. Bonnyo.
9. Father's Occupation, Sailor.
10. Father's Birthplace, Ungarn.

Name of Medical Attendant, or other person who makes this Return. August Bosion.

Address, 3. Henrietta St.

Remarks,

1900-06-259

(1) Sex, color, the full name and occupation of its parents, the date and place of birth, and the name, if any, given to the child, shall be registered by the said physician or midwife in the form of a certificate between the first and fifth day of each month next succeeding the birth, and delivered or transmitted by mail to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no certificate in such attendance upon the mother immediately thereafter, in the manner and within the period above required, and child to report the birth as herein required, shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June [redacted] 7th
4. Place of Birth, (Street and Number)	314 N. German St
5. Full Name of Mother,	Louisa Bockending
6. Mother's Maiden Name,	Louisa Osing
7. Mother's Birthplace,	N. C. Cor Shaft York Ste City
8. Full Name of Father,	George Bockending
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Cathrina Jungclas
Address,	800 Leadenhall St.
Remarks,	

1690-002260

Whoever shall neglect or refuse to give the information required by the foregoing section, or shall give false information, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered, and in case of a physician, midwife or undertaker, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered.

WM. A. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 7th
4. Place of Birth, (Street and Number) Hanover st 607
5. Full Name of Mother, Lena Lehreyer
6. Mother's Maiden Name, Lena Eidmann
7. Mother's Birthplace, Maryland
8. Full Name of Father, John Leonard Lehreyer
9. Father's Occupation. Baker.
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Mynch Mrs

Address, 805 Gaudenhall St.

Remarks,

[illegible] 261

[illegible] conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] of each and every child born alive, or delivered dead after the period of gestation, or [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall neglect or refuse to make such report, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties under this section shall be subject to recovery.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 220 87

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 7th June 1890
4. Place of Birth, (Street and Number) 1427 Henry St
5. Full Name of Mother, Mary Garnett
6. Mother's Maiden Name, Thomson
7. Mother's Birthplace, Montgomery Co Md
8. Full Name of Father, John W Garnett
9. Father's Occupation, Police Officer
10. Father's Birthplace, Montgomery Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yarnall

Address, 516 Front Ave

Remarks,

1890 - 002262

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Penalty.—Any person who shall neglect or refuse to report the birth of any child, as required by this section, or who shall report any false statement touching the birth of any child, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five (5) dollars nor more than fifty (50) dollars for each offense.

It shall be the duty of the person or persons who shall be in attendance upon the mother, immediately after the birth of any child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 2228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mabel Hammond Thomas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June. 8th 1890.
4. Place of Birth, (Street and Number) 1322 W. Lombard St.
5. Full Name of Mother, Mollie Virginia Thomas,
6. Mother's Maiden Name, " " McBride.
7. Mother's Birthplace, Dorchester Co. Md.
8. Full Name of Father, George W. Thomas.
9. Father's Occupation, Grocery & Provisions.
10. Father's Birthplace, Penna.

Name of Medical Attendant, or other person who makes this Return. R. J. H. Talbert M.D.

Address, 524 S. Sharp St.

Remarks, Name added June 12-1936 by undersigned 022263

Mabel H. Thomas

Dr. 08

BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 8-5-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ellen Marie Fitzpatrick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-7

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, June 8-1970
4. Place of Birth, (Street and Number) Sycamore St
5. Full Name of Mother, Margie Fitzpatrick
6. Mother's Maiden Name, Margie Fitzpatrick
7. Mother's Birthplace, Ireland
8. Full Name of Father, Matthew J. Fitzpatrick
9. Father's Occupation, Fireman
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Mrs. Sullivan

Address,

Remarks, None

B70-002264

and schedule shall be delivered, duly signed by the practitioner in person or a written statement of the facts required to be given by the parent, occupant or of its parents the date and place of birth; and the third day of each and every month to the office of the commissioner of health. In case the birth of any child shall occur without the attendance of a physician, midwife, nurse, or should no other person be in attendance, it shall be the duty of the parent, occupant or of the person in charge of such child to report its birth to the commissioner of health. In the event of the failure of the person or parents of such any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

G. BALNEY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

22287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 8th 1890

4. Place of Birth, (Street and Number) 219 North St.

5. Full Name of Mother, Julia E. Smith

6. Mother's Maiden Name, Julia E. Bolden

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, Thomas E. Smith

9. Father's Occupation, Waiter

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. J. Miller M.D.

Address, 639 N. Franklin St.

Remarks,

Murphy & Co., City Printers and Stationers.

Every case of birth occurring in Baltimore City after the first day of January, 1875, must be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, by the attending physician, midwife or other person in attendance upon the mother, and in case there is no such person in attendance, then by the householder of the house in which the birth occurs, or by the person in charge of any institution in which the birth occurs, or by the parents of such child, in the order named, and in case the birth occurs elsewhere than in a house or institution, then by the person in whose house the mother resides, or by the parents of such child, in the order named. The name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by the person required to report its birth, to the Registrar of Vital Statistics, at the time of registering the birth of any child shall swear without the attendance of a Justice of the Peace, before the person or persons who shall register such birth, to the truth of the facts contained in the said schedule, and any such person or persons who shall hereafter fail or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-25-59

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Amelia Lucas 1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 9th 1890
4. Place of Birth, (Street and Number)	903 W Lexington
5. Full Name of Mother.	Mrs Eulin Lucas
6. Mother's Maiden Name,	Schulz
7. Mother's Birthplace.	City
8. Full Name of Father,	Henry A Lucas
9. Father's Occupation,	Baker
10. Father's. Birthplace.	City
Name of Medical Attendant, or other Person who makes this Return	W F Hill M D
Address,	1001 Edmondson
Remarks.	

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. D 22289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 9 th.
4. Place of Birth, (Street and Number) 927 Brown St.
5. Full Name of Mother, Elizabeth Strasser.
6. Mother's Maiden Name, Elizabeth Gartner.
7. Mother's Birthplace, Germany
8. Full Name of Father, Friedrich Strasser.
9. Father's Occupation. Work Smith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. August Boisen

Address, 3 Hannetta St.

Remarks,

1090-092267

PRINTED BY

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said selectmen shall be delivered by the practitioner or midwife on a certificate between the first and the shall occur within the city, or if the attendance of a physician or midwife was not required by law, and the attendance upon the same, or if the attendance of a physician or midwife was not required by law, and the child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child.

1. (state whether male or female) Male.

2. ce or Color, (if not of the white race)

3. Date of Birth, June 9th 1890.

4. Place of Birth, (Street and Number) 1442 William St.

5. Full Name of Mother, Rina Williams.

6. Mother's Maiden Name, " Hagen.

7. Mother's Birthplace, Charles Co. Md.

8. Full Name of Father, George T. Williams

9. Father's Occupation, Police.

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. Dr. J. N. Dall. M.D.

Address, 5-24 Sharp St.

Remarks, 590-002268

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the city of Baltimore, together with the address of the person in attendance upon the mother. Immediately thereafter it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the event of the absence of such attendance; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts of like amount are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 2229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June the 9. 1890
4. Place of Birth, (Street and Number) 317 Scott St
5. Full Name of Mother, Elisa Ender
6. Mother's Maiden Name, " Krieger
7. Mother's Birthplace, Germany
8. Full Name of Father, Richard Fredrick
9. Father's Occupation. Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherina Murph

Address, 800 Gadenhall St

Remarks,

13-0-00259

been conferred in each case, the full name and occupation of its parents, the date and place of birth, and the said selective child or children, duly signed by the practitioner in the form of an affidavit, to the Commissioner of Health, on the third day of each and every month, under the penalty of forfeiting the sum of ten dollars for each and every child not so reported. It shall be the duty of any midwife who shall attend the birth of a child to report the same to the Commissioner of Health, in the manner and within the time required of a physician or surgeon in attendance upon the mother. Immediately thereafter it shall be the duty of any midwife who shall attend the birth of a child to report the same to the Commissioner of Health, in the manner and within the time required of a physician or surgeon in attendance upon the mother. Immediately thereafter it shall be the duty of any midwife who shall attend the birth of a child to report the same to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. The said fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 9th
4. Place of Birth, (Street and Number) 1915 E. Fayette Str.
5. Full Name of Mother, Rosa Franz
6. Mother's Maiden Name, Portmueller
7. Mother's Birthplace, Baltor.
8. Full Name of Father, Chris. Portmueller
9. Father's Occupation, Schoolmaster
10. Father's Birthplace, Baltr.

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address, 1915 E. Fayette Str.

Remarks, $90-00 Rd & Lombard Str).

been conferred in each case, the full name of the child, date and place of birth; and the name, residence and occupation of parents, duly certified, under the penalty of the Commissioner of Health, in the manner required by the Commissioner of Health, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 22293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

Date of Birth, 9th, June, 1890.

Place of Birth, (Street and Number) 1056 Barre Street

Full Name of Mother, Ida Elizabeth Van Fossen

Mother's Maiden Name, Ida Elizabeth Faelender

7. Mother's Birthplace, Baltimore

8. Full Name of Father, David William Van Fossen

9. Father's Occupation, Canmaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Miss Barr

Address, 711 Cross St.

Remarks,

1890-002271

Laws conferring its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be returned, duly signed by the practitioner in the form of a certificate as aforesaid, within the third day of each and every month after the birth of such child, and every such practitioner who shall neglect to make such return, or shall refuse or neglect to furnish the mother, immediately thereafter, if still living, a certificate of such birth, as aforesaid, for the purpose of filing it with the Commissioner of Health, in the manner and within the time above specified, shall for any such person or persons who shall offend, or either fail to comply with the provisions of this section when required, and subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II
2. Sex, (state whether male or female) Girl
3. Race or Color, (if not of the white race) white
4. Date of Birth, 10th June 1890
5. Place of Birth, (Street and Number) S. Regester St. # 122.
6. Full Name of Mother, Annie Kelly Gould
7. Mother's Maiden Name,
8. Mother's Birthplace, Balto.
9. Full Name of Father, William Gould
10. Father's Occupation, Boilermaker
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address, Mitwife

Remarks,

1890-00227

been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth of any child born alive in Baltimore City after the passage of this Ordinance, the said Physician, Midwife or other person shall deliver to the Registrar of Vital Statistics a certificate between the 1st and 10th days of each and every month, to be signed by the Practitioner in the case, the date and place of birth of any child born alive which shall occur within the month next preceding, and in default of such certificate being made by the Physician, Midwife or other person in attendance upon the mother at the birth of any child born alive, it shall be the duty of the Commissioner of Health to send the said Physician, Midwife or other person in attendance upon the mother at the birth of any child born alive, a blank certificate and request him to fill the same and return it to the office of the Registrar of Vital Statistics, and the said Physician, Midwife or other person who shall neglect or refuse to make such certificate and return the same within the period above required shall be subjected to the fine of ten dollars for each offence. The provisions of this section shall be enforced and fines and forfeitures are recoverable.

RECEIVED JUL 15 1890 REGISTRAR'S DEPARTMENT

BD. J. S. DILLON & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-16-54

RETURN OF A BIRTH A 22 Sept.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) Agnes Margaret Courtney 2

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, June 11th 90
4. Place of Birth, (Street and Number) 619 N. Fremont
5. Full Name of Mother, Hallie M. Courtney
6. Mother's Maiden Name, " " Gardner
7. Mother's Birthplace, Balto.
8. Full Name of Father, Robt. H. Courtney
9. Father's Occupation, Ship Master
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Dr Fancy H Barclay Md.

Address, 1081 N. Carey St Md

Remarks,

C 70 - 0 0 2 7 3

The parent of every child born alive in the City of Baltimore shall cause the full name and occupation of its parents, the date and place of birth, and the sex, color and number of the child, if it has been preceded by other children of the same mother, to be recorded in the office of the Commissioner of Health, and shall deliver to the physician, midwife or other person in attendance at the birth a certificate containing the said information, which certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and in such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 222 96

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 12th Jan
5. Place of Birth, (Street and Number) Baltimore Md 1108 Cross st
6. Full Name of Mother, Maggie Bury
7. Mother's Maiden Name, Maggie Kenney
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, David Bury
10. Father's Occupation, Glass Grinder
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dan Barrel

Address, 711 Cross St

Remarks,

1890-002274

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name, if any, determined upon for the child. Certificate between the first and third days, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the mother or person be in any such person's house, such person shall, within the period above required, report such birth to the Commissioner. If midwife hereafter. If midwife or other person who shall neglect or refuse to report as required in this section shall be subjected to the fine or fine not exceeding one hundred dollars for each offense. Penalties are recoverable.

RECEIVED JUL 1 1890 REGISTRAR'S OFFICE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-16-56

RETURN OF A BIRTH. A 22297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Victor Herbert Weyrich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12th 1890
4. Place of Birth, (Street and Number) Baltimore No 735 W Eutaw St
5. Full Name of Mother, Julia Frantz
6. Mother's Maiden Name, Julia Weyrich
7. Mother's Birthplace, Prussia
8. Full Name of Father, H L Weyrich
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Lorsford County

Name of Medical Attendant, or other person who makes this Return, Catherine A Wyngle

Address, 805 Leadenhall St.

Remarks,

070-002275

Each coroner, justice, constable, physician, midwife, or other person who shall certify or return any birth, death, or still birth, shall write plainly the name and occupation of the parents, the name and place of birth, and the said certificate shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month. Every physician or midwife, or other person who shall attend the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Registrar of Vital Statistics within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

698.—J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. st.
1. *Sex, (state whether male or female)*	female.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	Juni 9. 12. h.
4. *Place of Birth, (Street and Number)*	524. Cross: St.
5. *Full Name of Mother,*	Marie Jorkel.
6. *Mother's Maiden Name,*	Marie Hegrens.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Johann Jorkel.
9. *Father's Occupation,*	Lader.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Augusta Borsen.
Address,	3. Henrietta: St.
Remarks,	

C 90 : 002276

Each color, if it is sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician or midwife, if any, present at the birth, and the certificate shall be signed by the attendant. The Commissioner is the form of a certificate between the first and third day of each and every month, a list of all births which have occurred in the city during the preceding month, and of the names and residences of the parents or guardians of such children, and the date of birth of each child. Any physician or midwife who shall neglect or refuse to make the return required by this section shall forfeit and pay for each offense the sum of ten dollars, to be recovered, with costs, before any justice of the peace of the city, on the complaint of the Commissioner of Health, and shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as aforesaid.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) white

3. Date of Birth, 12th June 1895

4. Place of Birth, (Street and Number) 1714 Paterson Park Ave.

5. Full Name of Mother, Therese Waibel

6. Mother's Maiden Name, nee Kieger

7. Mother's Birthplace, Ablach, Germania

8. Full Name of Father, John Kieger

9. Father's Occupation, Brewer

10. Father's Birthplace, Meningen, Germania

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address,

Remarks, 1890 - 0022 Mid Triple

BALTIMORE PRINTED

U. S. PATENT OFFICE

...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner in the form of a certificate before the first day of said schedule shall be delivered duly signed by the attending physician or midwife, or in case there was no physician or midwife in attendance at the birth of any child within the time prescribed, then by the father or mother of such child; and every physician or midwife who shall neglect or refuse to perform the duty of the person or parents of such child to report its birth to the Commissioner as herein required, or who shall knowingly make any false report of the particulars required to be reported by this section, shall be subjected to the fine of ten dollars for each and every such offence, to be recovered, with costs, in the manner and within the time prescribed by law for the recovery of fines and forfeitures; and in case the parents, or either of them, of any such child shall neglect or refuse for the space of ten days after the birth of such child to report the same to the Commissioner as herein required, or shall knowingly make any false report of the particulars required to be reported by this section, such person or persons shall be subject to the fine of ten dollars for each and every such offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 8950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Rhoda Marshall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 C. (twin)
1. Sex, (state whether male or female)	female.
2. Race or Color, (if not of the white race)	white.
3. Date of Birth,	June 9th 13th
4. Place of Birth, (Street and Number)	927 Sharp St.
5. Full Name of Mother,	Mary Boss.
6. Mother's Maiden Name,	Mary Seygman.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	James Boss
9. Father's Occupation,	Bookkeeper.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Auguste Bosien
Address,	3 Henrietta St.
Remarks,	

1890 - 00279

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the interval between the regular visits of the practitioner in attendance upon the mother, immediately thereafter it shall become the duty of such practitioner to report the birth of such child to the Commissioner of Health, in the manner and form above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures as by law provided.

ISAAC J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 15th 1890.
4. Place of Birth, (Street and Number) S. Ann[illegible] Str. 530.
5. Full Name of Mother, Elizabeth Debay Kuhn
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Kuhn
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Beebles

Address,

Remarks, 1890-002279 Midwife

been ordered) its sex, color, the full name and occupation of its parents, the date and [illegible] of each child, if any shall have been delivered, duly signed by the practitioner in charge of the case, or by the mother, if she shall have been delivered without the attendance of a practitioner, in case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance, the mother herself shall immediately thereafter, it shall become the duty of the person above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 13th
4. Place of Birth, (Street and Number) 116 Madeira Alley
5. Full Name of Mother, Barbera Kebhahn
6. Mother's Maiden Name, " Luckhardt
7. Mother's Birthplace, Germania
8. Full Name of Father, Jacob Luckhardt
9. Father's Occupation, workman
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return. Mrs. Kuehler

Address, midwife

Remarks,

1898-002260

HEALTH DEPARTMENT

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

been complied with, and a certificate of birth has been duly registered, as required by law, and the said schedule shall be signed by the practitioner in the form of a certificate of birth; and the third day of each and every month, a like report shall be made of all births which may have occurred during the month preceding, and if any such birth shall occur without the attendance of a physician or midwife, the mother, immediately thereafter, shall report the birth of any child to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 2230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	14th June
4. Place of Birth, (Street and Number)	425 Hanover
5. Full Name of Mother,	Julia Mountcastle
6. Mother's Maiden Name,	Julia Kaar
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Geo. Mountcastle
9. Father's Occupation,	Tinner
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friederike Kinder Midwife
Address,	2116 West Pratt St.
Remarks,	

T 8 9 0 - 0 0 2 2 8 1

HEALTH DEPARTMENT

BALTIMORE CITY

been conferred in his sex, color, the full name and occupation of its parents, the date and place of birth, and the name, if any, assigned to the child, by the physician or midwife in attendance, if any, otherwise by the parent, householder, or owner of the premises where the birth occurred, within five days thereafter, and if the birth occurs on a vessel arriving in port within such period, the return shall be made within forty-eight hours after such arrival. Such certificate shall be verified by the oath or affirmation of the informant, taken before any officer authorized to administer oaths, and may be in the following form: I, ... do solemnly swear (or affirm) that I was present at the birth of the child described in the foregoing certificate, and that the facts stated therein are true to the best of my knowledge, information and belief. (Signature of informant.) Sworn to (or affirmed) and subscribed before me this ..... day of ..... 19..... (Signature of officer.) (Official character.) The certificate required to be given by the undertaker, as provided in section 3 of this ordinance, shall be in the following form: I certify that I buried the body of ..... who died on the ..... day of ..... 19..... (Signature of undertaker.) The certificate required to be given by the sexton, as provided in section 3 of this ordinance, shall be in the following form: I certify that the body of ..... who died on the ..... day of ..... 19..... was interred in ..... (Signature of sexton.) Every undertaker or sexton who shall bury or inter the body of any deceased person without having received the certificate required by section 3 of this ordinance, or who shall neglect to return to the Board of Health the certificate required by section 3 of this ordinance, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	III
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	June 14th 1890.
4. Place of Birth, (Street and Number)	S. Washington St. 21.
5. Full Name of Mother,	Sophie Gelly
6. Mother's Maiden Name,	Stracke
7. Mother's Birthplace,	Germania
8. Full Name of Father,	Joseph Stracke
9. Father's Occupation,	workman
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	Mrs. Buehler Midwife

JUL 1 1890

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall happen, shall keep a true and correct register of such birth, and shall enter in the said register the several particulars required to be entered in the said schedule, to be furnished by the Commissioner of Health, and shall give information of the said particulars and of the sex and color of each child born, and the name and residence of the mother, to the Registrar of Vital Statistics within five days after the birth; and the said schedule shall be delivered, duly signed, to the Registrar of Vital Statistics, as far as the same can be ascertained the full name of each child, the date and place of birth, and the name, residence and occupation of the parents; and the said midwife shall also give information of the sex and color of each child born in her care during the month (or otherwise) as the Commissioner of Health may direct, and shall deliver to the Registrar of Vital Statistics a certificate of the attendance upon the mother, immediately thereafter, in the form to be prescribed by the Commissioner of Health, and within the time above required, and every midwife who shall neglect or refuse to make such return, or to deliver such certificate of attendance of a physician or practitioner, or to report its birth to the Commissioner of Health, or to comply with the requirements of this section, shall be subject to the fine of ten dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; on the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if the physician or midwife in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any person so neglecting shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 22356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 14, 1890
4. Place of Birth, (Street and Number) County
5. Full Name of Mother, Sarah Elizabeth Kraft
6. Mother's Maiden Name, Sarah Elizabeth Sanskiver
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Adam Kraft
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Bangs

Address, Patapsco Balto Co

Remarks,

1890-002284

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the physician or midwife in attendance at the birth, if there was one; and the child, if born alive, shall be delivered. Duly signed by the practitioner in attendance, between the first and tenth days of the next month, to the office of the Commissioner of Health. In cases where no person is in attendance upon the mother immediately after the birth, the duty of the person or parties in charge of the mother to report the birth to the Commissioner shall devolve upon the nearest practitioner of midwifery, or should no other person be in any way connected with the case, the duty of the person or parties above required, and who shall neglect or refuse for ten days after the birth to report the same as herein required, and subjected to the fine of ten dollars for each and every offence. Under the provisions of this article all fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: William Kurtz Herbrick

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	May 15th.
4. Place of Birth, (Street and Number)	873 W Lombard
5. Full Name of Mother.	Mrs. Emma Herbrick
6. Mother's Maiden Name.	" Kurtz
7. Mother's Birthplace.	Wisconsin
8. Full Name of Father.	Wm A Herbrick
9. Father's Occupation,	Ticket agent B&O R.R.
10. Father's Birthplace.	City
Name of Medical Attendant, or other Person who makes this Return	Wm Hill M.D.
Address.	1001 Edana
Remarks.	

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DU. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 22305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, June 15 18

4. Place of Birth, (Street and Number) McGaw st Near Eastern

Full Name of Mother, Fanny Eastern

Mother's Maiden Name, Fanny Samuels

7. Mother's Birthplace, Virginia

8. Full Name of Father, Eastern

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Attended it

Address,

Remarks,

said order shall be delivered, duly filled up, to the Commissioner of Health, or to such person as he may designate, within the first ten days of each and every month thereafter, for all births which shall occur without the attendance of a duly licensed physician or midwife. In case the birth of any child shall occur in the absence of the attendance upon the mother, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

J. S. GELSTY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 15th 1890
4. Place of Birth, (Street and Number) No. 37 Belair Avenue E. H.
5. Full Name of Mother, Theresia Sieber Kohl
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Christian Sieber
9. Father's Occupation, Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, No. 1859 N. Gay St. Balt

Remarks, none

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JUL 1890

REGISTERED

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered monthly to the office of the Commissioner of Health, or such other person as may be appointed by the Board of Health to receive the same. In case the birth of any child third day of such month the attendance of a physician or midwife, the person whose duty it is required, and shall within the first ten days of each month report to the Commissioner of Health the name of such child to report its birth to the Commissioner of Health, as herein required, shall be subject to the penalty of ten dollars for each offence. This section shall be construed to relieve any such person from the penalties to which he may be subject by any other section of this article. Fines and penalties are recoverable before any justice of the peace within the city.

SEE. J. D. GILLAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, 6th of mch
5. Place of Birth, (Street and Number) No 9 Randall St
6. Full Name of Mother, Anna Mary Fox
7. Mother's Maiden Name, Anna Mary Schmidt
8. Mother's Birthplace, Spring St Baltimore Md
9. Full Name of Father, John Fox
10. Father's Occupation, Tan Maker.
11. Father's Birthplace, Read St Baltimore Md
12. Name of Medical Attendant, or other person who makes this Return. Miss Hinds
13. Address,
14. Remarks, 1 0 7 0 0 0 2 2 9 8

BALTIMORE CITY HEALTH DEPARTMENT

(1) In case of twins, triplets, &c., the name and occupation of the parents, the date and place of birth, and the sex, color, &c., of each child must be stated in the return. (2) Any person required by law to report the birth of a child, who shall refuse or neglect to make such report, or to furnish the information required in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health, in case there is no other person to be named in said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the last of these three days shall fall on Sunday, then the said schedule shall be delivered on the following day. (3) In case there is no other person to be named in said schedule, it shall be the duty of the physician or midwife in attendance at the birth of a child to report its birth to the Commissioner of Health, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, if there was no physician or midwife in attendance. (4) It shall be the duty of the Commissioner of Health to secure upon the mother, immediately thereafter if in the manner and within the period above required, and upon the father, if living in Baltimore City, within ten days thereafter, the information required to be reported in said schedule, and any such person or persons who shall refuse or neglect to furnish such information, or who shall furnish false information, or who shall refuse or neglect to report the birth of such child as required by this section shall for each such offense, upon conviction thereof, be fined not less than five dollars nor more than fifty dollars, and any such person or persons who shall refuse or neglect to furnish such information, or who shall furnish false information for each offense, to be recovered as other fines and forfeitures are recoverable.

ESTABLISHED 1870. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 1 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th day June

4. Place of Birth, (Street and Number) 1006 Fleet Bond st

5. Full Name of Mother, Christine E Redmerst

6. Mother's Maiden Name, " " Harman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Daniel D Redmerst

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Burns M. D.

Address, 111 Lombard

Remarks, 1890-00-209

...a copy, to all cases as to occupation of the parents, the date and place of birth; and the name and address of the person by whom the certificate is delivered. Every certificate shall be delivered, duly signed by the practitioner in the form of this certificate, to the Registrar of the district in which the birth of any child shall occur without the attendance of a physician, within ten days after the birth, and before the burial of such child; and a like certificate shall be delivered to the Registrar of the district in which any child shall occur without the attendance of a physician, within ten days after the birth, and before the burial of such child, by the father of such child, or in his absence, by the mother, or in her absence, by the nurse in attendance upon the mother, or by the householder of the premises where the birth occurred, or by the owner of such premises, or by the agent of such owner. Every person who shall refuse or neglect to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered with costs; and all fines and forfeitures are recoverable.

WM. A. G. DELANY & SON, CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health [illegible] within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each [illegible] to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 3rd

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 17 of June
4. *Place of Birth,* (*Street and Number*) 2121 Christian St
5. *Full Name of Mother,* Kathe Kergher
6. *Mother's Maiden Name,* Kathe Schwartz
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Louis Kargher
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return. Friedericke Keuler Midwife

Address, 2116 West Pratt

Remarks,

1890-002290

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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A 22 31

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, 17 of June

Place of Birth, (Street and Number) 425 Hanover

Full Name of Mother, Stella (Hilia) Mason / Mason

Mother's Maiden Name, Stella (Hilia) Hibsley Hopely

Mother's Birthplace, Baltimore

Full Name of Father, William Mason

Father's Occupation, Stonecutter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Fredericke Keller Midwife

Address, 216 West Pratt

Remarks, Fulsomed - William Randolph Moon

1070-00229 1

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case there is no such practitioner or midwife in attendance, the return shall be made and signed by the owner or agent of the house in which the birth occurs, within the time aforesaid; and in case any child shall hereafter be born without the limits of any incorporated town, but within the limits of this city, the parent or parents of such child shall report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid, shall be subject to the fine of ten (10) dollars for each and every offence, which fines and forfeitures are recoverable.

RECEIVED JUL 19 1930 REGISTRAR OF VITAL STATISTICS

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex, (state whether male or female)	female.
2. Race or Color, (if not of the white race)	white.
3. Date of Birth,	June 17th.
4. Place of Birth, (Street and Number)	8. Cross St.
5. Full Name of Mother,	Ella Einrichter.
6. Mother's Maiden Name,	Ella Schreivogel.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Adam Einrichter.
9. Father's Occupation,	Collector.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Auguste Bosien.
Address,	3 Henrietta St.
Remarks,	

C 700 - D 2292

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the practitioner shall fail to report such birth within the time aforesaid, or shall neglect or refuse to sign the certificate, then any other person who shall certify without the attendance of a physician or practitioner of the facts of the birth of any child, of which he shall have been present at the birth or of the person or parents of such child to report its birth, to be the mother, immediately thereafter, or within the period above required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

692. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 18th 1890
4. *Place of Birth, (Street and Number)*	S. E. Cor. Oliver & Central Ave
5. *Full Name of Mother,*	Annie M. Kohlhepp
6. *Mother's Maiden Name,*	Annie M. Seiss
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	John Kohlhepp
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	J. E. Watson
Address,	1301 E. Central Ave
Remarks,	

...CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 2231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 18th 1890.

4. Place of Birth, (Street and Number) 2017 E. Preston st.

5. Full Name of Mother, Mamie M. Johnson

6. Mother's Maiden Name, " " Blake

7. Mother's Birthplace, City

8. Full Name of Father, Wm. L. Johnson

9. Father's Occupation, Printer

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby, M.D.

Address, 1201 N. Eden st.

Remarks,

1890-002294

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ascertain and file the full name of each child, if any shall have been registered), its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the practitioner in the form of the certificate between the first and twelfth days of each month, and deliver, or cause to be delivered, to the Commissioner of Health, or other person authorized to receive the same, at the office of the Commissioner of Health, a duly certified schedule containing the information required by the certificate touching the birth of any child born during the month next preceding; and any such practitioner who shall neglect or refuse to make such report, as required by this section, shall be liable to a penalty of Ten Dollars for each offense to be recovered as other fines and penalties are collectible.

Section 13. That it shall be the duty of each and every midwife, or other person not a practitioner of medicine, who may be in attendance upon the mother, immediately after the birth of any child, to make a certificate of such birth, and deliver the same within ten days after such birth to the Commissioner of Health, or other person authorized to receive the same; and any such midwife or other person who shall neglect or refuse to make such certificate, as required by this section, shall be liable to a penalty of Ten Dollars for each offense to be recovered as other fines and penalties are collectible.

Section 14. That it shall be the duty of the Commissioner of Health to cause the blank forms of certificates required by this ordinance to be printed and distributed to the physicians, midwives and other persons required to make such certificates, and to cause the same to be properly filled out and returned to his office.

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Section 179. That it shall be the duty of the Commissioner of Health to cause the blank forms of certificates required by this ordinance to

RETURN OF A BIRTH. A 22317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18th 1890
4. Place of Birth, (Street and Number) 3 S Carrollton Ave
5. Full Name of Mother, Minnie Forsyth
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo Forsyth
9. Father's Occupation, Paperhanger
10. Father's Birthplace, Baltimore

Name of ~~Medical Attendant~~, other person who makes this Return. Morgan Forsyth

Address, 3 S Carrollton

Remarks,

0 7 0 2 0 2 9 3

said scheduls shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, at which time he shall receive without charge a certificate or certificates in duplicate, to be filled out by such person or persons who shall hereafter fail to comply with the provisions of this section shall, for each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

498. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	[illegible]
3. *Date of Birth,*	19th June
4. *Place of Birth, (Street and Number)*	125 Sharp St
5. *Full Name of Mother,*	Mrs. C. Beck.
6. *Mother's Maiden Name,*	Minnie Cliff
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Fredrick Beck
9. *Father's Occupation,*	horse and wagon
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Catherina Grundh
Address,	800 Leadenhall St.
Remarks,	

1 0 7 5 2 3 0 7 2 0 5

And if any person required by this section to make such return shall refuse or neglect to make the same within the time prescribed, or shall make a false return, he shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense. It shall be the duty of the Commissioner of Health to furnish to the proper persons blank forms for the returns required by this section. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report in writing to the office of the Commissioner of Health the particulars required by this section, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 of June
4. *Place of Birth, (Street and Number)* 58 Browning Lane
5. *Full Name of Mother,* Lena Kieck
6. *Mother's Maiden Name,* Lena Weber
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jake Kieck
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Friedericke Keuler Midwife

Address, 2116 West Pratt

Remarks,

590-002297

BALTIMORE CITY DEPARTMENT OF HEALTH

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be duly signed by the practitioner or other person who shall have attended at the birth of any child as aforesaid, or by the mother, if there was no such attendance. If any physician or midwife shall neglect or refuse to comply with the provisions of this section, he shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GLASGOW & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 20th 1890.

4. Place of Birth, (Street and Number) 1519 N. Eden st.

5. Full Name of Mother, Elizabeth Shelley

6. Mother's Maiden Name, " Armigen

7. Mother's Birthplace, Anne Arundell Co. Md.

8. Full Name of Father, Harry C. Shelley

9. Father's Occupation, Builder

10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other Person who makes this Return. E. B. Feuby, M.D.

Address, 1201 N. Eden st.

Remarks,

C 40 - 002298

RETURN OF A BIRTH A 22381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
3. Date of Birth,	June 20 90
4. Place of Birth, (Street and Number)	1219 Hollins St
5. Full Name of Mother,	Mrs Louisa Walker
6. Mother's Maiden Name,	" Wenthoff
7. Mother's Birthplace,	Balto md
8. Full Name of Father,	Jas M Walker
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Va
Name of Medical Attendant, or other person who makes this Return.	T C Worthington M D
Address,	840 W Fayette St
Remarks,	1900-002299

Every case of [illegible] its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the person in charge of the house in which such birth occurs be absent or refuse to report its birth to the Commissioner of Health, it shall be the duty of the [illegible] to report such birth as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. Failures are recoverable.

RECEIVED
JUL 1 1900
REGISTRAR OF VITAL STATISTICS

GEO. A. O. ELLIOTT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 21st 1890.
4. Place of Birth, (Street and Number) Belair Avenue Ext. near Georgetown B. & O.
5. Full Name of Mother, Maria Merbing
6. Mother's Maiden Name, Bachmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Franz Merbing
9. Father's Occupation, Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, No. 1869 N Eag St. Balt

Remarks, 1890 002300

been conferred) its sex, color, the full name and ... and place of birth; and the ... shall be delivered, duly signed by ... case be born alive of any child ... third day of each and every month to the ... should no other person be in ... shall occur without the attendance of a ... same become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health. In the manner herein ... the person or parents ... duty such person or persons who shall neglect or refuse to make such report shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in ... No other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 22323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 21st 1890
4. Place of Birth, (Street and Number) 1201 Druid Hill Ave.
5. Full Name of Mother, Louisa Lauer
6. Mother's Maiden Name, Louisa Lauer
7. Mother's Birthplace, Md
8. Full Name of Father, John J. Lauer
9. Father's Occupation, Druggist
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. H. Miller M.D.

Address, 639 W. Baltimore St

Remarks, Father & Mother are full cousins

---

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the terms of the said schedule, to the Registrar within whose district the birth shall have occurred, within thirty-six hours after the birth of such child, and a certificate thereof shall be forthwith transmitted by the Registrar to the Office of the Commissioner of Health; and any such Registrar who shall neglect or refuse to comply with the provisions of this section shall, for every such neglect or refusal, forfeit and pay a sum not exceeding ten dollars, to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 22324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21st June 1890
4. *Place of Birth, (Street and Number)*	No 910 Eutaw St Balto
5. *Full Name of Mother,*	Mary Groff
6. *Mother's Maiden Name,*	Mary Groff
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John Richard Groff
9. *Father's Occupation,*	Tobacco Packer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Bauer
Address,	711 Cross Street
Remarks,	

1890 JUN 30 PM 1

1890-00-302

Any physician, midwife or other person who shall neglect or refuse to report, as herein required, the birth of any child which he or she may attend, within ten days after such birth, shall forfeit and pay for each such neglect or refusal the sum of ten dollars; and in case the parent or parents of any child born in the City of Baltimore shall neglect or refuse to report the birth of such child within ten days after the same shall occur, he, she or they shall forfeit and pay the sum of ten dollars; and every midwife, physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth as required by this section within ten days after the occurrence thereof; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such neglect or refusal, to be recovered before any justice of the peace. Other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 22 8 26

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 22nd 1940

4. Place of Birth, (Street and Number) No. 1807 N. Gay St. Balt.

5. Full Name of Mother, Francisca Elisabeth Kuebel Latze

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, Frederick William Kuebel

9. Father's Occupation, Harness Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wilhelmina Schmidt

Address, No. 1859 N. Gay St. Balt.

Remarks, mw

1940 002303

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attendant, all in accordance with the directions upon the form of a certificate between the first and third day of each month, and deliver the same, duly filled out, to the office of the Commissioner of Health, or other person, be in attendance at the birth, shall immediately thereafter make out and transmit the prescribed certificate to the office of the Commissioner of Health in the manner and within the time prescribed by law. And the attendance of a physician or person in charge of any lying-in institution upon the birth of any child shall relieve the parents of such child of the duty of reporting the same, but shall not relieve the parents from the penalty for neglect of such duty. Any person who shall neglect or refuse to comply with the provisions of this section, or who shall knowingly make any false statement in the certificate required to be returned by him, shall be subject to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 25th 1890
4. *Place of Birth, (Street and Number)*	1829 E Pratt st
5. *Full Name of Mother,*	annie Morrison
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Wm Morrison
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Mary Labelle
Address,	1918 E. Pratt
Remarks,	

1890 - 022304

498. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 22377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth*	June 22. 1890
4. *Place of Birth, (Street and Number)*	1646. Lisquithst
5. *Full Name of Mother,*	Alice Parish
6. *Mother's Maiden Name,*	Alice Spradling
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Lee Parish.
9. *Father's Occupation,*	Gardiner
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	E. L. Peterson M.D
Address,	705. Lisquith. St.
Remarks,	

1890 - 22377

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 22328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 23d June 1890
4. Place of Birth, (Street and Number) 1407 Clive St
5. Full Name of Mother, Adeline Lewis
   Mother's Maiden Name, Kinnan
6. Mother's Birthplace, Baltimore
7. Full Name of Father, John Lewis
8. Father's Occupation, Plough maker
9. Father's Birthplace, Baltimore
10. Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell
    Address, 516 Font Ave
    Remarks,

1890 : 002306

been conferred his sex, color, the date and place of birth; and the name and residence of the parents. ...ns, the date and place of birth; and the name and residence of the parents. ...on of each and every ... to ... Commissioners of ... on such certificate between the first and third day of each and every ... in each month, in case births shall occur without the attendance ... a physician or midwife, and in case ... shall occur without the attendance upon the mother, immediately ... delivery, or should no other person be in attendance upon the mother, immediately ... child, or such mother herself, if able to do so, the duty of the person or parents of such child to report the same to the Commissioners as aforesaid within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

WM. J. D. GILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, June 23rd.
4. Place of Birth, (Street and Number) Baltimore Md. 124 Cross Str.
5. Full Name of Mother, Caroline L. Schmidt.
6. Mother's Maiden Name, Carolyne L. Grundlach
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edw. H. Schmidt.
9. Father's Occupation, Piano Maker.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Miz Minch

Address, 200 Leadenhall St.

Remarks,

C 1 7 0 - 0 0 2 3 0 7

...ven conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the person in charge of the house in which the birth of any child shall occur within the limits of the city, or to the midwife, or should no other person be in attendance, to the mother immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 77 339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th June
4. Place of Birth, (Street and Number) Baltimore 1147 Lombard
5. Full Name of Mother, Mary Kuseas
6. Mother's Maiden Name, Karl Stuart
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph H Kuseas
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City
Name of Medical Attendant, or other person who makes this Return. Wm. Boyce M.D.
Address, Tudor Hall
Remarks, 1890 - 002309

All births hereafter occurring in this city shall be returned to the Board of Health, and the certificate required by law shall be made out in duplicate, one copy to be retained by the physician or midwife making the same, and the other to be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then it shall be the duty of the person or parents of such child to cause a certificate of such birth to be made and delivered as aforesaid. Any person who shall neglect or refuse to perform any duty required by this section shall be subject to the fine of ten (10) dollars for each and every such neglect or refusal, and forfeitures are recoverable.

RECEIVED
JUN 27 1890
REGISTRAR'S OFFICE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 27801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 23d 1890
4. *Place of Birth, (Street and Number)*	1607 Thames St.
5. *Full Name of Mother,*	Fr. L. Thulls.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	F. Thulls
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mary Boyenor
Address,	402 S. Collington Avenue.
Remarks,	

1890 062309

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case no other person shall be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23 1890
4. Place of Birth, (Street and Number) 2412 Alice Anna St
5. Full Name of Mother, Catherine Lipsey
6. Mother's Maiden Name, Catherine Rumsfeld
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Lipsey
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L Sprague

Address, 736 Luzerne St.

Remarks,

0 7 0 2 0 0 2 3 1 0

HEALTH DEPARTMENT

Said schedule shall be delivered, duly signed, by the attendant upon the birth, or by the father or mother of the child, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or mother of such child to report its birth to the Commissioner; and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH A 22337

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24
4. Place of Birth, (Street and Number) 634 W Balto St
5. Full Name of Mother. Mrs. Lizzie Young
6. Mother's Maiden Name. E. Elvins
7. Mother's Birthplace, City
8. Full Name of Father, C. A. Young
9. Father's Occupation, Produce dealer
10. Father's Birthplace. City

Name of Medical Attendant, or other Person who makes this Return — D. F. Toll M.D.

Address, [illegible]

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

22334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Black
3. Date of Birth,	June 24th 90
4. Place of Birth (Street and Number),	# 52. N. 18 East St.
5. Full Name of Mother,	Mary Brown
6. Mother's Maiden Name,	Mary Gray
7. Mother's Birthplace,	Richmond Va
8. Full Name of Father,	George Brown
9. Father's Occupation,	Tender
10. Father's Birthplace.	Richmond Va
Name of Medical Attendant, or other person who makes this Return.	Charles W. Lefferman M.D.
Address,	1 F.E. Montgomery St.
Remarks,	

Shall be endorsed, duly signed by the practitioner in the form of a certificate, (over) as the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the child shall die without the attendance of a physician, the duty of the midwife, or should no midwife be in attendance upon the mother, householder in whose house the birth shall occur, to report the same within ten days to the Registrar of Vital Statistics, Board of Health, in the manner and terms of this section shall be subject to the like penalty who shall hereafter fail to comply with all the rules and regulations now provided for each offence, to be recovered as other fines and forfeitures are recovered.

Ultimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 72305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 24, 1891
4. *Place of Birth, (Street and Number)*	1126 Canton St.
5. *Full Name of Mother,*	Susan Jackson
6. *Mother's Maiden Name,*	Susan McGrath
7. *Mother's Birthplace,*	Howard County
8. *Full Name of Father,*	Jesse Jackson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mary L Swayne
Address,	726 Eutaw St.
Remarks,	

1890 002313

BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 77336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 24/90
4. Place of Birth, (State and Number) 605 Light St
5. Full Name of Mother, Katie Fiedemann
6. Mother's Maiden Name, Katie Fackmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Bernhard Fiedemann
9. Father's Occupation, Grocery
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherina Wyngle

Address, 800 Leadenhall St.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and seventh days of each calendar month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the person or parents of such child to report its birth to the Commissioner of Health, in the manner the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. to be recovered by other fines and forfeitures are required.

FILMED

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 of January

4. Place of Birth, (Street and Number) 322 Fetter Alley

5. Full Name of Mother, Elisabeth Dievenbach

6. Mother's Maiden Name, Elisabeth Dee

7. Mother's Birthplace, Germany

8. Full Name of Father, John H. Dievenbach

9. Father's Occupation, Korkcutter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Friederike Keller midwife

Address, 2116 West Pratt St.

Remarks,

1307002315

...begin conferred it's sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the person or officer of the Commissioner of Health, as above directed, and a certificate shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereupon it shall become the duty of any child [illegible] to report such birth to the Commissioner of Health, in the manner above directed, and the person or any such person refusing or neglecting so to do shall forfeit and pay the penalty above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties are recoverable.

...WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Freda Ida Amelia Meier

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 25th 1890
4. Place of Birth, (Street and Number) No 1021 S Paca St
5. Full Name of Mother, Emma Adele Margaret
6. Mother's Maiden Name, Vondrehle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry G. Meier
9. Father's Occupation, Wheelwright
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Young M.D.

Address, 900 Cadenhall St.

Remarks, [illegible] 3-5-53

[illegible]

said reticule shall be delivered. Any signed by the practitioner in the form of a certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or should no other person as aforesaid, upon the mother, immediately thereafter it shall become and within the period above required, and shall cause such information to be recorded in the register of births, and to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as the law directs. Any such person or persons who refuse or neglect

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 22024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 25 1890
4. Place of Birth, (Street and Number)	917 W Lexington
5. Full Name of Mother,	Mary E Franck
6. Mother's Maiden Name,	" " Harris
7. Mother's Birthplace,	Montgomery Co Md
8. Full Name of Father,	Chas A. Franck
9. Father's Occupation,	Cigar Maker
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Poppleton St
Remarks,	

1890-002317

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 22340

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 25th
4. Place of Birth (Street and Number) 1111 Maryland Ave
5. Full Name of Mother Hannah ~~Hackman~~ Nevins
6. Mother's Maiden Name Hannah Murphy
7. Mother's Birthplace Ireland
8. Full Name of Father Frank Nevins
9. Father's Occupation Hackman
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Jane Guy

Address 1210 Mc Elderry St.

Remarks C. K

C 340 - D 02310

RETURN OF A BIRTH. A 22344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 27, 1890
4. *Place of Birth, (Street and Number)*	104 Forest Place
5. *Full Name of Mother,*	Dorothea Power
6. *Mother's Maiden Name,*	Dorothea Galligan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William H. Power
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	J. Frank Brock, M.D.
Address,	725 Greenmount Ave
Remarks,	

said schedule shall be delivered, duly signed by the practitioner, ... shall ... day of each and every month to the office of the Commissioner ... shall neglect or refuse to ... attendance upon the ... child to report its birth to the Commissioner ... any such person or persons who shall hereafter fail to comply with the ... jected to the fine of ten (10) dollars for each offense, to be recovered as ... and forfeit ... shall be sub- ... recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. d.
1. *Sex, (state whether male or female)*	male.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	June 27. 4.
4. *Place of Birth, (Street and Number)*	931 Beaver St.
5. *Full Name of Mother,*	Anna Trustheim.
6. *Mother's Maiden Name,*	Anna Figler.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Eberhard Trustheim.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Auguste Bosien.
Address,	3. Henrietta St.
Remarks,	

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, or Registrar of Vital Statistics, and shall contain the name, residence and occupation of each child in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BOARD OF HEALTH BALTIMORE

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

1890 D 320

5-10-1-5-

RETURN OF A BIRTH

A 12343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Marie Sophine

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 27 1890
4. Place of Birth, (Street and Number) 623 Rowe St
5. Full Name of Mother, Matilda Deuse
6. Mother's Maiden Name, Matilda Melzo
7. Mother's Birthplace, Balto.
8. Full Name of Father, Martin Deuse
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mary C. Sweeney

Address, 726 Luzerne St.

Remarks,

1890 - 002321

BALTIMORE CITY REGISTRY 1890

Every physician or other person who shall sign any certificate of birth, or shall make any return of birth, shall write in the first column of the certificate or return, in the presence of the informant, the name and surname of each child, and the date of birth, and shall add his own name and residence. Every certificate of birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall be mailed within the same time. If no physician or midwife, or other person be in attendance, the certificate or return shall be signed by the father or mother of such child, if able to do so; and if neither father nor mother be able to do so, then the duty of the person or parents of such child to make such return shall become the duty of the person or parents of such child to make such return shall become the duty of the person or parents of such attendance upon such birth, and within the period above required, and shall sign the certificate or return in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. BRADY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

Race or Color, (if not of the white race) white

Date of Birth, June 27 1920

4. Place of Birth, (Street and Number) 630 Patterson Park Ave.

5. Full Name of Mother, Minnie Kenny

Mother's Maiden Name, Minnie Anderson

Mother's Birthplace, Germany

8. Full Name of Father, William Kenny

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mary A. Swayne

Address, 726 Luzerne St.

Remarks,

1590 000322

HEALTH DEPARTMENT

and conduct of the sex, color, the full name and occupation of its parents, the date and place of birth; and the certificate, signed by the attendant or other person who makes this return, shall be delivered to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person take the attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 23945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth, June 27/90
4. Place of Birth, (Street and Number) No. 1804 Hanover.
5. Full Name of Mother, Ella Mack.
6. Mother's Maiden Name, " Selby.
7. Mother's Birthplace, Howard Co. Md.
8. Full Name of Father, Benjamin Mack.
9. Father's Occupation, Brakeman.
10. Father's Birthplace, Hagerston Md.

Name of Medical Attendant, or other person who makes this Return. Connie Jeans.

Address, 1714 Light St.

Remarks, Yours Respectfully.

JUL 5

CITY REGISTRAR

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

22346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUN 30 1899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June. 28. 99
4. Place of Birth, (Street and Number) 4 1/2 Oakley
5. Full Name of Mother, Mary Jane Winstead
6. Mother's Maiden Name, "C" Bromley
7. Mother's Birthplace, Virginia
8. Full Name of Father, Leyton R. Winstead
9. Father's Occupation, Carpenter
10. Father's Birthplace, Va.

Name of Medical Attendant, or other Person who makes this Return. L. Winslow M.D.

Address, 1727 W. Fayette St

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 7705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 28th 1890.
4. Place of Birth, (Street and Number) 1235 Smith st
5. Full Name of Mother, Lizzie Thornton
6. Mother's Maiden Name, " Allen
7. Mother's Birthplace, Virginia
8. Full Name of Father, Edward L Thornton
9. Father's Occupation, Carpainter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby, M. D.

Address, 1201 N. Eden st.

Remarks,

1070-002325

Every physician or midwife, or other person who shall assist at a birth, shall, within ten days thereafter, report to the Registrar of Vital Statistics, in the form of a certificate to be furnished by him, the time and place of birth, sex, color, the name and surname of the parents, the date and place of their marriage, and the occupation of the father of each and every youth to the Commissioner of Health. In case the birth of any such child shall occur without the attendance of a physician or midwife, or should any other person be present with the mother at the birth of any such child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. Any person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Monumental Ptg. Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 22 538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	white
3. Date of Birth	June 28th 1890
4. Place of Birth, (Street and Number)	1212 Whatcoat St
5. Full Name of Mother,	Lena Sauerwein
6. Mother's Maiden Name,	Thomas
7. Mother's Birthplace,	Baltimore Co.
8. Full Name of Father,	Albert Sauerwein
9. Father's Occupation,	Car driver
10. Father's Birthplace,	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	M K Warner M.D.
Address,	Cor Lafayette Ave & Shuter St
Remarks,	

...bon Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 27329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	28th June 1890
4. *Place of Birth, (Street and Number)*	1524 Riverside Ave
5. *Full Name of Mother,*	Lena Russell
6. *Mother's Maiden Name,*	Buchiett
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frederick Russell
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Yeswell
Address,	516 Front Ave
Remarks,	

BVO - 002327

been conferred his sex, color, the full n... ch... Your... ...ition... ...Place of birth; and the ...ch... ...ereof, and the ...said schedule shall be delivered, duly ... ...ed by the position... ...Commissioner of H... ...case the birth of any child ...third day of each and every month to the office of the Commissioner of H... ...shall occur without the attendance of a Physician or Midwife, or should no other person be in ...attendance, then the mother herself shall report the birth of such child. Any Physician or Midwife ...child to report its birth to the Commissioner of Health in the manner and within the period ...said schedule, shall be subject to a fine of ten (10) dollars for each offense. Any such person or persons who shall hereafter ... ...with the provisions of this section shall be sub... ...jected to the fine of ten (10) dollars for each offense recovered ... ...forfeitures and forfeitures are recoverable.

WM. A. C. HILLIARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 2235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	28th June 1890
4. *Place of Birth, (Street and Number)*	1506 S. Charles St
5. *Full Name of Mother,*	Blanch North Littlefield
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robt North
9. *Father's Occupation,*	Brushmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Gerwell
Address,	516 East Ave
Remarks,	1890 - 002328

been conferred) its sex, color, the full name and place of birth; and the said schedule shall be delivered, duly signed by between the first and third day of each and every month the birth of any child shall occur within the city, or to some person who shall reside with the mother, immediately after the period above required, and any such person or person who shall refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence.

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White race
3. Date of Birth, June 28/90
4. Place of Birth, (Street and Number) No. 2048 Hanover St.
5. Full Name of Mother, Ricky Fraley.
6. Mother's Maiden Name, Ida Hamburger
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, William Fraley
9. Father's Occupation, Seaferman
10. Father's Birthplace, Prussia Europe.

Name of Medical Attendant, or other person who makes this Return. Annie Quinn

Address, No 1714 Leight St

Remarks, June Respectfully

0 9 0 0 0 3 2 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 28th 1890
4. Place of Birth, (Street and Number)	320 S. Eutaw St
5. Full Name of Mother,	Reva Sachs
6. Mother's Maiden Name,	Reva Klein
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Saml Sachs
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Dr. Blum M.D.
Address,	611 Columbia ave
Remarks,	

1890 - 002330

and midwife shall be delivered, duly signed, to the parents or to the parent in charge of the infant, and the third Tuesday of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent in charge of such child shall become liable to the penalty above mentioned, and should no other person be in attendance upon the mother, immediately thereafter, such parent shall report the birth as required by this section, and shall have certified such report as to the sex, color, date and place of birth of such child. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. SLADE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child, of any which have said schedule shall be delivered, duly signed by the attendant or the parents, the date and place of birth, and the name of each child, of any which have third day of each and every month to the office of the Commissioner of Health, and the said attendant shall receive therefor the sum of twenty-five cents for each certificate between the first and fifteenth days of each month, and fifty cents for each certificate between the fifteenth and last days of each month. In the absence or attendance upon the mother at the time of birth of any child of a physician or practical midwife, the duty of reporting such birth shall devolve upon the parents of such child, and the duty of reporting the birth of an illegitimate child shall devolve upon the mother of such child. Any such person or persons who shall hereafter fail to report as herein required, and who will the provisions of this section, shall be required, and pay such person or persons who shall hereafter fail to report as herein required, and who will the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, 29 June
5. Place of Birth, (Street and Number) 506 W. Conway st
6. Full Name of Mother, Phillia Mena Albrecht
7. Mother's Maiden Name, Phillia Mena Self
8. Mother's Birthplace, Maryland
9. Full Name of Father, Louis Albrecht
10. Father's Occupation, Organ Maker
11. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890 002331

RETURN OF A BIRTH A 22334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	29 of Jany
4. *Place of Birth, (Street and Number)*	2128 Wilkins Ave.
5. *Full Name of Mother,*	Becka Rosenstein
6. *Mother's Maiden Name,*	Becka Mincowitz
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Carlos Rosestein
9. *Father's Occupation,*	Tayler
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return.	Friederiche Keuler Midwife
Address,	2116 West Pratt St
Remarks,	

1890 - 00 2332

...ame and occupat... of its parents, the date and place of birth; and the ...ed, duly signed by the practitioner in the form of a certificate hereinafter ...ll be delivered, duly signed by the practitioner in the form of a certificate ... Birth of any child ... third day of each and every month to the officer ... the occupation of childwifery, or should no other person be in ... shall occur without the presence of ... the duty of the person or parents of such ... within ten days thereafter to report the birth of such child to the other, immediately ... within the period above required and ... child to report its birth to the Commissioner ... Health, in the manner ... section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

... C. G. GALAXY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 1890 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
3. Date of Birth,	June 29/90
4. Place of Birth, (Street and Number)	707 S. Sharp St
5. Full Name of Mother,	Augusta Bachmann
6. Mother's Maiden Name,	Augusta Erdbrink
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Bachmann
9. Father's Occupation,	Cabinet Maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Cathren A Mynch
Address,	800 Leadenhall St.
Remarks,	1890 - 007333

And each physician or midwife who shall be present at the birth of any child, and every other person who shall be present at the birth of any child when no physician or midwife shall be present, shall, within ten days after the birth, make a return of such birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of a certificate between the first and 15th day of each and every month to the office of the Commissioner of Health, in which certificate shall be stated the time and place of birth, the name, residence and color of parents, the sex of the child, whether the child is living or dead, and if dead, whether it was born dead or died after birth, and such other particulars as the Commissioner of Health may require; and such return shall be verified by the oath or affirmation of the person making the same. And if any physician or midwife shall neglect to report as herein required, he shall forfeit and pay for every such neglect the sum of ten dollars, and every other person who shall neglect to report as herein required shall forfeit and pay for every such neglect the sum of five dollars, to be recovered as other fines and forfeitures are recoverable. And any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. W. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29th June 1890
4. Place of Birth, (Street and Number) Nr. Lancaster Str. 25 10
5. Full Name of Mother, Anni Witykow
6. Mother's Maiden Name, Kalet
7. Mother's Birthplace, Germania
8. Full Name of Father, Franz Kalet
9. Father's Occupation, Stevendore
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Buehler

Address, 3 Bitwiffe

Remarks, 1890-0023

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE DEPARTMENT OF HEALTH

BALDWIN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 22357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 30 1890
4. Place of Birth, (Street and Number)	2314 Landon Ave.
5. Full Name of Mother,	Elizabeth Welbor
6. Mother's Maiden Name,	Elizabeth Carter
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Henry Welbor
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary E. Tarquin
Address,	726 Lafayette St.
Remarks,	

1890 - 002335

said attendant, or other person who shall neglect or refuse to make such return within the period above required, and each such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten [illegible] dollars for each offense, to be recovered [illegible] and forfeitures are recoverable.

[illegible] delivered, duly signed by the practitioner in the form of a certificate between the first and [illegible] each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the nurse or midwife in such

RETURN OF A BIRTH. A 22358

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 30/890
4. Place of Birth (Street and Number)	Dallas St
5. Full Name of Mother	Rose Thompson
6. Mother's Maiden Name	Rose Gobl
7. Mother's Birthplace	Somerset Co Md
8. Full Name of Father	John Thompson
9. Father's Occupation	Cgn maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Catharine McCourey
Address	213 Spring St
Remarks	Healthy Child

1890 - 00 2 3 3 6

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 22309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 1st 1890
4. Place of Birth, (Street and Number) Md. Univ. Free Lying in Hospital 622 W. Lombard St.
5. Full Name of Mother, Maria Glover
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father, — Glover
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. M. R. Lancaster M.D. Res. Phys.

Address, 622 W. Lombard St

Remarks,

1890 002337

JUL 25 1890

Any conviction for sex color or the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the parent of such child on the first and third day of each and every month; or physician or practitioner of midwifery, or aliond no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, and any person who shall neglect to make such report, shall be subject to the fine of ten (10) dollars.

RETURN OF A BIRTH A 22360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 2nd
4. *Place of Birth, (Street and Number)*	1119 E. Hamilton St
5. *Full Name of Mother,*	Mary McElvee
6. *Mother's Maiden Name,*	" Bellis
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Wm A. McElvee
9. *Father's Occupation,*	Axle turner
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	L. C. Bands M.D.
Address,	511 N. Eutaw St
Remarks,	

1890 - 002338

been conferred its sex, color, the full names of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by such coroner in the form of a certificate between the 1st and 5th days of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the confinement of a physician or midwife, or if there be no other person to report its birth to the Commissioner of Health, duty of the person in charge of the house in which the birth occurs, within the period above required of such person who shall neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

JUL 2 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

Over 22361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Harry Milton Pfeffer

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	June 3-90
4. Place of Birth, (Street and Number)	1003 Mc Donough
5. Full Name of Mother,	Elizebeth F. Pfeffer
6. Mother's Maiden Name,	" " Graf
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Frederick L. Pfeffer
9. Father's Occupation,	Paper Carrier
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	912 Mc Donough Av
Remarks,	

1890-002339

1890-00-330

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, and no certificate of a birth shall occur without the attendance of a physician or practitioner, duly registered, or some other person be in attendance upon the mother immediately thereafter; it shall be the duty of the parents of such child, or, in the absence of the parents, the person in charge of the house in which such birth occurs, within ten days after the birth, to report the same to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A22367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Henry Adam Gullin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th 1890
4. Place of Birth, (Street and Number) 402 Moore St
5. Full Name of Mother, Kate Gullin
6. Mother's Maiden Name, a Miller
7. Mother's Birthplace, Maryland
8. Full Name of Father, John Gullin
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Jane A Belt M D

Address, 314 N Eutaw St

Remarks,

1890 - 003340

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 22360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 4th 1890
4. Place of Birth, (Street and Number)	407 N Gilmor St
5. Full Name of Mother,	Maggie Mason
6. Mother's Maiden Name,	Maggie Ennis
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William H. Mason
9. Father's Occupation,	Sergt Police
10. Father's Birthplace,	Md
Name of Medical Attendant, or other Person who makes this Return.	J. C. Skinner M.D.
Address,	203 N Carey St
Remarks,	

1890-002341

FILED DEPUTY REGISTRAR

...rphy & Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITED SAME ADDED 1-28-55 22364

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Martin Francis Fahey

No. of Child of Mother, (state whether 1st. 2d. 3d. &c.) 1st

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, June 4th 1890

4. Place of Birth, (Street and Number) 1441 Johnson St

5. Full Name of Mother, Sarah A. Fahey

6. Mother's Maiden Name, Creaghan

7. Mother's Birthplace, Govanstown Md

8. Full Name of Father, Jno J. Fahey

9. Father's Occupation, Undertaker

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. R. C. Lee

Address, Hanover St

Remarks, 890-002342

890-002342

RETURN OF A BIRTH A. 22354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] or, the [illegible] name an[illegible] o[illegible] tes, the date and place of birth; and the said schedule shall be delivered, duly signed b[illegible] of a certificate between the first and third day of each and every month to the o[illegible] In case the birth of any child shall occur without the attendance of a ph[illegible] should no other person be in attendance upon the mother, immediately [illegible] it shall become [illegible] the person or parents of such child to report its birth to the Commissioner of Health, in the [illegible] period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3

1. Sex, (*state whether male or female*) Female
2. Race or Color, (*if not of the white race*) White
3. Date of Birth, June 5, 1890
4. Place of Birth, (*Street and Number*) 131 Harrison St
5. Full Name of Mother, Beccie Bernhardt
6. Mother's Maiden Name, Beccie Soroke
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Bernhardt
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 103 Albemarle St.

Remarks, 1890-002343

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH A 22366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 5th
4. Place of Birth, (Street and Number)	5520 Lee St
5. Full Name of Mother,	Lida M, Bonn
6. Mother's Maiden Name,	" Baracchi
7. Mother's Birthplace,	New Jersey
8. Full Name of Father,	Harry F. Bonn
9. Father's Occupation,	Glassblower
10. Father's Birthplace,	New Jersey
Name of Medical Attendant, or other person who makes this Return.	J C Burch MD
Address,	511 Hanover St
Remarks,	1890 - 002,344

said schedule shall be delivered, duly signed by the practitioner in attendance, or by the person who shall officiate as such, at the time of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of such practitioner or of midwifery, or should no other person be in attendance upon the birth to the Commissioner of Health, the person who shall become the duty of the person required, and shall occur without the attendance of such practitioner or midwife, or should no other person be in attendance upon the birth to the Commissioner of Health. In the manner and within the time above required, and any such person or persons who shall hereafter fail to observe and comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) White Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5, 1890
4. Place of Birth, (Street and Number) 507 S. Exeter St.
5. Full Name of Mother, Kate Mc Namara
6. Mother's Maiden Name, Kate Mulhern
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Mc Namara
9. Father's Occupation, Ice Driver
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. P. Schermer

Address, 103 Albemarle St

Remarks,

1890 00 3345

said schedule shall be delivered, duly filled out, to the Registrar of Vital Statistics, Board of Health, on the first and third day of each and every month to which the attendance of such physician or midwife shall extend, and if any child shall occur without the attendance of such physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within ten days thereafter. And in case the birth of any child shall occur without the attendance of any physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within ten days thereafter. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 6 - 90
4. Place of Birth, (Street and Number) 2401 E Monument
5. Full Name of Mother, Mary K. Franz
6. Mother's Maiden Name, " " Wolfram
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles B. Franz
9. Father's Occupation, Grocer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 Mc Donogh St

Remarks,

49-0-0-1341

said selection shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second days of each month to the office of the Commissioner of Health, and no other person is hereby authorized to receive such certificate. Any midwife who shall fail to cause the birth of any child to be reported as herein required, or who shall neglect or refuse to report to the Commissioner of Health, in the manner and within the time herein specified, any case of stillbirth, in which she shall have been in attendance upon the mother, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable. Any midwife who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	Sex, (state whether male or female)	male
2.	Race or Color, (if not of the white race)	white
3.	Date of Birth,	June 7th
4.	Place of Birth, (Street and Number)	1106 Sharp St
5.	Full Name of Mother,	Maller Weihrauch
6.	Mother's Maiden Name,	" Hofman
7.	Mother's Birthplace,	Germany
8.	Full Name of Father,	Reinhard Weihrauch
9.	Father's Occupation,	Laborer
10.	Father's Birthplace,	Germany
	Name of Medical Attendant, or other person who makes this Return.	I. Burch M.D.
	Address,	571 Hanover St
	Remarks,	

1890-002347

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH A22370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 7th
4. Place of Birth, (Street and Number)	949 S. Paca St
5. Full Name of Mother,	Annie Driscoll
6. Mother's Maiden Name,	" McGowan
7. Mother's Birthplace,	Philadelphia
8. Full Name of Father,	Dennis Driscoll
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	J. Bunch M.D.
Address,	511 Hanover St
Remarks,	

1890 - 002348

said schedule shall be delivered, duly signed by the practitioner in person, or sent by mail, postage paid, within the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without a attendance of physician or practitioner of midwifery, or should no other person be in attendance, it shall become the duty of the person having charge of the parturient, and the mother, immediately thereafter, it shall become the duty of the person having charge of the parturient, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 7 - 90
4. *Place of Birth, (Street and Number)*	727 N Washington
5. *Full Name of Mother,*	Annie C. Parthree
6. *Mother's Maiden Name,*	" Howard
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John G. Parthree
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	912 N. Donough St
Remarks,	

1890-00-3409

said schedule shall be delivered, duly signed, to the Registrar of the district in which the birth occurred, within ten days after the birth, and the Registrar shall thereupon issue a certificate between the first and third day of each and every month of the year, a return of all births which shall occur within the district during the preceding month. In case the birth of any child shall occur within the limits of any institution, the person in charge thereof shall be required to become informed of the particulars required by this section, and to report the same to the Registrar of the district; or should no other person or persons be known to the Registrar, within the period above required, and after the birth, to whom application can be made for the information required, the Registrar shall require the mother, immediately after her confinement, to furnish the particulars required, and to report its birth to the Commissioner of Health. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 2203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 8 90
4. Place of Birth, (Street and Number)	556 E. Hudson St.
5. Full Name of Mother,	Kate Taylor
6. Mother's Maiden Name,	" Tate
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Thomas Taylor
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	J. Robertson M.D.
Address,	766 Fusten St.
Remarks,	

1890 - 00 - 350

Code of Ordinances, Art. 1, Sec. 10. The full name, residence, occupation of the parents, the date and place of birth, and the said schedule shall be delivered duly signed by the physician or midwife in attendance upon the case, or by the householder in case there be no physician or midwife in attendance, to the office of the Commissioner of Health, within the first and third day of each and every month; and in case the birth shall occur in any house without the attendance of a physician or midwife, or in case the birth of any child shall occur in the absence of the mother, it shall be the duty of the person or persons in charge of such house, or of the parent or parents of such child to report in the manner hereinbefore required, and to comply with the provisions of this section as shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8 June 1890

4. Place of Birth, (Street and Number) Eastern Ave. 1612.

5. Full Name of Mother, Celia Toorman

6. Mother's Maiden Name, Celia Hecker

7. Mother's Birthplace, Russia

8. Full Name of Father, Lewis Toorman

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. O. Sherman

Address, 103 Albemarle St.

Remarks, 1890-002351

said schedule shall be delivered, duly signed, to the Commissioner of Health, at the office of the Commissioner of Health, within the first day of each month, for the preceding month. In case the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner and time as aforesaid; and any such Person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE

GEO. A. O. DALRYMPLE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White,

3. Date of Birth, June 9th.

4. Place of Birth, (Street and Number) # 702 Saratoga St.,

5. Full Name of Mother, Elizebeth Lederer,

6. Mother's Maiden Name, Homberg,

7. Mother's Birthplace, Balto. City

8. Full Name of Father, John D. Lederer

9. Father's Occupation, Barber,

10. Father's Birthplace, Balto City,

Name of Medical Attendant, or other person who makes this Return. Dr. [illegible]

Address, N. E. Cor. Columbia & Remart Sts.

Remarks,

1890 - 00 2352

Sec. 4. And be it further enacted, That the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and tenth day of each and every month to the officer of the district in which the birth of any child shall occur without the attendance of a physician or practitioner or midwife. In case the birth of any child shall occur with the attendance of a physician or practitioner or midwife, it shall become the duty of the person or midwife in attendance upon the mother immediately thereafter to make out and deliver to the person authorized to receive the same a certificate of such birth, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such certificate, as required by the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 9-90
4. *Place of Birth, (Street and Number)*	1806 Aisquith
5. *Full Name of Mother,*	Florence E. Grose
6. *Mother's Maiden Name,*	" " Palmer
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Nicolas G. Grose
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allen M
Address,	912 W Donough St
Remarks,	

JUL 2 1890

1890 002353

...ed, duly signed by the Attending Physician or Midwife, or in the absence of a certificate as aforesaid, by the Householder, within five days after the birth, and before the child shall be removed from the house where born, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, within five days thereafter, and any person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, for the recovery of which fines and forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 June 1890
4. Place of Birth, (Street and Number) 23 Eden St.
5. Full Name of Mother, Gertie Fried
6. Mother's Maiden Name, Gertie Fried
7. Mother's Birthplace, Russia
8. Full Name of Father, David Fried
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 103 Albemarle St.

Remarks, 1890 - 002354

HEALTH DEPARTMENT BALTIMORE CITY

...name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, within ten days after the birth of any child and every month to the Commissioner of Health; in case the birth of any child shall occur without the attendance of any physician or practitioner of midwifery; or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and with the particulars required as aforesaid; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22377.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) [illegible] C
3. Date of Birth, June 11
4. Place of Birth, (Street and Number) 1317 W. Fallsway
5. Full Name of Mother, Martha L. Love
6. Mother's Maiden Name, " " Johnson
7. Mother's Birthplace, Penn
8. Full Name of Father, Richard J. W. Love
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Miss Mary A. Allwell

Address, 912 McDonogh St

Remarks,

1890 00 2355

To prevent the registration of the birth of any child, any midwife or person who shall attend upon the mother at the birth of any child shall, within ten days after the birth of such child, deliver to the parent or person having charge of such child a certificate in the form of a certificate between the first and third days, with the signature of a physician or practitioner of midwifery, or attended no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the physician or midwife in attendance upon the mother, immediately thereafter it shall become the duty of the parent or person having charge of such child to report its birth to the Commissioner of Health, and it shall be the duty of such parent or person to secure a certificate of birth and to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NAME WAS ADDED 3-23-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Oswald Barksdale Spellman 1st.

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White.
3. Date of Birth, June 12, 1890.
4. Place of Birth (Street and Number), 48, Brick Hill (Woodbury
5. Full Name of Mother, Lena Spellman.
6. Mother's Maiden Name, Collins.
7. Mother's Birthplace, Md.
8. Full Name of Father, Howard Francis Spellman.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Chestnut-ave.

Remarks,

A 22314

20-00-3754

...s Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 22879.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 12th 1890
4. *Place of Birth, (Street and Number)*	706 N. Mount St.
5. *Full Name of Mother,*	Sarah B. Mauring
6. *Mother's Maiden Name,*	Thornton
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Wm. B. Mauring
9. *Father's Occupation,*	Com.n Mechanic
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return.	R. E. Lee
Address,	Hanover St
Remarks,	

1890 - 00 - 357

Any person who shall refuse or neglect to report the birth of any child, and the sex, color, and name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case, or the person who shall officiate as midwife, or by the father, or mother, or householder in the absence of the father, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the time prescribed by the provisions of this section, and any person or persons who shall refuse or neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2-d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	June 12 1900
4. Place of Birth, (Street and Number)	1426 Hanover St
5. Full Name of Mother,	Rosa Kane
6. Mother's Maiden Name,	" " Lucas
7. Mother's Birthplace,	City
8. Full Name of Father,	Michael Kane
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	D. O'Brien M.D
Address,	511 Hanover St
Remarks,	1900-003588

Code, Art. 43, Sec. 27. Every midwife or other person, except one of the parents, the date and place of birth, and the name of each child born alive, shall cause a certificate thereof to be duly signed by the practitioner in the form of a certificate hereto attached, and the said schedule shall be every month, to the office of the Commissioner of Health, in the city of Baltimore, and in every other county of this State, to the office of the County Commissioners, or such other person as shall be appointed by them to receive the same; and no midwife or other person shall be allowed to certify to the birth of any child that shall occur without the attendance of a physician or midwife, after the fact shall have come to the knowledge of such attendant upon the mother, immediately to report the birth to the Commissioner of Health, in the city of Baltimore, and in every other county of this State, to the County Commissioners, or such other person as shall be appointed by them to receive the same; and no parent of such child to report its birth, except in the absence of the midwife or other person in attendance, and no person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

JUL 2 1900 REGISTRAR

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 June 1890
4. Place of Birth, (Street and Number) 1225 Jackson St.
5. Full Name of Mother, Ida Becker
6. Mother's Maiden Name, Ida Gorodeski
7. Mother's Birthplace, Russia
8. Full Name of Father, Lemi Becker
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 103 Albemarle St

Remarks,

1890 : 002359

... the date and place of birth; and the ... certificate between the first and ... shall occur without the attendance ... or physician ... of the person or parents of such ... the period above required, and ... child to report its birth to the Commissioner of Health, to the satisfaction of ... such person will be entitled to ... subject to the fine of ten (10) dollars for each offense, to be recovered ... other fines and forfeitures are recoverable.

WM. J. S. BALLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 22

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 13, 1890
4. Place of Birth, (Street and Number) Md. Gen. Free Lying in Hosp. - 622 N. Lombard
5. Full Name of Mother, Annie Miller
6. Mother's Maiden Name, "
7. Mother's Birthplace, Maryland
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. M. R. Earnshaw M.D.

Address, 622 N. Lombard St.

Remarks,

1890 - 003360

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Negro M.
3. *Date of Birth,*	June 14 - 90
4. *Place of Birth, (Street and Number)*	525 E. Madison
5. *Full Name of Mother,*	Annie T. Thomas
6. *Mother's Maiden Name,*	" " Nolan
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas W. Thomas
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allard
Address,	912 W Lanvale St
Remarks,	

BALTIMORE CITY HEALTH DEPARTMENT

Every midwife or other person who shall assist at the birth of any child, or who shall be present at the birth of any child, shall, within ten days, make a return of such birth, in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, Board of Health, Baltimore City, which certificate shall contain the date and place of birth; and the full name and surname of such child, if it shall have been named; the sex and color of such child; the full name, maiden name, birthplace and residence of the mother; the full name, birthplace and occupation of the father; and the name and residence of the person or persons making such return. Any midwife or other person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; the recovery of such fine and forfeitures are recoverable.

GUY, J. C. GALANEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 22058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White.
3. Date of Birth, June 15, 1890.
4. Place of Birth (Street and Number) 215 Clifton st.
5. Full Name of Mother, Jennie L. Murphy.
6. Mother's Maiden Name, Godwell.
7. Mother's Birthplace, Md.
8. Full Name of Father, William J. Murphy.
9. Father's Occupation, Machinist
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas H. Mitchell M.D.

Address, 795 Christ-ave.

Remarks,

B 4 0 - 0 0 - 3 6 2

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 22365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 15th
4. *Place of Birth, (Street and Number)*	1438 Hanover St
5. *Full Name of Mother,*	Mary Wilbur
6. *Mother's Maiden Name,*	" Gibson
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Andrew J. Wilbur
9. *Father's Occupation,*	Sup Gas Works
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	D. C. Bruce M.D
Address,	511 Hanover St
Remarks,	

1890 - 002363

couferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when no medical attendance is present, the duty of reporting such birth shall devolve upon the mother, who shall, immediately thereafter, become the duty of the person or persons in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons in attendance upon such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE MD

MD. J. C. GILLIAM & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 12381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 15 - 90
4. *Place of Birth, (Street and Number)*	408 N. Ann
5. *Full Name of Mother,*	Mary E. Burgan
6. *Mother's Maiden Name,*	" Mears
7. *Mother's Birthplace,*	2d
8. *Full Name of Father,*	Edward J Burgan
9. *Father's Occupation.*	Printer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	912 McDonogh St
Remarks,	

1890 - 00 3 5 4

898, J. D. GULLEY & CO., CITY PRINTERS AND STATIONERS.

Note.—Please enter the full name and occupation of the parents, the exact place of birth, and the number of children to which the mother has given birth, including the present one. Between the first and second children there should be an interval of at least nine months, and between each succeeding one of at least seven months. Between the birth of any child and the delivery of any certificate of birth, or the certificate of midwifery, of which no other person is entitled to receive a fee, there shall be an interval of at least seven days, except in case of the death of the child. No midwife shall receive a fee for the certificate of midwifery, or shall no other person be entitled to receive a fee for the certificate of birth, unless the birth of any child shall occur without the attendance of a physician, or midwife, or the person or persons required, and hereafter it shall become the duty of the person or persons who shall have been entitled to receive a fee for the certificate of birth, in the manner and under the conditions of this section shall be subject to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable.

RETURN OF A BIRTH 22387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White.
3. Date of Birth, June 16, 1890.
4. Place of Birth (Street and Number), 2404 Maryland ave.
5. Full Name of Mother, Nellie A. Smith.
6. Mother's Maiden Name, " " Gordon.
7. Mother's Birthplace, Md.
8. Full Name of Father, Thomas J. Smith.
9. Father's Occupation, Insurance agt.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Cathedral ave.

Remarks,

1890 00 365

shall be delivered, duly signed by the practitioner in the form of certificate hereto annexed, or by the nearest relative or other person present at the birth, or in the absence of both, by the occupier of the house in which the birth occurs, within thirty-six hours after such birth, and a like certificate of each and every child born alive thereafter, shall be delivered to the Registrar of Vital Statistics, at the office of the Board of Health, within thirty-six hours after the birth of any child, without the attendance of a practitioner, or other person, as aforesaid, the mother of such child shall report the birth to the Registrar of Vital Statistics, at the office of the Board of Health, within thirty-six hours after the birth of such child, and shall furnish the name of the child, if named, and all the facts required to be reported by the practitioner, or other person, as aforesaid, in the manner and within the period above prescribed. Any practitioner, or other person, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other penalties are recoverable.

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

2238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 16th 90
4. *Place of Birth, (Street and Number)*	828 Penn St
5. *Full Name of Mother,*	Laura Gordon
6. *Mother's Maiden Name.*	Laura Smith
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Jas H Gordon
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	J. E. Shinn Md
Address,	203 N Carey St
Remarks,	

1890-002365

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 22389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, June 16 1890
5. Place of Birth, (Street and Number) 332 Forest St
6. Full Name of Mother, Mary Frances Hawkins
7. Mother's Maiden Name, Mary Frances Sullivan
8. Mother's Birthplace, A. A. Co. Maryland
9. Father's Occupation, Porter in Drug Store
10. Father's Birthplace, Texas

Name of Medical Attendant, or other person who makes this Return. E. C. Baldwin

Address, 304 n Exeter st

Remarks, Name of child Mary F 1890 - 02367

BALTIMORE

Both contracting parties are required to sign the full name of each, and the occupation of the groom. The certificate must be filed with the Registrar of Births of the district in which the marriage is solemnized within ten days after the ceremony is performed. Any person who shall neglect to make such return, or shall make a false return, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than ten dollars nor more than fifty dollars for each offense.

Every midwife, physician or other person in attendance upon any case of birth shall, within ten days after the birth, make and sign a certificate containing the name and residence of the parents of such child, the place of birth, the sex of the child, and such other facts as may be required by the Commissioner of Health, and shall deliver the same to the person required by this section to report the birth. Every midwife, physician or other person in attendance upon any case of birth shall, within ten days after the birth, make and sign a certificate containing the name and residence of the parents of such child, the place of birth, the sex of the child, and such other facts as may be required by the Commissioner of Health, and shall deliver the same to the person required by this section to report the birth. Every midwife, physician or other person in attendance upon any case of birth shall, within ten days after the birth, make and sign a certificate containing the name and residence of the parents of such child, the place of birth, the sex of the child, and such other facts as may be required by the Commissioner of Health, and shall deliver the same to the person required by this section to report the birth of any child shall occur without the attendance of a physician or of midwifery, or if the attendance of any other person be in any such case, the parents of such child shall report the birth to the Commissioner of Health, and with the particulars required of midwives and physicians; and any such person or persons who shall neglect to make such report, or shall make a false report, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BALLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th 1890
4. Place of Birth, (Street and Number) 213 High St.
5. Full Name of Mother, Esther Cohen
6. Mother's Maiden Name, Esther Max
7. Mother's Birthplace, ~~Illegible~~ Baltimore
8. Full Name of Father, Lezzi Cohen
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 103 Albemarle St.

Remarks, 1890 - 002368

Sec. 4. Be it further ordained, That the name and occupation of the parents, the date and place of birth, and the number of each child of the parents living at the time of the birth of any child, and the number of children born alive at one birth, if more than one, shall be recorded in the order of their birth; and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, or by the parent, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance within the time above specified, the duty of the parent to report such birth to the Commissioner of Health as herein required, and to furnish the information and particulars required of physicians or midwives, shall become the duty of the person or persons occupying the house at the time of the birth of such child, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] concerned, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. 22391.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th June 1890
4. *Place of Birth, (Street and Number)* 633 S. Charles St.
5. *Full Name of Mother,* Tobie Stern
6. *Mother's Maiden Name,* Tobie Kahane
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Lewis Stern
9. *Father's Occupation,* Shoe-maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Scherman

Address, 103 Albemarle St.

Remarks, 1890-002369

... & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 17 90
4. Place of Birth, (Street and Number)	5 S Fremont Ave
5. Full Name of Mother,	Minnie McDermott
6. Mother's Maiden Name,	Minnie Myers
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Edward F. McDermott
9. Father's Occupation,	Fireman
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	136 E Fusten St
Remarks,	

1890 - 0 2370

AUG 2 1890

Said Return shall be delivered or duly mailed, by the occupant of the premises, or in the absence of such occupant, by the person having charge of the same, or by the physician, midwife, or other person in attendance upon the mother, within ten days after the birth, and before the interment of the child. Said Return shall be delivered at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the person occupying the premises where such birth occurs shall report the birth to the Commissioner of Health. In case the parent or parents are required, and shall not report the birth of such child as herein required, the person who shall hereafter fail to report the birth of such child as herein required, shall be subjected to the fine of ten (10) dollars for each offense.

RETURN OF A BIRTH A 22393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White.
3. Date of Birth, June 18th 1890.
4. Place of Birth (Street and Number), 129 Royer's Hill.
5. Full Name of Mother, Cora E. Hayden.
6. Mother's Maiden Name, " " Cash.
7. Mother's Birthplace, Md.
8. Full Name of Father, Edward A. Hayden.
9. Father's Occupation, Fireman.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 2905 Chestnut-ave.

Remarks, 890-002371

...s Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 22-34 J

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 18 1890
4. *Place of Birth, (Street and Number)*	937 S. Sharp St
5. *Full Name of Mother,*	Florence Lee Gilchrist
6. *Mother's Maiden Name,*	" Ballinger
7. *Mother's Birthplace,*	Jas. A. Gilchrist
8. *Full Name of Father,*	Boat Builder
9. *Father's Occupation,*	Baltimore Md
10. *Father's Birthplace,*	C. H. Thomas M.D.
Name of Medical Attendant, or other Person who makes this Return	1006 E. Baltimore St
Address,	
Remarks.	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 1

1. Sex, *(state whether male or female)* Female
2. Race or Color, *(if not of the white race)* White
3. Date of Birth, 18 June 1890
4. Place of Birth, (Street and Number) 10 Albemarle St
5. Full Name of Mother, Henrietta Appleboum
6. Mother's Maiden Name, Openhimer
7. Mother's Birthplace, Germany
8. Full Name of Father, Harris Appleboum
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 113 Albemarle St

Remarks,

1890-002373

been conferred) its sex, color, the full name and occup[illegible] te and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] ficate between the first and third day of each and every month to the office o[illegible] the birth of any child shall occur without the attendance of a physician [illegible] no other person be in attendance upon the mother, immediately there[illegible] or parents of such child to report its birth to the Commissioner of Health, in the manner and within th[illegible] above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH

8 28 ... 96

GIVEN NAME ADDED 3-21-55

To the Office of Registrar of Vital Statistics, ~~Board of Health~~, Baltimore City.

Name: Barbara Anna Truer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 June 1890
4. *Place of Birth, (Street and Number)* 433 Forrest St.
5. *Full Name of Mother,* Mary E. Sherman
6. *Mother's Maiden Name,* " " Fitch
7. *Mother's Birthplace,* Pensylvania
8. *Full Name of Father,* Joe Truer
9. *Father's Occupation,* Business man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 103 Albemarle St.

Remarks,

1890-002374

[illegible] constitute[illegible] sex, color, the [illegible] name [illegible] occupati[illegible] of [illegible] parents, the date and place of birth; and the said schedule shall be delivered, duly s[illegible] in the form of a certificate between the first and third day of each and every month [illegible] of Health. In case the birth of any child shall occur without the attendance [illegible] idwifery, or should no other person be in attendance upon the mother, imm[illegible] after [illegible] shall [illegible] duty of the person or parents of such child to report its birth to the Commissi[illegible] of [illegible] within the period above required, and any such person or persons who shall hereafter fail to comply with [illegible] visions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as [illegible] es and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 22377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) Colored

4. Date of Birth, July 19th 1890

5. Place of Birth, (Street and Number) No 110 E Randall St

6. Full Name of Mother, Lelia Gregory

7. Mother's Maiden Name, " Kennedy

8. Mother's Birthplace, Richmond Va

9. Full Name of Father, Thos. D. Gregory

10. Father's Occupation, Hackman

Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. L. C. Bruce M.D

Address, 511 Hanover St

Remarks,

1890-002375

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of the birth of any child third day of each and every month, all births which may have occurred within the first and between the first and [illegible] days of the month next preceding, of which he may have been in attendance; and in case of the birth of any child upon the mother, immediately thereafter, if living, and within the period of [illegible] days after such birth, the person whose duty it is hereinbefore prescribed to report the birth of such child to report its birth to the Commissioner of Health, in the manner and form aforesaid, and the provisions of section [illegible] of the ordinance entitled "An ordinance to provide for the registration of births, marriages and deaths, and to prevent the concealment thereof," shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD

1890 JUL 31

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 19 - 90
4. Place of Birth, (Street and Number) 923 N. Gun St
5. Full Name of Mother, Ella V. Taylor
6. Mother's Maiden Name, " " Bevans
7. Mother's Birthplace, Balto
8. Full Name of Father, Samuel L. Taylor
9. Father's Occupation. Salesman
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Miss Mary A. Allwell

Address, 912 McDonogh St

Remarks,

been conferred its sex, color, the full name, occupation of ... parents, the date and place of birth; and the said attendance upon the mother, immediately after the birth of each child born of such mother, and shall report ... to the Commissioner of Health, in the manner and ... shall occur without the attendance of ... person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH B 22399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CERTIFICATE CORRECTED 1-15-38

Name: Betta Pariser

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 June 1890
4. Place of Birth, (Street and Number) 1140 Low St.
5. Full Name of Mother, Bertha (Babe) (~~Pariser~~) Pariser
6. Mother's Maiden Name, " (Babe) Spicht
7. Mother's Birthplace, Austria
8. Full Name of Father, Jacob (Jabe) (~~Pariser~~) Pariser
9. Father's Occupation, Baker
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. S. L. Sherman

Address, 103 Albemarle St.

Remarks,

1890 - 002377

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said officer shall be delivered ... shall occur within ... attendance upon the mother ... shall report its birth to the ... subjected to the fine of ten (10) dollars for each offense, ... recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 22400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 June 1890
4. Place of Birth, (Street and Number) 607 S. Charles St
5. Full Name of Mother, Annie Felzenfeld
6. Mother's Maiden Name, " Filtbeer
7. Mother's Birthplace, Austria
8. Full Name of Father, Jacob Felzenfeld
9. Father's Occupation, Dealer in boots & shoes
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 103 Albemarle St.

Remarks,

1890 002378

Be it enacted by the General Assembly of Maryland, That the full name of each child, if any shall be given at the time of the return of birth, and in case the child shall not have been named at the time of the return of birth, then the said schedule shall be left with the full name and occupation of its parents, the date and place of birth, and the sex and color of the child; and the said schedule shall be returned to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on the third day of each and every month to the end that a certificate of birth may be issued in the form of a certificate between the first and fifteenth days of the month next succeeding the date of the return of birth; and no certificate of birth of any child shall issue without the attendance of a physician, midwife or other person who shall be required to report the birth of such child to the Registrar of Vital Statistics, Board of Health, Baltimore City, as hereinafter provided, or the affidavit of the person or parents of such child to the effect that the birth of such child has been reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, as required by this section; and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense; the recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 77401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 21–90
4. *Place of Birth, (Street and Number)*	1818 E Madison
5. *Full Name of Mother,*	Mary A. Hogan
6. *Mother's Maiden Name,*	" " Doyle
7. *Mother's Birthplace,*	N. Y.
8. *Full Name of Father,*	David Hogan
9. *Father's Occupation,*	Moulder
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	912 W. Donogh St
Remarks,	

1890 00 3 70

And be further it is the duty of the Registrar to refuse to register the birth of any child whose parents, or either of them, shall refuse to give the name and place of birth; and the third day of each month every birth registered by the Registrar in the form of a certificate between the first and last days of the preceding month, and every certificate of birth, or of still birth of any child which shall occur without the attendance of a physician or practitioner of midwifery, or shall occur with the attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child or the person in charge of the house in which the birth occurred within the period above required, and any such person or persons who shall refuse or neglect to make such certificate as aforesaid, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 21 90.

4. Place of Birth, (Street and Number) 707 Colonial Place

5. Full Name of Mother, Katie Dollinger

6. Mother's Maiden Name, Katie Dispo

7. Mother's Birthplace, Maryland.

8. Full Name of Father, J. H. Dollinger

9. Father's Occupation, Laborer

10. Father's Birthplace, Prussia.

Name of Medical Attendant, or other person who makes this Return. J. Robinson M.D.

Address, 726 E. Fulton St.

Remarks,

1890 - 001380

been concerned) its sex, color, the full name and occupation of its parents, the number of children born to the mother, including the child last born, and the said schedule shall be delivered, duly filled out as aforesaid, by the practitioner in the following manner, to wit: Within ten days after the birth, to the office of the Commissioner of Health, or such other officer as shall be appointed to receive the same; and if no physician or practitioner be employed, then the said schedule shall be delivered, duly filled out as aforesaid, by the parent or parents, or head of the family, in which such birth occurs, within ten days after the third day of each month after the birth, to the office of the Commissioner of Health, or such other officer as shall be appointed to receive the same; and if no physician or practitioner be employed, then the said schedule shall be delivered, duly filled out as aforesaid, by the parent or parents, or head of the family, in which such birth occurs, within ten days after the expiration of the period hereinbefore required. And the duty of making such report shall devolve upon the mother, immediately after the birth, in the absence of the father, or upon the father, in the absence of the mother, or upon the person in charge of the house in which the birth occurs, in the absence of both father and mother; and any person who shall neglect or refuse to report such birth to the Commissioner of Health, in the manner and within the time prescribed by this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines; and any physician or practitioner who shall neglect or refuse to report such birth to the Commissioner of Health, in the manner and within the time prescribed by this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines; all of which forfeitures are recoverable.

RETURN OF A BIRTH. L 22403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 21 - 90
4. *Place of Birth, (Street and Number)*	1412 N. Wolfe St
5. *Full Name of Mother,*	Alta Stevens
6. *Mother's Maiden Name,*	" Claudice Sallo
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	Harry E. Stevens
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Washington D C
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	912 McDonogh St
Remarks,	

B 7 0 X 0 0 1 3 8 !

been conferred) its sex, color, the full name of the mother, the date and place of birth; and the name of the attending physician or midwife, if there was one. Upon the receipt of such certificate the Commissioner of Health shall issue a certificate setting forth the facts required to be registered, and shall file and preserve the certificate received from the physician or midwife. In case no other person is in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required such third day of each month the attendance of a physician or midwife, the duty of reporting such birth shall devolve upon the father, if living and in the city, or if he be absent or unable to act, then upon the mother, immediately thereafter, if she be able to act, and in case there was no attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of the house where the birth occurred to report the birth to the Commissioner of Health, and any such person or parent who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 22104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

3. Date of Birth, 21 June 1890

4. Place of Birth, (Street and Number) Arch Street 635

5. Full Name of Mother, Malie Beck

6. Mother's Maiden Name, Malie Bregar

7. Mother's Birthplace, Austria

8. Full Name of Father, Samuel Beck

9. Father's Occupation, Store

10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. E. Hyman

Address, 103 Albemarle St.

Remarks, 1890-002382

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics of Baltimore City, and the same shall be done with respect to every birth occurring in any family where there is no medical attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 22406

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 21th 1890
4. Place of Birth, (Street and Number) Preston St 510
5. Full Name of Mother. Lizzie McIntyre
6. Mother's Maiden Name, Lizzie Williamson
7. Mother's Birthplace. either Scotland
8. Full Name of Father. William F McIntyre
9. Father's Occupation, barber
10. Father's Birthplace. Baltimore Allegheny Co Md

Name of Medical Attendant, or other Person who makes this Return Elicia Preston Etting St

Address, 2009

Remarks, Jost

890-0[illegible]387

RETURN OF A BIRTH A 22406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21, 1890
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Cora Farrell
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. M. R. Earnshaw M.D. Reg. Phys.

Address, 622 N. Lombard St.

Remarks,

890 - 002384

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered with to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife, nurse or other person, the father or mother of such child to report its birth to the Commissioner of Health within the period above required, and attendance upon the mother, immediately after the birth, the person in charge of such case shall report the birth as above required, and any other person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

RECEIVED JUL 2 1890

ED. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 22 1892
4. Place of Birth, (Street and Number) Castle st 218
5. Full Name of Mother, Francy Zedn
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Lee Zedn
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Walsh

Address, W Fraklin 255

Remarks, 1892 - 003385

PM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the attendant or other person in charge of such child, or the undertaker, if there be no attendant or person in charge, shall report the facts required by this section to the Commissioner of Health, duly signed by the attendant or undertaker, as the case may be, within ten days after the birth, or stillbirth, of such child, and every month to the Commissioner of Health a list of the births and stillbirths required, said lists to be signed by the physician or practitioner who has performed the duty of the person above required, said third duty devolving upon the mother, if there be no attendant or person in charge, or should no other person perform said duty within the time required. It shall be the duty of the Commissioner of Health to furnish, without charge, to the attendant immediately thereafter, in the manner and within the time required by this section, such blank forms as may be necessary for the purpose of carrying out the provisions of this section. And it shall be the duty of the Commissioner of Health to furnish, without charge, to the attendance upon the mother, the blank forms necessary for the registration of the birth of the child. Any person who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 21 1899
4. Place of Birth, (Street and Number) Chapple st 10
5. Full Name of Mother, Kitei Simpson
6. Mother's Maiden Name,
7. Mother's Birthplace, Seamor.
8. Full Name of Father, Fraid Simpson
9. Father's Occupation, Tailor
10. Father's Birthplace, Seamer

Name of Medical Attendant, or other person who makes this Return. Mary Kopetz

Address, Westing to 103

Remarks, 6 9 0 0 0 2 3 8 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of the mother; in the form of a certificate between the first and second days of the month following, to the Commissioner of Health. In case the birth of any child shall occur within the precincts of a hospital, or other institution, or in the absence or attendance of a physician or practitioner of midwifery, or should no one of the parents of such child reside within the city, then it shall become the duty of the person in charge of such institution upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 28 1870
4. Place of Birth, (Street and Number) Bradford all 120
5. Full Name of Mother, Kate Ward
6. Mother's Maiden Name,
7. Mother's Birthplace, Scotland
8. Full Name of Father, William Ward
9. Father's Occupation, tailor
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. Mary Burpitt Washington

Address,

Remarks, 1890-003397

Penalty for refusing to make the return required by this section, or for making a false return, the fine not exceeding one hundred dollars, and the costs of suit; and every month to the office of the Commissioner of Health. Any person who shall refuse or neglect to report the birth of any child born in his house or tenement within the third day of such birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child, or the owner, lessee or agent of such house or tenement, or the physician or midwife if he shall hereafter fail to comply with the provisions of this section, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Wh
3. Date of Birth, June 28 1890
4. Place of Birth, (Street and Number) Chester st 924 So
5. Full Name of Mother, Amy Davis
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father, W Davis
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Mary Koptis

Address,

Remarks, 205 N Washington st

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the name, residence and occupation of the attendant at the birth, or of a certificate between the first and fifth days of each month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician, midwife or other person, or parents of such child, such person or parents shall immediately thereafter (i. shall become the duty within the period above required, and shall make such return to the office of the Commissioner of Health. To the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A22411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, June 23 1890

Place of Birth, (Street and Number) Md Univ Hos Lying in Hosp. 622 W. Lombard St

Full Name of Mother, Daisy Gains.

6. Mother's Maiden Name,

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation, Farmer

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. W.R. Earnest M.D. Res. Phys.

Address, 622 W. Lombard St.

Remarks,

1890 002389

been conferred) by sex, color, the full name and occupation of the father, and the maiden name of the mother, and the full name and place of birth; and the said date of each and every month to the other, and the time between the first and shall occur without the attendance of a physician or midwife, the birth of any child attendance upon the birth to the Commissioner of Health, under the penalty of ten (10) dollars for each and every neglect or refusal to do so, to be recovered as other debts are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 77477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Daisy May Aro

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 24, 1890

4. Place of Birth, (Street and Number) Rogers Hill, Annex

5. Full Name of Mother, Lena Aro

6. Mother's Maiden Name, Lena Cole

7. Mother's Birthplace, Baltimore Co. Md.

8. Full Name of Father, David H. Aro

9. Father's Occupation, Silver Plater

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. R. G. Rawlins, M. D.

Address, 511 Jefferson Ave. Baltimore, Md.

Remarks,

1890-002390

Quee

IMPROVED

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the physician or midwife in attendance, in the form of a certificate between the first and third day of each and every month to the Registrar or Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or parents of such child are unable to give the information required, the said certificate shall be made out and signed by some other person to be in attendance and delivered immediately thereafter. It shall become and within the period above required, and attendance upon its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall neglect or refuse

WM. A. G. BLAKEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. E 22413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 24 - 90
4. *Place of Birth, (Street and Number)*	907 N Wolfe St
5. *Full Name of Mother,*	Eliza A. Smith
6. *Mother's Maiden Name,*	" " Powell
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Samuel F. Smith
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Wilmer
Address,	912 Mc Donogh St
Remarks,	

1890 00 3901

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* June 25, 1890.
4. *Place of Birth (Street and Number),* 337 Elm ave
5. *Full Name of Mother,* Sarah Catherine Whalen.
6. *Mother's Maiden Name,* " " Childs
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* James Walter Whalen.
9. *Father's Occupation,* Mill operative.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 395 Chestnut ave.

Remarks,

1890-003392

[illegible] ave been conferred), its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 22413.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Mal
2. Race or Color, (if not of the white race) white 2
3. Date of Birth, June 25 1890
4. Place of Birth, (Street and Number) Chapel 1633
5. Full Name of Mother, Mary Wakal
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father. Fr Wakal
9. Father's Occupation, Taylor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return. Mary Lafis

Address, 205 N Washington st

Remarks, 1890 - 002393

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 22 #16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 25 1870
4. *Place of Birth, (Street and Number)* Bardfut all 517
5. *Full Name of Mother,* Mary Polo
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Saarnen
8. *Full Name of Father,* John Polo
9. *Father's Occupation,* tailor
10. *Father's Birthplace,* Saarnen

Name of Medical Attendant, or other person who makes this Return. Mary Depta

Address, Washington 105

Remarks, 1900 0052394

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 22417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 26-90
4. Place of Birth, (Street and Number) 1835 E. Chase
5. Full Name of Mother, Birdie Gardner
6. Mother's Maiden Name, " Huling
7. Mother's Birthplace, Md
8. Full Name of Father, Wm E. N Gardner
9. Father's Occupation, Sailmaker
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Allwell
Wm McDough Lt

Address,

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been previously born), the sex and color, the date and place of birth, and the full name, residence and occupation of its parents, and upon the presentation of a certificate for the birth of any child said schedule shall be delivered, duly signed, to the practitioner or midwife, if such there be, in attendance upon the mother at the birth of such child, or if there shall be no such practitioner or midwife, then to the person or parent required, and every member of a physician or midwife shall become entitled to receive from the Commissioner of Health, in the manner and under the provisions of Section 1 of Article 12 of the Code, the sum of fifty cents for each certificate of birth by him or her duly returned as aforesaid; and every member of a physician or midwife who shall neglect or refuse to deliver such schedule, duly signed, to the person or parent entitled to receive the same, within ten days after the birth of such child, or who shall wilfully make a false return of any matter or thing required by this section to be returned, shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A 22048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18
4. Place of Birth, (Street and Number) 711 Bond St
5. Full Name of Mother, Mary Leonard
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Wm R. Leonard
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Kramer

Address, 2406 Lancaster

Remarks,

1890 - 002396

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full signed by the practitioner in the form of a certificate between the first and said date of each and every month to the office of the Commissioner of Health. A like certificate shall be given by every other person who shall occur without the attendance of a physician or midwife, become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother. Immediately after the birth of any child, it shall be the duty of the midwife in attendance, or person who shall hereafter fail to comply with the provisions of this section, to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full signed by the practitioner in the form of a certificate between the first and said date of each and every month to the office of the Commissioner of Health. A like certificate shall be given by every other person who shall occur without the attendance of a physician or midwife, become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother. Immediately after the birth of any child, it shall be the duty of the midwife in attendance, or person who shall hereafter fail to comply with the provisions of this section, to report the birth to the Commissioner of Health, in the manner and within the period above required, and subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White.
3. Date of Birth, June 27 1890 - Marymans
4. Place of Birth (Street and Number), Roland Ave. 2 doors South of
5. Full Name of Mother, Annie L. Martin.
6. Mother's Maiden Name, Carroll.
7. Mother's Birthplace, Md.
8. Full Name of Father, Michael Martin.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Chestnut ave.

Remarks,

and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been concealed, the fact to be so stated), the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case no practitioner be in attendance upon the birth, then the said schedule shall be delivered, duly signed by the other person who shall be in attendance upon the birth, between the first and third days of each and every month to the office of the Commissioner of Health. In case no person be in attendance upon the birth, then the parent or parents of such child shall become the duty of the persons or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 72470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third . 3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	June 27th 1890
4. Place of Birth, (Street and Number)	816 N Wolfe St. Baltimore
5. Full Name of Mother,	Maggie Smith
6. Mother's Maiden Name,	Maggie Hamilton
7. Mother's Birthplace,	Washington. D.C.
8. Full Name of Father,	Thomas Henry Smith
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Matthews Co. Va.
Name of Medical Attendant, or other person who makes this Return.	Mother Garden
Address,	117 Chestnut St.
Remarks,	as well as can be expected

1890 - 002398

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month by the officiating practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, and said forfeitures are recoverable.

RECEIVED JUL 1 1890 REGISTRAR'S OFFICE BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 32621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as ascertained, the full name of each child, if any shall have been given; the sex; color; full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate for the birth of any child every month to the office of the Registrar of Vital Statistics, or should no other person be in attendance, the mother immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required by law. This action shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 28th
4. *Place of Birth, (Street and Number)*	911 Sharp St
Full Name of Mother,	Mamie Lehmann
5. *Mother's Maiden Name,*	" Craig
Mother's Birthplace,	City
6. *Full Name of Father,*	Adolph Lehmann
7. *Father's Occupation,*	Butcher
8. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	J C Burch MD
Address,	511 Hanover St
Remarks,	

890-002399

HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, A 12 47

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) Male,
2. Race or Color, (if not of the white race) White
3. Date of Birth June 28, 1890.
4. Place of Birth, (Street and Number) 212 S. Bay St.
5. Full Name of Mother Ella Conway.
6. Mother's Maiden Name Ella Kirsch.
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Conway
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. Kite, Langhaar.

Address 1417 A. & S. St. Balto. Md.

Remarks

1890 - 00 - 400

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 22 42 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Fe.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23 1890.
4. *Place of Birth, (Street and Number)* Castle st 524
5. *Full Name of Mother,* Ona Holecek
6. *Mother's Maiden Name,* Neuer
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Joe Neuer
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return. Mary Koptis

Address, 205

Remarks,

North Wash Lington st 401

month, and shall set forth as far as the same can be ascertained the full name of each child. Of any child born alive, whether it has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each month, to the officer of the Board of Health of the City in which the birth occurred. And the said schedule shall accompany every application for a burial permit for a child under one year of age; and should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and in default thereof such person or parents shall be subjected to the penalty above prescribed, and shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 22 1891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 29 1890
4. Place of Birth, (Street and Number) Castle st 20
5. Full Name of Mother, Mary Ann
6. Mother's Maiden Name, Seaworner
7. Mother's Birthplace, Joseph Poles
8. Full Name of Father, Talor
9. Father's Occupation, Seaworner
10. Father's Birthplace, Mary Kobler

Name of Medical Attendant, or other person who makes this Return. Mary Kobler

Address, Wasting to Pass

Remarks, 1890-00-20?

SEE U.G. BULLARY & CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any such) have been conferred) and the exact place where the birth occurred, and the occupation of the father, and the said selection each and every appointment it shall become and within the period above required, and third decay without the other, immediately report to the Commissioner of Health, in the manner and form attendance upon birth to the Commissioner hereafter fail to be recovered as other fines and forfeitures are recovered. any such person or persons who shall comply with the provisions of this section shall be liable, jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 28 1910

4. *Place of Birth, (Street and Number)* 424 N. Poppleton St.

5. *Full Name of Mother,* Kate Hale Sinclair

6. *Mother's Maiden Name,* Montgomery

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Chas. A. Sinclair

9. *Father's Occupation,* Policeman

10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. H. Lennox Lee

Address, 739 Mulberry

Remarks,

890-002403

List of the births which have occurred under his or her care during the month; and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been given), its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the practitioner in the form of a certificate herein provided. Such list shall be delivered, duly signed by the practitioner in the form of a certificate herein provided, to the Registrar of Vital Statistics, at the office of the Commissioner of Health, on the first day of each and every month; and in the manner and within the period above required, and any such person be in attendance upon the mother, immediately after the birth of the child, he shall report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons neglecting or refusing to report such birth as herein required to be made, or who shall violate the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 22424

51

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 29 1890
4. *Place of Birth, (Street and Number)*	206 N. Arlington Ave.
5. *Full Name of Mother,*	Mary Ann Marker
6. *Mother's Maiden Name.*	Maisel
7. *Mother's Birthplace,*	Catonsville Md.
8. *Full Name of Father,*	Saml. H. Marker
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return,	L. Wilson Dunn
Address,	739 Fayette St.
Remarks,	1890-002404

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been given), its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner, it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health within the first ten days of the month next following the birth, and any such person or parents who shall refuse or neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Guy Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 22827

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.
1. *Sex,* (state whether male or female)	M.
2. *Race or Color,* (if not of the white race)	W
3. *Date of Birth,*	June 29. 1890.
4. *Place of Birth,* (Street and Number)	204 Francis st.
5. *Full Name of Mother,*	Mary Frances Nelson Wood
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	New York City
8. *Full Name of Father,*	Oliver E. Nelson
9. *Father's Occupation,*	Paper hanger
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Alfred Vanslaucher M.D.
Address,	809 Cathedral st.
Remarks.	

1890 [illegible] 405

JOHN B. PIET, PRINTER & STATIONER, BALT.

GIVEN TIME ADDED. 6-27-57

RETURN OF A BIRTH 22528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Edgar Houck 2d.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White.
3. Date of Birth, June 29, 1890.
4. Place of Birth (Strect and Number), 605 Fourth Ave.
5. Full Name of Mother, Ida Bell Houck.
6. Mother's Maiden Name, " Hale.
7. Mother's Birthplace, Md.
8. Full Name of Father, George H. Houck.
9. Father's Occupation, Store Keeper.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 2690 Chestnut ave.

Remarks,

Every person who shall be present at the birth of any child, and every person who shall be informed of the birth of any child, shall, within ten days thereafter, (Sundays excepted,) make a return of such birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, at his office, in the form prescribed by the Commissioner of Health, and shall state therein, if known, the full name and occupation of the parents, the date and place of birth, and the said return shall be signed by the attendant upon the mother, if any there be, and if not, then by the father, mother, householder, or other person present at the birth, and shall state the sex, color, the full name and occupation of the parents, the date and place of birth, and the said return shall be signed by the attendant upon the mother, if any there be, and if not, then by the father, mother, householder, or other person present at the birth, and shall state the sex, color, and number of each child born at one birth. Every physician or midwife, or other person in attendance upon the mother, immediately thereafter shall become duty bound to report the birth to the Commissioner of Health, in the manner and form as above provided, and any physician or midwife who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 22429.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female (Twins)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 29-90
4. Place of Birth, (Street and Number) 501 N Caroline
5. Full Name of Mother, Mary Maxwell
6. Mother's Maiden Name, " Watson
7. Mother's Birthplace, Balto
8. Full Name of Father, Daniel R. Maxwell
9. Father's Occupation, Morocco Finisher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 W. Donogh St

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

attendance upon the mother, must, within ten days after the birth, report the same to the Commissioner of Health. If neither of the parents shall become the duty of the person or persons in charge of the house or tenement in which the child is born, and in case the child be born elsewhere than in a house or tenement, then the duty of the person in whose house or tenement the mother may be at the time of the birth, to report its birth to the Commissioner of Health in the manner and within the period above required, and any person or persons who shall wilfully fail to perform the duties required by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890-5

RETURN OF A BIRTH

A 32120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 5th

4. Place of Birth, (Street and Number) 514 Hillen St

5. Full Name of Mother, Bertha Pitz

6. Mother's Maiden Name, Bertha Arndt

7. Mother's Birthplace, Germany

8. Full Name of Father, F. B. Pitz

9. Father's Occupation,

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs L Pitz resident

Address, 514 N. Hillen St

Remarks,

1890-002408

BALTIMORE CITY BOARD OF HEALTH
JUN 10 1890
REGISTERED

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 72583

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	3rd
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	
3. *Date of Birth,*	June 30 1870
4. *Place of Birth,* (*Street and Number*)	1223 Eager St
5. *Full Name of Mother,*	Caroline Zittinger
6. *Mother's Maiden Name,*	" " Hauer
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	George H. Zittinger
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	L. N. Hamm M.D.
Address,	1006 E. Baltimore
Remarks.	

890-002409

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, June 30
4. Place of Birth, (Street and Number) Canal St 114 1/4
5. Full Name of Mother, Alberta L Hood
6. Mother's Maiden Name, Alberta L Hood
7. Mother's Birthplace, Henry & Warren
8. Full Name of Father,
9. Father's Occupation, Laborer in Mills
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 890-002410

JUL 2 1890

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, if not of the white race, the date and place of birth, and the name, residence and occupation of its Parents. Be a certificate between the first and said schedule shall be every month to the office of the Commissioner of Health. In case the birth person be in attendance upon the Mother, Commissioner of Health, within the period above required, and shall certify under oath to the correctness of the return. Any midwife or other person or parents of such child to report its birth hereafter it shall become his duty to make such return as above provided. Any midwife or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 22433

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	June 30 1890.
4. Place of Birth (Street and Number),	Chestnut ave. near Haiden.
5. Full Name of Mother,	Eleanor France.
6. Mother's Maiden Name,	Finnigan
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Samuel H. France.
9. Father's Occupation,	Furniture mover.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas H. Mitchell M.D.
Address,	695 Chestnut ave.
Remarks,	

890-002411

This schedule shall contain a list of the births which have occurred in the family of each householder during the month next preceding the date of the return, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born and shall be living at the time of the return,) the sex, color, the date and place of birth, and the full name, age and occupation of its parents, the date and place of birth, and the full name of each child (if any) that may have been born of the same mother and shall be reported dead at the time of the return, the sex, color, the date and place of birth, and the full name, age and occupation of its parents, the date and place of birth, and the third day of each month to the office of the Commissioner of Health, as the case may be, in accordance with the provisions of the ordinance creating the office of Commissioner of Health, and the ordinances supplemental thereto. In the case of births occurring without the attendance of a physician or practitioner, the duty of the person or persons having charge of such child to report to the Commissioner of Health, in the manner and within the period above specified, the particulars required by this section shall devolve upon the nearest relative or person in charge of the mother. Immediately after the birth of any child, the person in attendance upon the mother, whether physician, midwife or other person, shall report to the Commissioner of Health, in the manner and within the period above specified, the particulars required by this section, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH Am 504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1st of June 1890
4. Place of Birth, (Street and Number) 219 Penn 242.
5. Full Name of Mother, Carie Lembach
6. Mother's Maiden Name, Carie Schaefer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles G. J. Lembach
9. Father's Occupation, Baker
10. Father's Birthplace, Bieschkopf Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Lembach

Address, 135 N. Bruto st

Remarks,

890 002412

Wm. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred in your family or house, since the ... day of ... last, and a strict compliance with the provisions of this schedule is required by law. The name of each child, if any shall have been given, shall be set forth as far as the same can be ascertained, and in all cases the sex, color, the date and place of birth; and the name, residence and occupation of the parents of each child, shall be stated. The physician or midwife in attendance upon the mother, immediately after the birth of a child, shall fill up the blanks in this schedule which relate to the sex, color, the date and place of birth, and the name, residence and occupation of the parents of such child, and deliver the same to the person who shall hereafter fail to comply with the provisions of this section, and any such person shall forfeit and pay a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 22 [illegible]

HEALTH DEPARTMENT
1890
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 1890
4. Place of Birth, (Street and Number) 313 S. Spring St.
5. Full Name of Mother, Lizzie Thomas
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christ. Thomas
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return: Mary Stein

Address, 427 E. Pratt St.

Remarks,

1890 - 002413

Health. This schedule shall contain a list of the names and the residences of each child born within the city, and shall give such other information as may be required by the Commissioner of Health, for the purpose of carrying into effect the provisions of this section. The name and occupation of the parents, the date and place of birth of the child, shall be entered in each case. The full name and occupation of its parents, the date and place of birth of the child, shall be said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a practitioner, it shall become the duty of the person in charge of the house in which the mother immediately thereafter lies, or the person in charge of any institution in which the child is born, or the parent of such child, if living in the house with the mother, or the mother herself if able, and in case there be no person in the house with the mother immediately thereafter lies, or the person in charge of any institution in which the child is born, or the parent of such child, if living in the house with the mother, or the mother herself if able, and in case there be no person in the house with the mother immediately thereafter fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten 100 dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 3mp36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 2d 1890
4. Place of Birth, (Street and Number) 1414 Irving St.
5. Full Name of Mother, Joanna Wolfe
6. Mother's Maiden Name, Joanna Roche
7. Mother's Birthplace, Ireland
8. Full Name of Father, James J Wolfe
9. Father's Occupation, Saloon keeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this return, Mrs. C. Heelach

Address, 735 W Pratt st

Remarks, 890-002414

cases, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been born alive and shall have died before the making of such return, the fact shall be stated, and also whether such child died before, in or after the birth, and the day of the month, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the cause of death, as nearly as the same can be ascertained by the undertaker in the form of a certificate to be furnished by the Registrar of Vital Statistics. In case the birth of any child shall occur while the mother is absent from her usual place of residence, the return of such birth shall be delivered, duly certified, at the office of the Commissioner of Health, or should no other person be in attendance at the birth, the father of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22 H 39

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (~~state whether~~ male ~~or female~~)	Male
2. Race ~~or Color~~, ~~(if not of the~~ white ~~race)~~	White
3. Date of Birth,	June 5th 1890
4. Place of Birth, (Street and Number)	32 S. Green St
5. Full Name of Mother,	Mary J. O'Neill
6. Mother's Maiden Name,	" Cunningham
7. Mother's Birthplace,	Washington D. C.
8. Full Name of Father,	Martin O'Neill
9. Father's Occupation,	Waiter waiter
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs. C. Selbach
Address,	735 W Pratt st
Remarks,	

890 - 002415

Health. This return shall contain the name and residence of the father of each child, if known, and if not known the reason why the same cannot be ascertained. The full name of each child, if any shall have been given at the time of birth, and if none, the fact shall be stated. The return of births shall be made upon the said schedule which shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then it shall be the duty of the father or mother of such child, or the owner or agent of the house in which such child is born, or the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

A 22 436.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 3 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5 1890
4. Place of Birth, (Street and Number) 1702 E. Fort St.
5. Full Name of Mother, Lizzie L. Ironmonger
6. Mother's Maiden Name, Brashears
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Ironmonger
9. Father's Occupation, Upholster
10. Father's Birthplace, North Ireland

Name of Medical Attendant, or other person who makes this Return. Mary Tier

Address, 1427 E. Fort St.

Remarks, 890-002416

Health. This section shall contain a blank form, to be ascertained the full name of each child, if any shall have been born, and shall set forth the full name and occupation of its parents, the date and place of birth, and the sex of each child. A copy of the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or the Commissioner of Health, or such other person as he shall direct; and every case in which a child shall occur without the attendance of a practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such report shall be entered in the said schedule by him or her. It shall be the duty of the Commissioner of Health to furnish any such person or persons who shall hereafter fail to comply with the provisions of this section, and shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 7th 1890

4. Place of Birth, (Street and Number) 1021 N. Saratoga St. Balto. Md.

5. Full Name of Mother, Martha Young

6. Mother's Maiden Name, " " Stuart

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Charles Young

9. Father's Occupation, Boiler Maker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Minnie Beal

Address, 1029 N. Saratoga St

Remarks,

890-002417

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every midwife, physician or other person in attendance upon the birth of a child shall make a return of the birth to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife, physician or other person, it shall be the duty of the father, mother or other person having charge of such child to report its birth to the Commissioner of Health, immediately thereafter. It shall become the duty of the midwife, physician or other person in attendance upon the mother during the period above required, and also every other person having knowledge of the facts, to comply with the provisions of this section. Any midwife, physician or other person who shall refuse or neglect to comply with the provisions of this section shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1939 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	June the seventhe
4. Place of Birth, (Street and Number)	Balto. Md. 706 Portland st.
5. Full Name of Mother,	Ida Wilhelmine Pfeiff
6. Mother's Maiden Name,	Ida Wilhelmine Stein
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Emil Ludwig Pfeiff
9. Father's Occupation,	Baker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Seebach
Address,	735. W. Pratt st
Remarks,	

890-002418

Health. This section shall confer a right to the attendance of the full name of each child. If any shall have been omitted, the parent or guardian of such child shall, within ten days after the birth of such child, cause the name to be inserted. The certificate of birth of any child born after the first day of January, 1915, shall not be recorded by the Registrar of Vital Statistics, or should no other person be authorized to make such record, it shall become the duty of the parent or guardian of such child to report its birth to the Registrar of Vital Statistics, within ten days after the birth of such child, and any such person neglecting or refusing to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
3
1890
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 7 1890
4. Place of Birth, (Street and Number) 24 ½ S. Eden St.
5. Full Name of Mother, Nannie Bullock
6. Mother's Maiden Name, Turk
7. Mother's Birthplace, ~~Baltimore~~ Harford Co. Md
8. Full Name of Father, Winfield Bullock
9. Father's Occupation, Grinds Matter
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Dr. Weis

Address, 421 E. Pratt St.

Remarks, 1890 002419

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22 177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th 1890
4. Place of Birth, (Street and Number) 646 Portland st
5. Full Name of Mother, Barbara Hendricks
6. Mother's Maiden Name, Bliler
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Paul E Hendricks
9. Father's Occupation, Cigar Box Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. A. Seibert

Address, 735 W. Pratt st

Remarks, 890-002420

Health. This section shall not include the name of the child, unless registered, the full name of each child, if any shall have been given, and shall set forth as far as the same can be ascertained, the full name of each parent, the date and place of birth, and the maiden name of the mother, the number of children born to such mother, and the number living, the name and residence of the physician, midwife or other person in attendance upon the mother, and the number and street (if any) where such birth occurred, and the sex and color of each child. It shall be the duty of the person or parents of each child to report the birth within ten days after its occurrence, to the Commissioner of Health, or such other person as he may appoint for the purpose, and in default thereof, or should no other person be in attendance at the birth, the physician or midwife who shall become the duty of the person or parents of such child to report the birth within ten days after its occurrence, to the Commissioner of Health, or such other person as he may appoint for the purpose, and in default thereof, or should no other person be in attendance at the birth, the physician or midwife who shall become the duty of the person or parents of such child to report the birth within ten days after its occurrence, to the Commissioner of Health, in the manner and within the time prescribed in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10th
4. Place of Birth, (Street and Number) 126 N Liberty Street
5. Full Name of Mother, Mary Beck
6. Mother's Maiden Name, Mary Kline
7. Mother's Birthplace, Wurtenburg Germany
8. Full Name of Father, Walter Beck
9. Father's Occupation, Umbrellas Maker
10. Father's Birthplace, London England

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Seebach

Address, 735 W Pratt st

Remarks,

1890 002431

Birth. "If in either the usual contents of the above Return, the name of the child is not stated, the Return shall be renewed within one month, and if not then stated, the person so offending shall forfeit and pay the sum of ten dollars. In the name can be ascertained the full name of each child, if any shall have been conferred (in accordance with the usages of society) the Return shall be made within the period above required, and said schedule shall be delivered, duly signed, to the person who shall, by law, be required to register the birth of said child. Every thirty days after such delivery, every such person shall make out a certificate between the first and thirtieth day of each and every month to the office of the Commissioner of Health, in the city of Baltimore, certifying the name, sex, color, date of birth, and parentage of each child born of which he or she may have had attendance upon the mother, either as physician or practitioner of midwifery, or shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and every such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10 June
4. Place of Birth, (Street and Number) 1247 Jackson St
5. Full Name of Mother, Emma Peters Miller
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Peters
9. Father's Occupation, Cannmaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R Ellig

Address, 130 2 Holland St

Remarks,

1890 - 002422

...ith. This section shall not apply to still births. It shall be the duty of the midwife, or other person in attendance upon any birth, and in all cases where there is no midwife or other person in attendance, then the father of the child, or the nearest relative present at the birth, or in case the parents shall reside elsewhere than at the place where the birth occurs, then the person in charge of the house or premises where the birth occurs, to report the birth to the Commissioner of Health, in the manner and within the time prescribed by this section, and for every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22445.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 June
4. Place of Birth, (Street and Number) 826 N. Bond St
5. Full Name of Mother, Jennie Blum Kraft
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Blum
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. K. Ulrich

Address, 1802 Holland St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

690 - 002423.

Health. This is to certify that the above statement of the full name of each child, if any shall have been born alive, and the full name of the mother of each child, the sex and color of each child, the time and place of birth, and the month, and shall set forth as far as the same can be ascertained, the full name, the date and place of birth, and the said seductive shall be delivered monthly to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately after the birth, in the manner and within the period above required, and child to report its birth as herein required, or to make the certificate herein required, and the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13th
4. Place of Birth, (Street and Number) No 658 German st Baltimore
5. Full Name of Mother, Emma Landbeck
6. Mother's Maiden Name, Emma Kranz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis G. Landbeck
9. Father's Occupation, Shoe Upper maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Landbeck

Address, 735 W Pratt st

Remarks,

1890 - 002424

Health, and all such births as far as the same can be ascertained. The full name of each child, if any shall have been given since birth, the sex, color, the full name and occupation of the parents, the date and place of birth; and the name and residence of the attending physician or midwife, if there was one in attendance. In case the father of such child shall neglect or refuse to report such birth as herein required, the mother shall report the same within the period above required, and in case of her neglect or refusal, the occupier of the house in which such birth shall occur shall report the same within the period above required, and in case of his neglect or refusal, the physician, midwife or other person who shall officiate at the birth shall report the same within the period above required, and every such person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 12214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	June 14th 1890
4. *Place of Birth, (Street and Number)*	419 N. Gills Road, Hampden
5. *Full Name of Mother,*	Margaret Ann Keenan
6. *Mother's Maiden Name,*	Margaret Ann Martin
7. *Mother's Birthplace,*	Balt. Co. Md
8. *Full Name of Father,*	John Edw. Keenan
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Balt. Co. Md
Name of Medical Attendant, or other person who makes this Return.	Geo. T. Thowes M.D.
Address,	123 - 35th Ave. Woodberry. Balto.
Remarks,	

1890-002425

JUL 3 1890 HEALTH DEPT. BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, color, time and place of birth, the full name and occupation of its parents, the date and place of their marriage, and the number of children, if any, of the mother that are living, and the number that have been born dead. Such return shall be verified by the oath or affirmation of the attendant, if there be one, and shall be recorded by the registrar in a book to be kept for that purpose. If no attendant, then the return shall be made and recorded in like manner by the father or mother of such child, if able to do so, within ten days after the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the person or persons in charge of the house where such birth occurs, or in which the child is, within ten days after the birth thereof, to report the same to the office of the Commissioner of Health, and in default thereof such person or persons shall be liable to a penalty of ten dollars for each offence; and it shall be the duty of the father or mother of such child, if able to do so, to make such report as aforesaid, and in default thereof such father or mother shall be liable to the penalty aforesaid. If the mother shall be unable to make the return required, and there be no attendant or father able to make the same, then it shall be the duty of the undertaker who shall bury the body of any child which shall have been born dead, without the return of a birth certificate, to report the same to the Commissioner of Health, in the manner and within the time prescribed in this section, and any undertaker who shall neglect to make such report shall be subject to the penalty aforesaid. The Commissioner of Health shall have power to require the production of such evidence as he may deem necessary to establish the facts required to be reported in this section, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH A 22104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles P. George

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, June 14th 1890
4. Place of Birth, (Street and Number) 10 Hill St Woodberry.
5. Full Name of Mother, Josephine George
6. Mother's Maiden Name, Josephine Eagles
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Frank George
9. Father's Occupation, Laborer
10. Father's Birthplace, Penna.

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower, M.D.

Address, 123 3d Ave. Woodberry, Balt

Remarks,

890-002426

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE.

Notice.—It shall be the duty of the Physician, Midwife or other person in attendance upon any case of birth to make a return of such birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth occurs, which return shall set forth, as far as the same can be ascertained, the full name of each child, if any, which may have been born at one birth, and shall state the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of each child born to the mother, and shall be signed by the Physician, Midwife or other person making the return. Blank forms for such returns will be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, then it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified. Any person who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 22429.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female. Col'd
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1
4. *Place of Birth, (Street and Number)* 1[illegible] Bible A.
5. *Full Name of Mother,* Mary Hall
6. *Mother's Maiden Name,* Allen
7. *Mother's Birthplace,* Maryland Person
8. *Full Name of Father,* Henry Joseph Hall
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Maryland Person

Name of Medical Attendant, or other person who makes this Return. Emma Hall

Address, 928 Col. Ave.

Remarks,

6 9 0 - 0 0 2 4 2 7

HEALTH DEPARTMENT 1890 3 30 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. § 4. [illegible] and shall set forth as far as can be ascertained the full name of each child of any shall have been conferred; its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and the fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, of a physician or midwife, it shall become the duty of the person in charge of the house or premises where the birth occurred, or of the parent of such child to report its birth to the Commissioner of Health, in the manner and within the time above set forth; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22 450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 16th 1890
4. *Place of Birth, (Street and Number)*	108 N Amity St Balto Md
5. *Full Name of Mother,*	Kate Mullins
6. *Mother's Maiden Name,*	~~[illegible]~~ Lamb
7. *Mother's Birthplace,*	Mercer Co. Indiana
8. *Full Name of Father,*	Thomas Mullins
9. *Father's Occupation,*	Bar Tender
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Jno Herring M.D.
Address,	
Remarks,	

1890 - 002428

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name; Bertha Florence Swann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, June 19th 1890
4. Place of Birth, (Street and Number) 513 Falls Road Baltimore
5. Full Name of Mother, Sarah J. Swann
6. Mother's Maiden Name, Sarah J. Painter
7. Mother's Birthplace, Balt. Co. Md
8. Full Name of Father, William Ray Swann
9. Father's Occupation, None (an invalid)
10. Father's Birthplace, Balt. Co. Md

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower M.D.

Address, 123 3d Ave Woodberry Balt.

Remarks, 890-002429

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE.

month, and shall set forth as far as the same can be ascertained the full name of each child of such parent born since the last preceding return, the sex and color of such child, the date of birth, and the name, if any, which has been conferred; its sex, color, the full name and occupation of its parents, and the place of residence of such parents. The form of a certificate between the first and second dotted lines across the face of this schedule shall be delivered with it by the officer of the Commissioner of Health. In case the birth of any child shall occur within the month next preceding the day of the return, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the physician or midwife in attendance upon the mother, to report such birth to the Commissioner of Health, in writing, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1890 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* June 19th 1890
4. *Place of Birth, (Street and Number)* 67 Brick Hill, West Woodberry
5. *Full Name of Mother,* Myrtle Cunnar
6. *Mother's Maiden Name,* Myrtle Wheeler
7. *Mother's Birthplace,* Pittsburg, Pa
8. *Full Name of Father,* William G. Cunnar
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower M.D.

Address, 123 3d Ave. Woodberry, Balt.

Remarks,

890-00[illegible]430

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14th 1890
4. Place of Birth, (Street and Number) #112 (illegible) St
5. Full Name of Mother, Fanny Rachel Buchanan
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Herbert Tackett
9. Father's Occupation, Sailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Geo. Hammett M.D.

Address, 1038 E. Monument St

Remarks, Death caused by Premature Birth

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

1890 - 002431

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A22451

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 19 – 1890
4. Place of Birth, (Street and Number) 1410 Gough St.
5. Full Name of Mother, Kate McMahan
6. Mother's Maiden Name, Quirlian
7. Mother's Birthplace, Ireland
8. Full Name of Father, Pattrick McMahan
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St

Remarks, 1890-002432

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A22455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 21 June
4. Place of Birth, (Street and Number) 210 N. Exeter St
5. Full Name of Mother, Caprie Warshafsky
6. Mother's Maiden Name, Chenis
7. Mother's Birthplace, Europe
8. Full Name of Father, Abraham Warshafsky
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Ellig

Address, 302 Holland

Remarks,

1890 - 002433

...the full name of each child. If any child have ...as far as the same can be ascertained, the sex, the date and place of birth; and the ...and shall set forth the full name and occupation of the informant, and the ...certificate shall be delivered, duly signed, to the Commissioner of Health, or should no other person be in ...day of each and every month a physician or practitioner in the duty of the person or parents of such ...occur within the city, immediately thereafter, in the manner and within the period above required. ...cause such birth to be certified, in the manner and within the period above required, shall be sub... ...to the Commissioner of Health, who shall forthwith report its birth to the Commissioner of Health. Any ...such person or persons who shall wilfully fail to comply with the provisions of this section shall be ...ed to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

12456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 6 —

1. *Sex (~~state whether~~ male or ~~female~~),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 24th June 1890
4. *Place of Birth (Street and ~~Number~~),* 720 N. Fulton Ave
5. *Full Name of Mother,* Elmina E. Gemill
6. *Mother's Maiden Name,* " Wilkinson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Francis Gemill
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Geo. H. Yates

Address, #107 Waverly Place

Remarks,

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

1890-002434

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex, (state whether ~~male~~ or female) White
2. Race or color, (if not of the white race)
3. Date of Birth, June 21st 1890
4. Place of Birth, (Street and Number) N E Cor Lombard & Paca
5. Full Name of Mother, Lenora Becker
6. Mother's Maiden Name, " Bernuller
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Henry Becker
9. Father's Occupation, Grocer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr E Shaar Mor

Address, 1 W Lombard

Remarks, ~~8 9 0 0 0~~ 1890-002435

Sec. 15. This section shall embrace all the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been given it, the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the registrar of vital statistics of the district within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of such child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and it is hereby made the duty of the physician, midwife or any such person or persons who shall hereafter fail to comply with the provisions of this section, and be convicted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 June
4. Place of Birth, (Street and Number) 507 Ogston ave
5. Full Name of Mother, Carrie Lesner
6. Mother's Maiden Name, " Rott
7. Mother's Birthplace, Balto.
8. Full Name of Father, Nicolas Lesner
9. Father's Occupation, Grocery store
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs R. Uhlig

Address,

Remarks,

1890 - 002436

...ombs, and shall set forth as far as the same can be ascertained the full name of the deceased, the age, the day and place of death, and the cause thereof, and the name and residence of the undertaker who shall bury the same; and no undertaker or other person shall bury or remove any dead body for which a certificate is required by this section, or which has been kept unburied more than seven days after death, without a permit therefor from the Commissioner of Health, or from a person designated by him for that purpose, which permit shall be issued by the Commissioner of Health or such person designated by him for that purpose, upon the presentation of a certificate as herein required, and shall state the name, age, sex, color, and place of death of the deceased person, the name of the undertaker, and the time when and the place where the body is to be buried or removed; and every undertaker or other person burying or removing any dead body shall return the permit to the sexton or other person in charge of the burial ground or crematory in which the body is buried or cremated, before any burial or cremation shall take place; and every undertaker or other person burying or removing any dead body shall make a return to the Commissioner of Health, on such blanks as he may furnish, of all bodies buried or removed by him, and of the permits received therefor, within twenty-four hours after such burial or removal; and every sexton or other person in charge of any burial ground or crematory shall keep a record of all bodies buried or cremated therein, and of the permits received therefor, and shall make return thereof to the Commissioner of Health every month; and every undertaker or other person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 22459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Fem.
2. Race or Color, (if not of the white race)
3. Date of Birth, 21 June
4. Place of Birth, (Street and Number) 1200 Jarvis St
5. Full Name of Mother, Martha A Lehn
6. Mother's Maiden Name, Kendall Miller
7. Mother's Birthplace, John W Lehn
8. Full Name of Father,
9. Father's Occupation, Bill
10. Father's Birthplace, Ire

Name of Medical Attendant, or other person who makes this Return. Annie Waller

Address, 928 Mt Ave

Remarks,

1890-002437

month, and shall set forth as far as the same can be ascertained the full name, the date and place of birth, and the full name and occupation of the parents of the child, the number of children born to the mother, and the number (if any) of children of the mother now living, and the number of children born alive but now dead, which information shall be given in the form of a certificate between the attendant and the mother (if such attendant has been conferred), duly signed by the attendant, and delivered to the Commissioner of Health. In case the attendant be in said selected list, and every month to the office of the Commissioner of Health, or to the person or parents of such child (if any) without the attendance of any physician or midwife, a like certificate, duly signed by the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, shall incur a penalty of ten dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23rd 1890
4. Place of Birth, (Street and Number) 1203 Edmonson Ave Balto
5. Full Name of Mother, Margaretta Simmons
6. Mother's Maiden Name, " " " Maloney
7. Mother's Birthplace, Ireland
8. Full Name of Father, Eugene Simmons
9. Father's Occupation, Plumber
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 1029 N [illegible]

Remarks,

1890-002438

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the district in which the birth occurred, and the said officer within one week thereafter shall enter the same in a book to be kept for that purpose, and for all attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22461.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This section of the law requires that the full name of each child, at any age, shall be ascertained before a certificate of birth can be issued. Physicians, midwives, or other persons having charge of cases of birth are required to report the date and place of birth; and the name, sex, and color of the child, within ten days after birth, and shall set forth on the certificate the full name and occupation of the parents, if known. Such report shall be made in the form of a certificate between the first and third days of each and every month to the Commissioner of Health. In case the mother of any child shall occur without the attendance of a physician or midwife, the duty of the person or parents of such child to report its birth to the Commissioner of Health, as above required, shall immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as above required, and within the period above required, and a like report shall be made in case of the death of any child, whether born in or out of wedlock. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUL 3 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 June
4. Place of Birth, (Street and Number) 1716 E. Balto. St
5. Full Name of Mother, Clara Hoffman Hilmer
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto
8. Full Name of Father, Willie Hoffman
9. Father's Occupation, Musician
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mary A. Wilson

Address, 1382 Hollins St

Remarks,

690-002439

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ male ~~or female~~), Black
2. Race or Color (if not of the white race),
3. Date of Birth, 23. June 1890
4. Place of Birth (Street and Number), 223 Rush St
5. Full Name of Mother, Lucy ~~Dorsey~~ Baer
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Alex F. Dorsey
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Geo H Cook

Address, #107. W Lombard Place

Remarks,

1890 - 002440

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

A 22463

HEALTH DEPARTMENT 1890 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 23 1890
4. *Place of Birth, (Street and Number)* 1125 Holland St.
5. *Full Name of Mother,* Eva B Taylor
6. *Mother's Maiden Name,* Albers
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* Wm H Taylor
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return. Jno Stein

Address, 1427 E Fall St.

Remarks, 1890 - 002441

month, and shall set forth as far as the same can be ascertained the full name and place of birth, and the full name and occupation of the father, of a child born alive, and the date and place of birth, and the full name and occupation of the mother, of a child born alive after the first and before the first day of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or persons who shall hereafter have charge of such child to report the same to the Commissioner of Health, within the period above required, and attendance upon such birth to the Commissioner of Health, to comply with the provisions of this section shall be deemed a misdemeanor, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. GELSHY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 12164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th 1890
4. Place of Birth, (Street and Number) 102 S. Carollton Ave Balto Md
5. Full Name of Mother, Annie Leitrich
6. Mother's Maiden Name, Annie Granier
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John. Leitrich
9. Father's Occupation, Produce Dealer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Miss Minnie Graf

Address,

Remarks,

1890 002442

Every child born within this City shall be registered in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance at the time, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Every midwife or physician who shall attend upon any case of confinement shall, within the first week of every month, report to the office of the Commissioner of Health, in a manner to be prescribed by the Commissioner, the name and residence of every child born in such case during the preceding month, and the name and residence of the parents of such child, and any midwife or physician who shall fail to report as herein required shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 27
4. *Place of Birth, (Street and Number)*	Dover Lane Baltimore
5. *Full Name of Mother,*	Mrs Katie Mosberger
6. *Mother's Maiden Name,*	Katie Vernon
7. *Mother's Birthplace,*	Baltimore City Md.
8. *Full Name of Father,*	Mr. Charles Mosberger
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Elizabeth Wicks
Address,	Catonsville Post Office Balto Md.
Remarks,	

HEALTH DEPARTMENT JUL 3 1900 BALTIMORE

1890 002443

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) twins M. and F.
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 24 June
4. Place of Birth, (Street and Number) 218 E. Caroline St
5. Full Name of Mother, Yetta Pines
6. Mother's Maiden Name, " Pavel
7. Mother's Birthplace, Balto.
8. Full Name of Father, Morris Pines
9. Father's Occupation, furniture store
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ullrig

Address, 130 a Holla Jd

Remarks,

690-002444

...th, and shall set forth as far as the same can be ascertained the full name of each child, all duty shall have ...conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the ...of each child and every month to the office of the Commissioner of Health. All fees between the first and ...day of each and every month to the office of the Commissioner of Health. All fees between the first and ...all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...ordance with the mother, immediately thereafter, it shall become the duty of the person or parents of such ...child or children, to report the same to the Commissioner of Health, as herein required, and ...such person or persons who shall hereafter fail to comply with the provisions of this section shall be ...ted to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 25th 1890
4. Place of Birth, (Street and Number)	Baltimore 701 W Pratt St
5. Full Name of Mother,	Annie Stile
6. Mother's Maiden Name,	Annie Engel
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Wilhelm Stile
9. Father's Occupation,	Bar Keeper
10. Father's Birthplace,	Europe
Name of Medical Attendant, or other person who makes this Return.	Miss Seeback
Address,	701 W. Pratt St
Remarks,	

1890 002445

month, (or shall be sent as far as the same can be ascertained,) to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, with the date and place of birth, and the name, sex, color, the full name and occupation of the parents of each child born, as far as the same can be ascertained, in the form of a certificate between the first and said other blanks as may be delivered with to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person than a physician or practitioner of midwifery be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 25th/90
4. Place of Birth (Street and Number),	1616 E. Lomb. St.
5. Full Name of Mother,	Barbara Hoff
6. Mother's Maiden Name,	Barbara Boehm
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm. Hoff
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	R.W. Mansfield M.D
Address,	124 S. Broadway
Remarks,	

8 9 0 - 0 0 2 4 4 6

and shall, set forth as far as he can do so, the name and other particulars required to be registered by this section, and the said attendant or person shall, within the time aforesaid, deliver the said return to the Registrar of Vital Statistics, Board of Health, Baltimore City, or to such person as he may appoint to receive the same, and shall be entitled to demand and receive from the Registrar a certificate of the registration of the birth. In case the birth of any child is not attended upon the said return shall be delivered, duly signed by the female who shall have performed the office of midwifery, or by the father, or by the nearest relative present in the house at the time of the birth, or by the nearest relative of the father in the city of Baltimore, or by the owner or agent of the house in which the birth shall have occurred, or by the person in charge thereof. It shall become the duty of the person who performs the office of midwifery at the birth of each and every child hereafter born in the city of Baltimore, or of the father of each such child, or of the nearest relative present in the house at the time of the birth, or of the nearest relative of the father in the city of Baltimore, or of the owner or agent of the house in which the birth shall occur, or of the person in charge thereof, to report the birth to the Commissioner of Health. In the manner and within the time aforesaid. And any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the duty of forthwith before the Commissioner of Health, in the manner and within the time aforesaid. And any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the duty of forthwith for each offence, to be recovered in other fines and forfeitures are recoverable.

e Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A22469.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Fml
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 Jun
4. Place of Birth, (Street and Number) 1[illegible] Hoffman st
5. Full Name of Mother, [illegible] Ann [illegible]
6. Mother's Maiden Name, [illegible] Prepel
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1890-002447

month, and shall be, as far as practicable, the full name and occupation of the parents, the date and place of birth, and the name (if any has been conferred) its sex, color, the full name and residence of the physician or midwife present at the birth, and such other particulars as may be required by the practitioner in the form of a certificate issued by the Commissioner of Health. It shall be the duty of the said physician or midwife to deliver such certificate to the father, mother, or nurse of such child within thirty days after the birth of any child said schedule shall be delivered with as little delay as possible to the office of the Commissioner of Health. In case there is no physician or midwife in attendance upon the mother, or in case of stillbirth, or should no other person be in attendance upon the mother, immediately after the birth of any child, it shall be the duty of the father, mother, or nurse of such child within thirty days after the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period of time above specified, and it shall be the duty of any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 30 1890
HEALTH DEPT.
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	W. [']
3. Date of Birth,	June 25, 1890
4. Place of Birth (Street and Number),	1024 Matthew St.
5. Full Name of Mother,	Mary Ann Workman
6. Mother's Maiden Name,	" " Kelly
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Benjamin Workman
9. Father's Occupation,	Edge Packer
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	M. E. Burke M.D.
Address,	623 Sec'd St
Remarks,	

1890-002448

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person required as aforesaid to report the birth to the Commissioner of Health, in the manner and within the time specified, and any such person so neglecting or refusing shall be subjected to the like penalties for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	June 26/90
4. Place of Birth (Street and Number),	1403 E. Fayette st
5. Full Name of Mother,	Leona V. Chandley
6. Mother's Maiden Name,	" " Barnes
7. Mother's Birthplace,	Pa
8. Full Name of Father,	David Chandley
9. Father's Occupation,	undertaker
10. Father's Birthplace,	N. Carolina
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M.D
Address,	129 N Broadway
Remarks,	1890-002449

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A22 574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 1890

4. Place of Birth, (Street and Number) 105 Birth place

5. Full Name of Mother, Caroline Bare

6. Mother's Maiden Name, Roche

7. Mother's Birthplace, Carroll Co. Maryland

8. Full Name of Father, Nicholas Bare

9. Father's Occupation, Brickmason

10. Father's Birthplace, Rockhill Co. Baltimore

Name of Medical Attendant, or other person who makes this Return. Nurse Midwife

Address, 722 Cecil St.

Remarks, 1890-00-2450

...born in this city, and all midwives or other persons having charge of births, and the ...keeper of any lying-in asylum, shall report to the Registrar of Vital Statistics, within ...ten days after the birth of any child ...born in such asylum, the full name and ...residence of the parents, the date and place of birth, and the ...sex, color, the full name and residence of the child, if it be the first and ...only child born to the parents, and if a twin, triplet or other plural birth, the ...fact shall be stated in the report. The report shall be made on a blank ...furnished by the Registrar of Vital Statistics, and shall be delivered ...or mailed to the office of the Commissioner of Health, or should no other person be in ...attendance at the birth, the midwife or other person who shall receive the first and ...said schedule shall be delivered with in the manner and within the time required, and ...third day of each month after the birth of any child born under the charge of the person or persons required, and ...attendance of a physician or midwife, it shall become the duty of the person or persons required, and ...shall report its birth to the Commissioner of Health, in the manner and within the time required by this section. ...Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A22493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 27-1890
4. Place of Birth, (Street and Number) 314 S. Exeter St.
5. Full Name of Mother, Mary Trautmann
6. Mother's Maiden Name, Faren
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred. Trautmann
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary St.

Address, W. Lee & Bath St.

Remarks,

1890-002451

Section 4. And be it further enacted, That it shall be the duty of the parents, or in case of their absence, or inability, the duty of the nearest relative present at the birth of any child, to report to the Registrar of Vital Statistics, within ten days after the birth of such child, the full name and occupation of its parents, the date and place of birth, and the said child's full name, sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife present at the birth, and the street and number of the house where the birth occurred, which report shall be in the form of a certificate between the first and third day of each and every month; and it shall be the duty of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the person in charge of the house where the birth occurs to report the same to the Commissioner of Health, and in case there be no person in charge of such child to report it, then it shall be the duty of the mother, immediately thereafter, to report the birth of her child to the Commissioner of Health. In the manner and within the period above prescribed and any such person or persons who shall wilfully refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 28 of June
4. Place of Birth, (Street and Number) 42 6 Moore Alley
5. Full Name of Mother, Mary - Dare
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Juliett Carter
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant or other person who makes this Return. Hester E Evans

Address, 509 Preston Street

Remarks, 1890-002452

...from, and will be known as, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be signed, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the father or mother of such child, if able, or the owner or agent of the house in which such birth occurs, shall within the period above required, and in the manner and within the time prescribed by this section, report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-2-54

RETURN OF A BIRTH A 22675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rebecca Irene Steinberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 28 June 1890
4. *Place of Birth, (Street and Number)* 809 Harford ave
5. *Full Name of Mother,* Carrie Steinberg
6. *Mother's Maiden Name,* Epstein
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Philip Steinberg
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Max L. Ullz

Address, 802 S. Collard st

Remarks,

1890-002453

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

...ame, color, the full name and occupation of the parents, the date and place of birth; and the ...d certificate shall be delivered, duly signed by the Commissioner of Health. In case the birth ...rd day of such and every month thereafter, it shall become and within the period above required, and ...all occur without the city, immediately thereafter. It shall be the duty of the person or parents of such ...ny person who shall fail to comply with the provisions of this section shall be subject to ...report its birth to the Commissioner of Health, and in case the birth occurs in a hospital, ...y such person or persons who shall fail to report as aforesaid, to be recovered as other fines and forfeitures are recoverable. ...ted to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22 676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 28 - 1890
4. Place of Birth, (Street and Number) 201 S. Bond St.
5. Full Name of Mother, Amalie Wilhelm
6. Mother's Maiden Name, Weis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Wilhelm
9. Father's Occupation, Machinist
10. Father's Birthplace, Westminster Md

Name of Medical Attendant, or other person who makes this Return. Henry Stein

Address, 1427 E. Pratt St.

Remarks,

1890 - 002454

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

The ... is required to report to the Registrar of Vital Statistics the name, sex, color, the first name and occupation of its parents, the date and place of birth; and the name (if conferred) its sex, color, the first name and occupation of its parents, the date and place of birth; and the name conferred, if any, of each child born alive, whether living or dead, to any woman in his practice, or of which he may be in attendance, within the city of Baltimore, in the form of a certificate between the first and third day of each and every month, and shall deliver, duly signed, the certificate to the Commissioner of Health. In case the child be born dead, the said schedule shall be delivered, duly signed as aforesaid, to the Commissioner of Health. In case the child be born dead, the said certificate shall state the fact, and shall be delivered to the Commissioner of Health between the first and third day of each and every month. In case there be no attendance of a physician or practitioner of midwifery, the certificate required to be made and delivered as aforesaid shall be made and delivered by the person or parents of such child, or the nearest relative present at the birth, or the householder of the house in which the birth shall occur within the period above required, and in the manner and within the period above required, and shall be sworn to before a justice of the peace, or other officer authorized to administer oaths, if such justice or officer be within one mile of the residence of the person making such certificate. Any physician, practitioner of midwifery, or other person who shall fail to report its birth to the Commissioner of Health as aforesaid, or who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 22477

HEALTH DEPARTMENT
JUN 30
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 28-1890
4. Place of Birth, (Street and Number) 304 S. High St.
5. Full Name of Mother, Sara Ponier
6. Mother's Maiden Name, Kober
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Ponier
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Harry Stein

Address, 1427 E. Pratt St.

Remarks,

1890-002455

GEO. J. G. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (~~state whether male or~~ female),
2. Race or Color (if not of the white race),
3. Date of Birth, 29th June 1890
4. Place of Birth (Street and Number), 612 Edmondson Ave
5. Full Name of Mother, Addie M Barron
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Va
8. Full Name of Father, A. E. Barron
9. Father's Occupation, Minister
10. Father's Birthplace, Ala.

Name of Medical Attendant, or other person who makes this Return. Geo N Captain

Address, #107 Waverly Terrace

Remarks,

1890-002456

JUL 1890 BALTIMORE

Baltimore Publishing Co., City Printers and Stationers

Section 1. Be it ordained by the people of the State of Maryland, That from and after the first day of June, Eighteen Hundred and Eighty-Two, it shall be the duty of every physician or midwife, or other person who shall be in attendance upon the case, to make a return of every birth at which he or she shall be present or in attendance, to the Registrar of Vital Statistics of the City of Baltimore, or to the Commissioner of Health, in counties, within ten days after the occurrence of such birth, which return shall be made upon a certificate to be signed by the attendant of a physician or practitioner of midwifery, or should no other person be in attendance, then by the mother, immediately thereafter. It shall become the duty of the parent or parents, and any such person or persons who shall have charge of such child, to register such birth, and in default of any such return being made in accordance with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 30 1890
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 30 - 1890
4. Place of Birth, (Street and Number) 308 Albemarle St.
5. Full Name of Mother, Wilhelmine Stewart
6. Mother's Maiden Name, Mert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Stewart
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Fait St.

Remarks,

590 - 002457

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father, or in case of his absence, the mother, or in case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A22180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1920 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, June 30
4. Place of Birth, (Street and Number) 732 Low Alley
5. Full Name of Mother, Maggie Medley
6. Mother's Maiden Name, Maggie Commings
7. Mother's Birthplace, Lenoir Town Dr May Co
8. Full Name of Father, James Commings
9. Father's Occupation, Wit Washington & Eastern Ave
10. Father's Birthplace, Eastern MD

Name of Medical Attendant, or other person who makes this Return. E Elizabeth Bayle

Address, 709 E Oliver st

Remarks,

1890-002458

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall duly signed by the practitioner in the form of a certificate, in case the birth of any child shall occur without the attendance of a Physician or Midwife, the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time prescribed in this section, and every person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 93 [illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 30th.
4. Place of Birth, (Street and Number) 780 Hamburg St
5. Full Name of Mother, Annie Ruediger
6. Mother's Maiden Name, Annie Orr
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Hieronymus Ruediger
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wellington Shipley

Address, 611 So Paca St

Remarks, 0 9 0 1 0 0 2 4 5 9

[illegible] shall not set forth the same can be ascertained the full name of each child, if any shall have been born alive, and if not, the fact that the child was born dead, and the month, and shall set forth the full name and occupation of its parents, the date and place of their marriage, and the number of children born to them, and the number of the first and last certificate filed by the practitioner or midwife with the Board of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or alcohol no other person be in attendance, then the duty of the parent or parents of such child to make such return shall devolve upon the attendant immediately thereafter. It shall become the duty of the person delivered, and attendance upon the mother, to make the return required, and within ten days from the date of birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 22 787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30th
4. Place of Birth, (Street and Number) 623 Hillen St. Rear
5. Full Name of Mother, Gretchen Schlegel
6. Mother's Maiden Name, Gretchen Sander
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Schlegel
9. Father's Occupation, Hook Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Mahon

Address, 503 N Eden St

Remarks,

1890 002460

[illegible] the name to be given to the child, if any shall have been conferred; the sex, color, the full name and occupation of its parents, the number of the house in which each child was born, and the date of birth of each child; and every midwife or other person who shall give a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, then the mother shall within the period above required, and such other person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A2248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 30th 1890
4. *Place of Birth, (Street and Number)* Hillman St No 902 Balto.
5. *Full Name of Mother,* Caroline Gipson
6. *Mother's Maiden Name,* Caroline Bond
7. *Mother's Birthplace,* Baltimore County Md.
8. *Full Name of Father,* Daniel Brown
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Caroline Jordan

Address, 117 Chesnut St.

Remarks, 1890-002461

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. SULAHY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-1-55

RETURN OF A BIRTH

A 22484

22484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

Emma Elizabeth Koeneke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex,* (state whether male or female) ~~Male~~ female
2. *Race or Color,* (if not of the white race) white
3. *Date of Birth,* 30 June - 1890
4. *Place of Birth,* (Street and Number) 490 Forrest St
5. *Full Name of Mother,* Kate Koeneke
6. *Mother's Maiden Name,* " Drechler
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas Koeneke
9. *Father's Occupation,* Basket maker
10. *Father's Birthplace,* Balto, Md

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ulbig

Address, 809 Hartford

Remarks,

1890-002462

I

I, the undersigned, do hereby certify that the above is a correct return of the birth of the child therein named, as required by the Ordinances of Baltimore City, and that I have given the date and place of birth; and the name and residence of the physician or midwife in attendance, to the best of my knowledge and belief. I understand that any false statement in the form of a certificate between the first and second lines of this paragraph, or any omission to state any fact herein required to be stated, will render me liable to the penalties prescribed by the Ordinances of Baltimore City. In case the birth of any child shall not be delivered, duly signed, by the undertaker, sexton or other person having charge of the burial of such child, within three days after the burial, a certificate of such birth, stating the facts required to be stated in relation thereto, so far as the same can be ascertained, shall be delivered to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or parents of such child cannot be found, then the certificate of birth shall be made by the person or parents of such child, if found, within the period above required, and all cases where a physician or practitioner of midwifery, or the person or parents of such child cannot be found within the time above mentioned, the undertaker, sexton or other person having charge of the burial of such child shall report its birth to the Commissioner of Health, who shall become and remain liable to comply with the provisions of this section, shall be entered in the Register of Births, and shall issue a burial permit. Any person or persons who shall refuse or fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22486.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 3rd 1890
4. Place of Birth, (Street and Number) 927 Hare St Baltimore
5. Full Name of Mother, Mary Mullen
6. Mother's Maiden Name, Mary Costello
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Mullen
9. Father's Occupation, Laborer
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. Miss J. Liersemann

Address, 1225. Hare street.

Remarks,

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

1890-002463

SAFETY FILM

RETURN OF A BIRTH A 27584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7/90.
4. Place of Birth, (Street and Number) 1040 E. Lombard St.
5. Full Name of Mother, Faiga Blecher
6. Mother's Maiden Name, Faiga Kalyeff
7. Mother's Birthplace, Russia
8. Full Name of Father, Samuel Blecher
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendent, or other person who makes this Return. D. Schwartzman

Address, 19 Albemarle St.

Remarks, 1890-002464

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

been conferred; its sex, color, the full name and occupation of its parents, the date and hour of its birth, and the number of the child if born alive at the same birth, and whether the first, second or other child born to the mother; and the physician or midwife in attendance, or other person present at the birth, shall, within five days thereafter, make a return of the birth to the Commissioner of Health, or should no other person be in attendance upon such birth, the householder or owner of the house where such birth occurs shall make such return. Any physician or midwife who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 7 of June
4. Place of Birth, (Street and Number) balltimore, 2712 elliot, st
5. Full Name of Mother, tena klin
6. Mother's Maiden Name, tena geadke
7. Mother's Birthplace, gurmany
8. Full Name of Father, carls kline
9. Father's Occupation, laber
10. Father's Birthplace, gurmany

Name of Medical Attendant, or other person who makes this Return, M. L. P. Liersmann.

Address, 1220 Hoare Court.

Remarks,

1890 002465

HEALTH DEPARTMENT JUL 5 '90 BALTIMORE

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the parents of any child and the city or county officer registering it. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of any child, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten [10] dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22488.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether ~~Male or~~ Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth.	June 9th 1890
4. Place of Birth (Street and Number)	611 Park ave
5. Full Name of Mother	Susan E. Stewart
6. Mother's Maiden Name	" Elliott
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Arthur Stewart
9. Father's Occupation	Attorney at Law
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	James H. Stewart, Md.
Address	611 Park ave
Remarks	

890 002466

...ntion at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH A 22 849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 11th 1890
4. *Place of Birth, (Street and Number)*	1205 Eason
5. *Full Name of Mother,*	Wilhelmina Brumbalz
6. *Mother's Maiden Name,*	Schmidt
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm Brumbalz
9. *Father's Occupation,*	Wood Carver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	W. B. Billingslea
Address,	1206 E. Pratt
Remarks,	890-002467

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

Rule 1. This blank is to be filled out in duplicate, and the full name and address of each physician, midwife or other person in attendance upon the birth must be given. Rule 2. The Return of a birth must be made within ten days after the birth occurs, and before the interment of the body. Rule 3. The Return must state the sex, color, the full name and occupation of the parents, and the exact place of birth; and the age of the mother at the birth of each child. Rule 4. No certificate of burial will be issued by the Commissioner of Health, in case the birth of any child shall occur within the period of ten days, unless a Return of such birth shall have been made as required by law, or unless the reason for the failure to make such Return be fully explained in writing to the Commissioner of Health. Rule 5. In case the birth of any child shall occur without the limits of the city, or if there be no attendant, then the parents of such child are required to report its birth to the Commissioner of Health within the period above required, and before the interment of the body. Rule 6. It shall be the duty of every physician or practitioner of midwifery, or should no other person be in attendance, then the parents of such child to report its birth to the Commissioner of Health within the period above required, and before the interment of the body. Rule 7. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* 12 of June
4. *Place of Birth, (Street and Number)* 619 S. Bond st
5. *Full Name of Mother,* Maggie Kowaliki
6. *Mother's Maiden Name,* Maggie Damjin
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* John Kowaliki
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Anna Grzekowak

Address, 603 S. Dallas st

Remarks,

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

1890 002468

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14.
4. Place of Birth, (Street and Number) Saco Str. No. 1202
5. Full Name of Mother, Laura Gluth.
6. Mother's Maiden Name, Glock.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Gluth.
9. Father's Occupation, Labor.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. P. Tiersmann.

Address, 1225 Moore street

Remarks,

1890-002469

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

Every child born within the city of Baltimore shall be registered, and the full name and occupation of its parents, the date and place of birth; and the said record shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of this city, it shall be the duty of the person in attendance upon the mother to report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. B. SKELLEY & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 22492.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex,* (state whether male or female) female
2. *Race or Color,* (if not of the white race) race
3. *Date of Birth,* 15th of June
4. *Place of Birth,* (Street and Number) 1614 Lancaster A
5. *Full Name of Mother,* Wanzula ~~Hanuska~~ Rackula
6. *Mother's Maiden Name,* Watzula Stasuska
7. *Mother's Birthplace,* Russ Polen
8. *Fult Name of Father,* Justyn Rackula
9. *Father's Occupation,* Tailor Tailar
10. *Father's Birthplace,* Russ Poland

Name of Medical Attendant, or other person who makes this Return, Anna Drewkowsk

Address, 803 So Dallas st

Remarks,

1890 - 002470

All communications should be addressed to the Registrar of Vital Statistics, Board of Health, Baltimore City. The certificate must be signed by the person who shall be present at the birth, or who shall have charge of the mother during her confinement, and shall be delivered, duly signed by the practitioner in the form of a certificate between the five and third days of each month, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the householder or other person in charge shall give notice of such birth within five days thereafter to the Registrar of Vital Statistics, Board of Health. And it shall become the duty of the person to whom application is first made for a burial permit for any such child to require from the undertaker a certificate of the facts required to be reported by this section, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A22473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Race
3. Date of Birth, 16th June
4. Place of Birth, (Street and Number) 713 Bond St
5. Full Name of Mother, Mary Knevel
6. Mother's Maiden Name, Mary Knyana
7. Mother's Birthplace, ~~Baltimore~~ Baltimore
8. Full Name of Father, Joseph Knevel
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Gruschwab

Address, 5 S. Dallas St

Remarks,

890-002471

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the physician or midwife present at the birth, or other person who may be in charge of such child, shall within three days thereafter cause a certificate thereof, signed by the practitioner, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parents or parent of such child shall report its birth to the said Board within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 24 17

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th day of June
4. Place of Birth, (Street and Number) Baltimore St near Lancaster no number
5. Full Name of Mother, Mrs Annie Bien
6. Mother's Maiden Name, Miss Annie Seifert
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mr Julius Bien
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany Empire

Name of Medical Attendant, or other person who makes this Return, Mrs E Liersemann.

Address, 1225 Hare street.

Remarks,

1890 - 002472

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the forms and rules prescribed by the said Board. And the said schedule shall be delivered, duly filled out and signed, to the Registrar within ten days after the birth. And the Registrar shall keep an office at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person who received such child to report the birth to the Registrar, and in default thereof he shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22493

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JUL 5 1890 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st (8 mos)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 18, 1890

4. Place of Birth (Street and Number) 173 W. Lexington St.

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father Jno. Nugent

9. Father's Occupation Printer

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. J. Edwin Michael M.D.

Address 937 Madison ave.

Remarks

1890 002473

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 22496

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1900 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth June 20 1900

4. Place of Birth (Street and Number) 709 Madison av.

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father Cohen

9. Father's Occupation Tailor

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. J. Schuyler Mitchell M.D.

Address 937 Madison av.

Remarks

1900 002474

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 22697

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JUL 5 1890 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	June 20th 1890
4. Place of Birth (Street and Number)	S. W. Cor Bond & Bank st
5. Full Name of Mother	Mary E Mellis
6. Mother's Maiden Name	Mary E Funk
7. Mother's Birthplace	Balto
8. Full Name of Father	Louis Mellis
9. Father's Occupation	Baker
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Thomas B. Evans M.D.
Address	No 121 Jackson Square Balto Md
Remarks	

1890 - 002475

I agree at the birth of any child, within the City of Baltimore, and report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 22498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, 22 of June
4. Place of Birth, (Street and Number) 1628 Lancaster st
5. Full Name of Mother, Anna Preis
6. Mother's Maiden Name, Anna Radolka
7. Mother's Birthplace, West Prussia
8. Full Name of Father, Joan Preis
9. Father's Occupation, workman
10. Father's Birthplace, West prussia

Name of Medical Attendant, or other person who makes this Return, Anna Grzwkowski

Address, 803 South Gallas st

Remarks, 690-002476

Any signed by the Commissioner of Health, or should no other statements of such birth occur within the period of time above required, such attendant shall immediately thereafter, in the manner provided in this section, report its birth to the Commissioner of Health, who shall receive and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of every month, to the Commissioner of Health, in the case of births which shall occur within the limits of the corporate city, and in all other cases to the Registrar of the district in which such birth shall occur within the same period; and if any physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, said duty and such person or persons shall be subject to a penalty of fifty dollars for each offence, which penalty may be recovered as other penalties are recoverable.

RETURN OF A BIRTH A 22499.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) White
2. Race or color, (if not of the white race) June 23 1890
3. Date of Birth, 121 S. Schroeder
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Mary Ann Evans
6. Mother's Maiden Name, " " Black
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Alfred Evans
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. W. L. Sheeran

Address, [illegible]

Remarks, 1890 - 6355 Lombard

RETURN OF A BIRTH A 22000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 24 th June 1890
4. Place of Birth, (Street and Number) No; 3 Leman St
5. Full Name of Mother, Lizzie Steinacker
6. Mother's Maiden Name, Lizzie Hoesler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Steinacker
9. Father's Occupation, Stone mason
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

90 : 002478

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attending physician or midwife, or other person, to the Commissioner of Health. In case the birth of any child third day of each and every month, a physician or practitioner of midwifery, or should no other person, as aforesaid, occur within the mother, immediately thereafter it shall become the duty within the period above required, and attendant upon such mother, to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) black
3. Date of Birth, 24 of June
4. Place of Birth, (Street and Number) 729 S Broadway
5. Full Name of Mother, Mary Turek
6. Mother's Maiden Name, Mary Gulban
7. Mother's Birthplace, Slavonia
8. Full Name of Father, Sikash Turek
9. Father's Occupation, Laborer
10. Father's Birthplace, Slavonia

Name of Medical Attendant, or other person who makes this Return. Anna Grewbeak

Address, 80 E Eastern

Remarks, 690-002479

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Each complete return of a birth, with all items and description of the parents, is required by law to be made within ten days after the birth, and the certificate shall be delivered, duly signed by the practitioner in the case, or the next adjacent between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother when the child is born, the householder or owner of the premises where such birth occurs shall immediately thereafter report the same to the Commissioner of Health, in the manner required, and subject to the penalties of this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A22507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26th June 1890
4. Place of Birth, (Street and Number) No: 39 London Ave
5. Full Name of Mother, Ella A Koerbe
6. Mother's Maiden Name, Ella A Dogge
7. Mother's Birthplace, Baltimore Co:
8. Full Name of Father, ~~Edward~~ Edeand H Koerbe
9. Father's Occupation, Teamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890 - 002480

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, by the person in charge of the case to the undertaker in charge of the burial of such child, and no certificate of burial shall be issued by the Commissioner of Health. In case the birth of any child third day of such month, and every month thereafter, a return in writing, verified by the oath or affirmation of the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person who shall have the said child to report its birth to the Commissioner of Health in manner and within the period above required, and any such person who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 2255

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 90 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth June 26th 1890

4. Place of Birth (Street and Number) 134 E. Fremont st

5. Full Name of Mother Annie Coll

6. Mother's Maiden Name " Walsh

7. Mother's Birthplace Baltimore City

8. Full Name of Father John Coll

9. Father's Occupation Carpenter

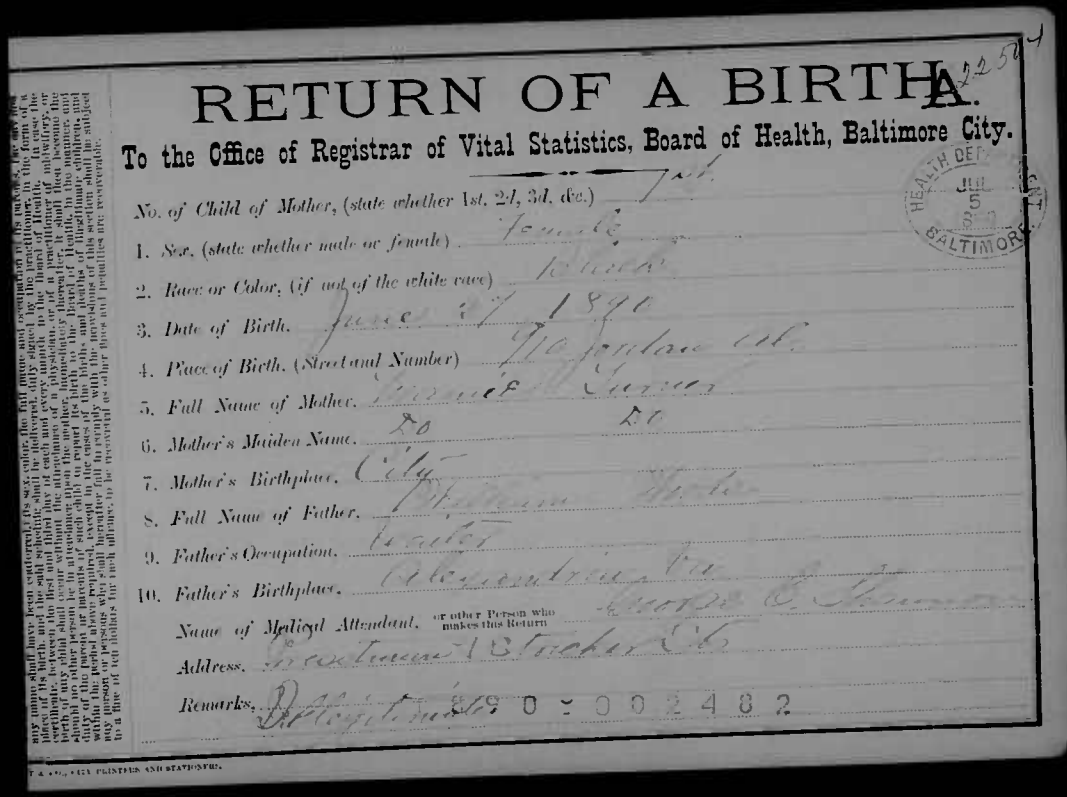
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. James F. Clemens, M.D.

Address 611 Park ave

Remarks Delayed birth 8 9 0 : 0 0 2 4 8 1

Advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children



RETURN OF A BIRTH.

A 2250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. JUL 5 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Black

3. Date of Birth. June 27 1890

4. Place of Birth, (Street and Number) 710 Jordan Ct.

5. Full Name of Mother. Sarah E Lewis

6. Mother's Maiden Name. Do Do

7. Mother's Birthplace. City

8. Full Name of Father. Upshaw Hicks

9. Father's Occupation. Waiter

10. Father's Birthplace. Alexandria Va

Name of Medical Attendant, or other Person who makes this Return. Proctor & Thomas

Address. Proctor & Proctor Dr

Remarks. Dr Proctor 0 0 0 2 4 8 2

any name shall have been entered, its sex, color, the full name and occupation of its parents, as far as the same may be known, the date of birth, and the said schedule shall be delivered, duly filled out, to the Board of Health. In case the certificate, between the first and third days of each month, to the Board of Health. In case the birth of any child shall occur at a residence where there is no physician or midwife in attendance, then the mother, immediately thereupon, shall report the birth and sex of such child to the Board of Health, in the manner and form of the report or records of such births and deaths of illegitimate children, and any person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

T. & A. CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22506.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 27 — 1890
4. *Place of Birth, (Street and Number)* 1110 Chesapeake Str Baltimore
5. *Full Name of Mother,* Maria Lemke
6. *Mother's Maiden Name,* de Niedemayer
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Louis Lemke
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Lissenmeier.

Address, 1225 Hare street

Remarks,

1890 - 002483

HEALTH DEPART JUL 5 20 BALTIMORE

be conferred) its sex, what the full name and occupation of its parents, the place and time of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who would be required to make the return, the parent, owner or occupier of the premises where such child is born shall report its birth to the Commissioner of Health, in the manner and within the time prescribed in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One (1)

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 28th. 1890
4. *Place of Birth, (Street and Number)* #1410 "E" Fort Avenue.
5. *Full Name of Mother,* Carry Jennings.
6. *Mother's Maiden Name,* Carby Chesley.
7. *Mother's Birthplace,* Virginia.
8. *Full Name of Father,* John Jennings.
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Virginia.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890 - 002484

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

Every child born within the limits of Baltimore City, and every still-born child, shall be registered, and the name, if any, the sex, color, and the name and occupation of its parents, the date and place of birth, and the still child shall not be buried until a certificate of such registration shall have been signed by the practitioner in the first case, or by the undertaker in the second case, and delivered to the Commissioner of Health. And every birth and every still-born child shall be registered within ten days after the first and third day of each and every month, by the Commissioner of Health. And no burial of any such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child, or person with whom such parent shall reside, or in whose house such child shall be born, if the mother be unmarried, and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28th 1890
4. Place of Birth, (Street and Number) 943 Somerset St
5. Full Name of Mother, Jennie Bubrl
6. Mother's Maiden Name, Snijer
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Bernard J Bubrl
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs B Billings Jr

Address,

Remarks,

1890 002485

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color (if not white) and the full name and occupation of its parents, the date and place of birth, and the maiden name of the mother. The certificate of birth required to be registered by this section shall be known as the certificate of the attending physician or midwife, or in case the birth occurs without the attendance of a physician or midwife, then of the father or mother of such child, or the householder or owner of the premises where the birth occurs. And in case the birth of any child shall occur when the parents or either of them shall be temporarily sojourning or boarding at any place other than their usual residence, the certificate of birth required by this section shall be made by the person in charge of such place of sojourning or boarding, and in case no such person exists, then by the parent or parents of such child, if present, and if absent, then by the owner or agent having charge of the premises where the birth occurs. It shall be the duty of the person so required to make such certificate of birth to write or print legibly with ink and to sign his name to the certificate as informant, and within the time prescribed by this section to deliver the same, or cause the same to be delivered, duly filled out and signed, to the Registrar of Vital Statistics of the City of Baltimore, or to the person authorized by him to receive the same. The Registrar of Vital Statistics shall furnish blank forms of certificates of birth, and the said certificate shall be delivered, duly filled out and signed, to the Registrar of Vital Statistics of the City of Baltimore, or to the person authorized by him to receive the same, within ten days after the birth, and every such certificate which shall not be so delivered within the time prescribed by this section shall be considered delinquent, and the Commissioner of Health shall cause the same to be delivered by the person delinquent in the premises, and for the neglect of every such person to deliver such certificate of birth within the time prescribed by this section, he shall be liable to a penalty of ten dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 28th 1890
4. Place of Birth, (Street and Number) No. 939 Smallwood St
5. Full Name of Mother, Annie Warmenweteh
6. Mother's Maiden Name, Annie Brohner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Warmenweteh
9. Father's Occupation, ~~Butcher~~ Butcher
10. Father's Birthplace, Baltimore Co:

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

1890 002486

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the undertaker named in the order for burial, and the undertaker shall deliver each and every such schedule to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the time and in the manner above specified, and such person or parents shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverible.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 22807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 5 1903 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	the Monday June 30th 1903
4. *Place of Birth, (Street and Number)*	W. Pratt St
5. *Full Name of Mother,*	Mary Schmidt
6. *Mother's Maiden Name,*	Mary Reissew
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Jacob Schmidt
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Catherine Hall
Address,	2 349 Bentalou St
Remarks,	590-002487

month, and shall set forth as far as the same can be ascertained, the full name of each child, of any and all live births occurring in his practice, the full name and occupation of the parents, the date and place of the first and said schedule each and every month to the Commissioner of Health, or should no other person be entitled to make such return, the duty of the person or persons required, and attendance upon the mother, to report to the Commissioner of Health, in like manner and within the period aforesaid, the birth of any child born without the attendance of a physician or midwife, and the duty of the person or persons required, and any and every person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Grade 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30 of June
4. *Place of Birth, (Street and Number)* 1829 Orleans St.
5. *Full Name of Mother,* Anne Solomon
6. *Mother's Maiden Name,* Seymann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Solomon
9. *Father's Occupation,* Cabinetmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L Schultz

Address, 1834 E Monument

Remarks,

1890 - 002488

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

Any person or persons, except the mother, who shall neglect or refuse to report the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance, the mother herself shall be required to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 22511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) Colo
3. Date of Birth, 1890
4. Place of Birth, (Street and Number) 1006 Mountain Ave
5. Full Name of Mother, Mrs E [illegible]
6. Mother's Maiden Name, Maria L Porter
7. Mother's Birthplace, Petersburg
8. Full Name of Father, George H Brown
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Catherine Jackson

Address, 177 Chestnut St

Remarks,

1890-002489

The contrary) as sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the hours of nine and twelve o'clock A. M. of the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period aforesaid. In case no birth shall occur within the month in which a report is required to be made, or should no other person be in attendance at the birth, the midwife or practitioner shall report the same to the Commissioner of Health, in the manner and within the period aforesaid. Any midwife or practitioner who shall neglect to report a birth at which she was in attendance, or who shall neglect to report the same immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period aforesaid. Any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 12. 1890

4. Place of Birth, (Street and Number) Baltimore Philpot Alley No 11 1/2

5. Full Name of Mother, Josephine Louise Young

6. Mother's Maiden Name, Josephine Louise Hedland

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm Henry Edwin Young

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Caroline Jordan

Address, No. 117 Chestnut Street

Remarks, as Hellis can be expected

1890 - 002490

Every Midwife, or other person, in attendance upon any case of birth, shall, within ten days after the birth, report to the Commissioner of Health the sex, color, the full name and occupation of its parents, the number of the child, the exact place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form aforesaid, between the first and tenth days of each month; and every practitioner who shall neglect to deliver the said schedule as aforesaid, or who shall make any false statement therein, shall incur a penalty of fifty dollars; and no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person so neglecting shall forfeit for each such offence a sum not exceeding fifty dollars, to be recovered as other fines are by law recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 22673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 1899 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 8 90
4. Place of Birth, (Street and Number) No 102 W. Hoy St
5. Full Name of Mother, Kate Reinsfelder
6. Mother's Maiden Name, Winterling
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Reinsfelder
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kuhl

Address, No 405 S. Washington Ave

Remarks, 1890 002491

Every midwife or person other than a physician or practitioner in the form of a certificate between the first and second days of each and every month to the office of the Commissioner of Health, in case the mother of such child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child, within ten days after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and such report shall be signed by the person or parents of such child. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. BALLANY & SON, CITY PRINTERS AND STATIONERS

VITAL CASE ADDED 4-16-56

RETURN OF A BIRTH A 22614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Martin

HEALTH DEPARTMENT JUL 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) M Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 2 - 1890
4. Place of Birth, (Street and Number) 319 State Street
5. Full Name of Mother, Susie Martin
6. Mother's Maiden Name, Kempt
7. Mother's Birthplace, Balto city
8. Full Name of Father, John Thomas Martin
9. Father's Occupation, Porter
10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johnson

Address, 714 Tyson st

Remarks,

1890 002492

said schedule shall be delivered. And it shall be the duty of the Commissioner of Health to furnish such blanks and forms as may be necessary for the purpose of a certificate between the first and third days of each month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person who shall receive such notice to report the birth to the Commissioner of Health, and such person shall be required, and any such person neglecting so to do shall be liable to a penalty of ten dollars, and for every week he shall neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BRS. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 (child)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 2 - 1900

4. Place of Birth, (Street and Number) 2001 Christian St.

5. Full Name of Mother, Lena Horn

6. Mother's Maiden Name, " Heil

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fredrick Horn

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Annie Lipsitz

Address, 1[illegible] Monroe St

Remarks,

C 9 0 - 0 0 2 4 9 3

...been registered its sex, color, the full name and occupation of its parents, the date and place of birth, and whether the child was born alive or dead, and the certificate shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter directed, to the proper local registrar within ten days after the birth, and on the third day of each and every month to the office of the Commissioner of Health. And the midwife or other person in attendance upon any birth in cases where no physician or practitioner shall be in attendance shall report the birth to the Commissioner of Health, and within the period above required, and shall certify the same in the manner and within the period above required. It shall become the duty of the person or parents of each child to report the birth to the Commissioner of Health. In the manner and within the period above required. It shall be the duty of the undertaker or other person acting as undertaker in any case of burial of a dead body to see that a certificate of death has been filed as required by this section, and no burial shall occur without the attendance of a physician or midwife, or the certificate of the coroner, as provided in section 12 of this article. It shall be the duty of the local registrar to report to the Commissioner of Health, in the manner and within the period above required, all births and deaths registered by him, and to certify the same. It shall be the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recovered.

1900 ...ARTMENT...

898 J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

A 22374

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 8 to
4. Place of Birth, (Street and Number) 85-0 Aisne st
5. Full Name of Mother. Maria Fannie
6. Mother's Maiden Name, Harris
7. Mother's Birthplace, Essex county
8. Full Name of Father, Dorsey Fenner
9. Father's Occupation, Porter
10. Father's Birthplace, Essex county

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johnson

Address, 1641 Jayson st

Remarks,

1890 002494

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Sec. 4. And be it further enacted, That the said certificate shall be filled out, during the incumbency of his office, the date and place of birth, and the name, if any, given to the child, the Christian name of the mother, and the maiden surname of the mother, and the full name and residence of the father, if the child be legitimate, and the name and residence of the informant, and the date of the return, which certificate shall be delivered by the said physician, midwife or other person in attendance upon the birth, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioners of Health, who shall cause the same to be recorded; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 7 1890
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 + 6 Children

1. Sex, (state whether male or female) Males
2. Race or Color, (if not of the white race)
3. Date of Birth, June 5th 90
4. Place of Birth, (Street and Number) Carrison Lane Calverton
5. Full Name of Mother, Barbara Wittkofska.
6. Mother's Maiden Name, " " Wennofske
7. Mother's Birthplace, Prussia
8. Full Name of Father. John Wittkofska.
9. Father's Occupation, Laborer
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return. Irwin Lindsay

Address, # 100. S. Monroe St

Remarks,

1890-002495

PHIL. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

...son convicted, to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in attendance at the birth, to the Commissioner of Health. In case the birth of any child shall take place upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons offending in any of the particulars mentioned in this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 22618

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 5 07
4. Place of Birth, (Street and Number) No 2204 E. Lombard St
5. Full Name of Mother, Mary Meier
6. Mother's Maiden Name, Briel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Meier
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Krafft

Address, No 405 S. Washington Ave

Remarks, 6907002496

...son covers ... is sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DALNEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Cecelia Frances Piller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 5 1870
4. Place of Birth, (Street and Number) 1340 S. Stricker St.
5. Full Name of Mother. Barbara Piller
6. Mother's Maiden Name, " " Sadley
7. Mother's Birthplace, Schrewsbury Pa.
8. Full Name of Father, John Piller
9. Father's Occupation, Tinner
10. Father's Birthplace, Bavaria Germany

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, 1106 S. Monroe St.

Remarks, BIRTH NAME ADDED. 5-13-53

8902002497

been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled out, by the physician or midwife in attendance, or by the parent, if there be no physician or midwife in attendance, within ten days after the birth, to the office of the Commissioner of Health. In case the birth of such child occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereunder fail to comply with the provisions of this section shall be subject to the fine of not less than ten dollars nor more than fifty dollars for the first offense, and for each offense thereafter a fine of not less than fifty dollars nor more than one hundred dollars, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 22520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 '90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7-90
4. Place of Birth, (Street and Number) 1029 W Lexington St.
5. Full Name of Mother, Bertha Delano
6. Mother's Maiden Name, " Livingstone
7. Mother's Birthplace, Md
8. Full Name of Father, Isaac Delano
9. Father's Occupation, Merchant
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. J C Bamberger

Address, 1113 Bank St.

Remarks,

1890 002498

Section 4. And be it further enacted, That the certificate of birth required by the first section of this act shall be delivered daily, signed by the physician or midwife in attendance, or by the father or mother of such child, or householder, or in case a birth occurs in a hospital, institution or boarding house, by the superintendent, matron or manager thereof, stating the name, date and place of birth, and the name, residence and occupation of the parents of such child, which certificate shall be delivered within ten days after the birth to the Registrar of Vital Statistics, who shall record the same in a book to be kept for that purpose, and shall report to the Board of Health, at the end of each and every month, the number of births registered by him during the month, and the names of the persons reporting the same; and no certificate of birth shall be required to be filed with the Registrar of Vital Statistics for any child born after the first child born at a single birth to the same mother, nor for any child born dead, or which shall not have advanced beyond the first stage of foetal development, which shall be certified to be such by the attending physician or midwife, or in case there was no physician or midwife in attendance, by the father or householder. A certificate of birth shall not be required for any child born before the expiration of the third day after birth, if interment shall occur within that time. Any certificate of birth shall be void unless it shall be delivered within the time herein specified, and any person who shall neglect or refuse to deliver the certificate of birth required by this section of this act shall be deemed guilty of a misdemeanor, and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 2252

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 8 '90
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 8 90
4. *Place of Birth, (Street and Number)* 603 S. Washington St
5. *Full Name of Mother,* Henrietta Wolfram
6. *Mother's Maiden Name,* Sues
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Wolfram
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Louis Kraft

Address, 2 East Madison St

Remarks,

890-002499

Every person who shall be required by law to report a birth, and shall neglect or refuse to report the same within the time prescribed by law, shall be liable to a penalty of five dollars; and every midwife who shall neglect or refuse to report the birth of any child which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report, as in the case of a birth attended by a physician, and every midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Dove
1. *Sex, (state whether male or female)*	Femal
2. *Race or Color, (if not of the white race)*	Colard
3. *Date of Birth,*	June 10th
4. *Place of Birth, (Street and Number)*	505 Myrtle ave
5. *Full Name of Mother,*	Mary Ballard
6. *Mother's Maiden Name,*	" Doo
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Samuel Ballard
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	South Carolina
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	704 Tyson
Remarks,	

15-70-002500

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be required by this section to report such birth, then it shall be the duty of the mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 02033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 10th
4. Place of Birth, (Street and Number) 129 Jerusa Alley
5. Full Name of Mother, Leah Spence Jones
6. Mother's Maiden Name, Princessanna Simms 1st cousin
7. Mother's Birthplace, Hubert Spence
8. Full Name of Father, Waiter
9. Father's Occupation, Balto city
10. Father's Birthplace, Mrs Annie Johnson

Name of Medical Attendant, or other person who makes this Return. 1011 Tyson St

Address,

Remarks,

1890 - 002501

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

And whereas it is provided by Section 2 of the Act of 1890, Chapter 123, that the name and description of the parents, the date and place of birth, and the sex of every child born alive within the limits of Baltimore City, shall be returned to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of a certificate between the 1st and 5th days of each and every month, by the physician or practitioner in attendance upon the mother at the birth of such child, or in case there shall be no physician or practitioner in attendance, then by the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, it shall and shall be the duty of the person or parents of such child to report the same to the Commissioner of Health. And whereas it is provided by said Act that any such person or persons who shall wilfully fail to comply with the provisions of said Act shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 22674

GIVEN NAME ADDED 11-30-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 '33 BALTIMORE

Name: Mary Elizabeth Tracy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 7th
4. Place of Birth, (Street and Number) No 517 S. Kappel St
5. Full Name of Mother, Edna May Tracy
6. Mother's Maiden Name, Lowson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Tracy
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Neals

Address, No 405 S. Washington Ave

Remarks,

690-002502

been conferred), the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DELANY & CO., CITY PRINTERS AND STATIONERS

A. 44626

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 12th 11 30 P.M.
4. Place of Birth, (Street and Number) Remington
5. Full Name of Mother, Mary A. Miller
6. Mother's Maiden Name, Mary A. Diven
7. Mother's Birthplace, York Penn
8. Full Name of Father, Edw. Miller
9. Father's Occupation, Butcher
10. Father's Birthplace, York Co. Penn

Name of Medical Attendant, or other person who makes this Return. Wm. H. Fiddleman M.D.

Address, 411 Chestnut Ave Hampden

Remarks, 670 00 503

been conferred its sex color, the full name or occupation of its parent, the said [illegible] said schedule shall be delivered, duly filled by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the parents of such child to report its birth to the Registrar. Immediately thereafter it shall become the duty of either of the parents of such child to report its birth to the Registrar of Births, in the manner and within the period hereinbefore prescribed. Any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offcase, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLOCK & CO., CITY

RETURN OF A BIRTH A. 226 7 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 one
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 18th
4. *Place of Birth, (Street and Number)*	3410 Orleans st
5. *Full Name of Mother,*	Florence Clemmons
6. *Mother's Maiden Name,*	Hilton
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	Simon Clemmons
9. *Father's Occupation,*	Drayman
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other person who makes this Return.	Mr Annie Johnson
Address,	704 Lyon st
Remarks,	

1890 002504

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other parts of such schedule not be filled out by the physician or practitioner in attendance, then it shall become the duty of the person in charge of the house where the birth occurs, or the parent, if living in the house, and within the period above required, and upon the mother, immediately thereafter, it shall become the duty of the person in charge of the house where the birth occurs, or the parent, if living in the house, and within the period above required, and child to report its birth to the Commissioner of Health, and to furnish him with the information required. Any such person or persons who shall wilfully neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

A 22527

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 15 1890
4. Place of Birth, (Street and Number) No 2000 Eastern Ave
5. Full Name of Mother, Louise Weitzel
6. Mother's Maiden Name, Reisel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Weitzel
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Weitzel

Address, No 405 N Washington Ave

Remarks, 1890 002505

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person in charge of such premises shall report such birth to the Commissioner of Health, in the manner and within the period above named; and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

B 22528.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1905 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 16 1905
4. Place of Birth, (Street and Number) No 518 E Monument St.
5. Full Name of Mother, Isabella Kraft
6. Mother's Maiden Name, Friedstedt
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Kraft
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, 518 E Monument St

Remarks, Reg 05 0 0 2 5 0 6

Every midwife, nurse, or other person in attendance upon the mother, immediately thereafter, shall make and sign a certificate in the form of a certificate between the first and third days of each month, and deliver the same at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and is hereby made the duty of the father or mother of such child to report the birth to the Commissioner of Health within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 2259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male child Male Harry Tremaine
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 17th of June
4. *Place of Birth, (Street and Number)* 522 Eden Lane Greenmount
5. *Full Name of Mother,* Lizzie Tremaine
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Carrollville Balto. Co.
8. *Full Name of Father,* Harry H Tremaine
9. *Father's Occupation,* attending to a bar house
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return. Annie M Davis

Address, 1021 Peach Alley bet Hanburg and Ross

Remarks,

890-002507

Murphy & Co., City Printers and Stationers.

A 22530

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 15 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 15 90
4. *Place of Birth, (Street and Number)*	No 237 S. Caroline St
5. *Full Name of Mother,*	Mary Brown
6. *Mother's Maiden Name,*	Tebo
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fredrick Brown
9. *Father's Occupation,*	Irish Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	L. Louise Jacobs
Address,	No 108 S. Eastern Ave
Remarks,	1690-002508

month, and shall set forth as far as is then ascertained the full name of each child (if any shall have been still born, the fact of), the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; or should no other person be in attendance, within the same period, by the parent or parents of such child. If it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall neglect or refuse to do so, he, she or they shall severally forfeit and pay the sum of ten dollars, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

12531

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 90 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 19
4. *Place of Birth, (Street and Number)* No 414 [illegible] Alley
5. *Full Name of Mother,* Lisette Miller
6. *Mother's Maiden Name,* Renner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christian Miller
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St

Remarks, 690-00-509

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 30
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 20th
4. Place of Birth, (Street and Number) 525 Preston St
5. Full Name of Mother, Martha ~~Chesterton~~ Glascoe
6. Mother's Maiden Name, Chesterton
7. Mother's Birthplace, Virginia
8. Full Name of Father, James H. Glascoe
9. Father's Occupation, Waiter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johnson

Address, 704 Tyson St

Remarks,

890-002510

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the nurse or other person who may be present within ten days after the occurrence of such birth, or within the period above required, and child to report its birth to the Commissioner of Health promptly with the provisions of this section shall be subject to the use of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1902. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 2209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the first child
1. Sex, (State whether male or female)	Male.
2. Race or color, (if not of the white race)	Colored.
3. Date of Birth,	The Twenty th. June
4. Place of Birth, (Street and Number)	Baltimore half moon alle no 226
5. Full Name of Mother,	~~Sarah Lizzie Hacket.~~
6. Mother's Maiden Name,	Sarah lizzie Hacket.
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	lewis malon.
9. Father's Occupation,	labor
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Harriet Jackson.
Address,	129 east street
Remarks,	890 - more 511

Every midwife, physician or other person who shall assist at the birth of any child in this city, shall, within ten days thereafter, cause the particulars required by this schedule to be correctly entered therein, and shall deliver the same, duly signed by the midwife or physician, or by the person making the return, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or mother of such child to report its birth to the Commissioner of Health, and cause the particulars required, and said schedule shall be delivered, duly signed by the midwife or physician, or by the person making the return, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or mother of such child to report its birth to the Commissioner of Health, and cause the particulars required, and said schedule to be delivered, duly signed by the midwife or physician, or by the person making the return, to the Commissioner of Health. Any midwife, physician or other person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 22 1900
4. *Place of Birth, (Street and Number)*	1220 Green Willow court
5. *Full Name of Mother,*	Lizzie Sampson
6. *Mother's Maiden Name,*	" Turner
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	Edward Sampson
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other person who makes this Return,	Mrs Annie Johnson
Address,	704 Tyson st
Remarks,	

690-002512

BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 22536

HEALTH DEPARTMENT JUL 8 1890 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex. (State whether male or female)*	Female.
2. *Race or color. (if not of the white race)*	Color
3. *Date of Birth.*	June 25.
4. *Place of Birth. (Street and Number)*	141 East Street.
5. *Full Name of Mother.*	Sarah Johnson.
6. *Mother's Maiden Name.*	Sarah Collins.
7. *Mother's Birthplace.*	Baltimore.
8. *Full Name of Father,*	Richard Johnson.
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Florida.
Name of Medical Attendant, or other person who makes this Return.	Harriet Jackson.
Address,	# 129 East Street.
Remarks,	

8 9 0 - 0 0 2 5 1 3

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 22526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 1910 BALTIMORE

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person so required make return of such birth, then it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons shall be required to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 or
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 25th 1910
4. *Place of Birth, (Street and Number)*	Etting
5. *Full Name of Mother,*	Martha Jane Paul
6. *Mother's Maiden Name,*	" " Dorsey
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	Samuel Paul
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Howard County
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	708 Tyson st
Remarks,	

8 9 0 2 0 0 2 5 1 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 22687

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 25 1909
4. Place of Birth, (Street and Number) 1° 032 Lisbon St
5. Full Name of Mother, Lisbeth Sims
6. Mother's Maiden Name, Bathe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Sims
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Fanny Kraft

Address, 1° 031 Lisbon St

Remarks, 890-002515

Every physician or midwife in attendance upon a birth shall write plainly with pen and ink, in the presence of the parents, the date and place of birth, sex, color, full name and occupation of the parents, the order of birth of the child, whether the first, second or third child born to the mother, and the full name of the child, if it has been named, and shall sign his or her name as attendant. He or she shall deliver the same, duly signed by the practitioner in the form of a certificate hereinafter provided, to the parents of the child, or to the nearest relative present at the birth, within ten days after the birth, and shall make a duplicate of each certificate and keep the same for reference. He or she shall also report in like manner to the Commissioner of Health, in the manner and within the time prescribed by the Commissioner, the name and residence of any person who shall have been in attendance upon the mother during her confinement, and who shall not have delivered the certificate to the parents or nearest relative present at the birth, as above required. Every physician or midwife who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 22538.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25-90
4. Place of Birth, (Street and Number) 1041 W. Lexington
5. Full Name of Mother, Eva Wolf
6. Mother's Maiden Name, " Morris
7. Mother's Birthplace, a
8. Full Name of Father, Jacob Wolf.
9. Father's Occupation, Merchant
10. Father's Birthplace, a

Name of Medical Attendant, or other person who makes this Return. Frank Brune

Address, 1712 Bank St.

Remarks, 1890-002516

shall forfeit and pay for every such neglect or refusal to the use of the Commissioner of Health. In case the birth of any child shall occur upon the premises where the mother is temporarily sojourning, the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 26 th 1890

4. Place of Birth, (Street and Number) 1512 E Monument St

5. Full Name of Mother, Annie M Lusby

6. Mother's Maiden Name, M[rs] Laughlin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel M. Lusby

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Savage Howard Co Md

Name of Medical Attendant, or other person who makes this Return. S H Selmer M D

Address, 1501 E Eager St

Remarks,

1890 - 002517

Any person who shall refuse or neglect to make the return required by this section, or who shall make a false return, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED JUL 8 1905 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	26 June
4. Place of Birth, (Street and Number)	850 Tyson st
5. Full Name of Mother,	Sarah Keyo
6. Mother's Maiden Name,	Sampson
7. Mother's Birthplace,	Balto city
8. Full Name of Father,	William Keyo
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Balto city
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	701 Tyson st
Remarks,	

BY0-002518

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, he shall become and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten hundred dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12841

HEALTH DEPARTMENT JUL 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	~~Female~~ Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 26th 6 30 A.M. 90
4. *Place of Birth, (Street and Number)*	414 Chestnut Ave
5. *Full Name of Mother,*	Kate Bowers
6. *Mother's Maiden Name,*	Kate Caldwell
7. *Mother's Birthplace,*	Balto Co.
8. *Full Name of Father,*	Geo C Bowers
9. *Father's Occupation,*	Mill-hand
10. *Father's Birthplace,*	Balto Co.
Name of Medical Attendant, or other person who makes this Return.	Wm. H. Friedman
Address,	141 E Chestnut Ave
Remarks,	1890-00519

...ficate conferred its sex, color, the full name and occupation of its parents, the date and place of birth, the said schedule shall be delivered duly signed by the certificate giver or midwife, or in case the birth of any child third day of each and every month to the office of the Commissioner of Health a certificate between the first and attendance upon the mother, and shall thereafter, if still become the duty of the person or parents of such child to report its birth to the Commissioner of Health in manner and within the period above required, and pay such person or persons who shall hereafter fail to do so, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. C. BULGER & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 BALTIMORE

Name: Clarence B. Shipp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27th
4. Place of Birth, (Street and Number) 1002 E. Baltimore
5. Full Name of Mother, Louise Matilda Shipp
6. Mother's Maiden Name, Burr
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Luther Boyce Shipp
9. Father's Occupation, Salesman
10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other person who makes this Return, Susan Harris

Address, 23 N. Payson

Remarks,

1890 - 002520

attendance upon the mother immediately after birth, shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 28th 1890
4. Place of Birth, (Street and Number) 127 W. West st
5. Full Name of Mother, Molly Grill
6. Mother's Maiden Name, Molly Andrews
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Grill
9. Father's Occupation, Cannmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs. C. Boos. 49 W. West st

Remarks, 1890 : 002521

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance of a practitioner, or shall occur after the practitioner has left the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. FULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 28th 1890.
4. *Place of Birth, (Street and Number)* 211 S Caroline St
5. *Full Name of Mother,* Kate Steier
6. *Mother's Maiden Name,* Mayer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Louis C Steier
9. *Father's Occupation,* Millhand
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. S H Seldner M. D.

Address, 501 E Eager St

Remarks,

1890 - 002522

been centered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the premises where a midwife only is employed, or where no other person is in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. 12545.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 28
4. Place of Birth, (Street and Number) No. 114 Eastern Ave
5. Full Name of Mother, Mary White
6. Mother's Maiden Name, Collen
7. Mother's Birthplace, Ireland
8. Full Name of Father, John White
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Keogh

Address, No. 90 S. Washington St

Remarks, 890-00-2523

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, as aforesaid, to the Registrar of Vital Statistics, or to such person as he may appoint, between the first and third day of each month, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time above specified, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Color
3. Date of Birth, June 29.
4. Place of Birth, (Street and Number) born 2002 Hutsg. St. Balto City
5. Full Name of Mother, Mrs Mary Day.
6. Mother's Maiden Name, Mary Hicks.
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Philip Day.
9. Father's Occupation, Private Waiter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Celester Cook.

Address, 108 Shields Alley.

Remarks,

1890 002524

Sec. 2. That the sex, color, the full name and occupation of its parents, the date and place of birth, and the name, sex and color of each child born alive after the passage of this act, shall be returned to the Commissioner in the form of a certificate to be known as the birth schedule, which shall be delivered, duly signed, to the Commissioner of Health, or some person designated by him for the purpose, within ten days after the birth of any child occurs within a house or institution, and within ten days after the expiration of each and every month in the case of births occurring elsewhere than in a house or institution; and it shall be the duty of the person, or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above specified; and if the mother, immediately thereafter, is in the same house with the child, she shall be entitled to report the birth to the Commissioner; and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

GEO. A. O. DELANY & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

2254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 8
1890
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 29. June
4. Place of Birth, (Street and Number) 402. Slate Street
5. Full Name of Mother, Annette Jordon Hill
6. Mother's Maiden Name, Annette Oldham
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Horace Hill
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Celestial Cook

Address, 10. 05 Sheilds Alley

Remarks,

1890-002525

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and address of the attending physician or midwife, if any, within five days after the birth, and within the said time and every month to the office of the Commissioner of Health, in the manner and within the period above specified. And it shall be the duty of the person or parents of any child born in any lying-in asylum or institution, or of the person in charge thereof, to make the return required by this section. It shall become the duty of the person or parents of such child to report the birth as herein required, if the same shall not have been reported by the physician, midwife or other attendance upon the mother. Commissioner of Health, in the manner and within the period above specified. And it shall be the duty of the person or parents of any child born in any lying-in asylum or institution, or of the person in charge thereof, to make the return required by this section. It shall be subject to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GALAHY & CO., CITY PRINTERS AND STATIONERS

A 22518

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 97 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 29
4. Place of Birth, (Street and Number) 1924 E Baltimore St
5. Full Name of Mother, Sarah Baisted
6. Mother's Maiden Name, Fuhr
7. Mother's Birthplace, Prussia Baltimore
8. Full Name of Father,
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, 1925 N Washington St

Remarks, 1890 - 002524

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the commissioner of health, or should no other person be in attendance without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately upon the birth of such child to report its birth, the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 22549

HEALTH DEPT. JUL 8 1897 BALTIMORE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 29
4. *Place of Birth, (Street and Number)* 912 E Fairmount St
5. *Full Name of Mother,* Maggie Jones
6. *Mother's Maiden Name,* Winiski
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Jones
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Knapp

Address, No 405 S Pulaski St

Remarks, 1890-00-2527

And any person who shall be convicted, duly sworn by the practitioner in the form of a certificate herein, that he has complied with the provisions of this section, shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable.

SEC. 3. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause to be printed and distributed to the practitioners of the city of Baltimore, and to the midwives thereof, a sufficient number of certificates of births, and blank forms of return, to enable them to comply with the provisions of this act; and it shall be the duty of every practitioner and midwife to report to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, within the time and with the particulars required of midwives and practitioners, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22530

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 29th 1890
4. Place of Birth (Street and Number)	108 Mulberry Street
5. Full Name of Mother	Ella Bruce
6. Mother's Maiden Name	Ella McPhail
7. Mother's Birthplace	Salt City
8. Full Name of Father	Ernest E. Bruce
9. Father's Occupation	Clerk
10. Father's Birthplace	Annapolis, Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. R. Miller M.D.
Address	661 W. Fayette St.
Remarks	

1890 - 00 - 528

Physician in the case of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

A 22657.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 8 1907
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 26 1907
4. Place of Birth, (Street and Number) 412 Eutaw
5. Full Name of Mother, Amy Lewis
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Lewis
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Key

Address, 412 Eutaw St

Remarks, 690-00529

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, born conferred; its sex, colored, duly signed by the Commissioner of Health, or should no other form of such said schedule shall and every month to the physician or practitioner become the duty of the person above required, and third day, or without the attendance of a physician or midwife, in the manner and within the time aforesaid, to report its birth to the Commissioner of Health, in the manner and within the time of this section shall be recoverable from any such person or persons who shall have neglected or failed to comply with the provisions of this section shall be recoverable. Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 22552

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 1890 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 30 1890
4. Place of Birth, (Street and Number) 1022 Lombard
5. Full Name of Mother, Mary Geier
6. Mother's Maiden Name, Geier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Geier
9. Father's Occupation. Sailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Louis Shaft

Address, 1042 Washington Ave

Remarks, 1890-00-530

Jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ed, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 22

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 30
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 30 th 1890

4. Place of Birth, (Street and Number) 1537 N Washington St.

5. Full Name of Mother, Mary Ann Konrad

6. Mother's Maiden Name, Rueth

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Konrad

9. Father's Occupation, Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. L H Seibert M D

Address, 1501 E Eager St.

Remarks,

890 002531

Every person required by the foregoing section to register the full name and occupation of its parents, the date and place of birth, and the number (if not the first) of the child registered, duly signed by the undersigned, is entitled to receive from the Commissioner of Health, or such other person as he may designate, a certificate in the form of a certificate for the birth of any child said schedule shall and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the physician or practitioner in attendance upon the mother shall be required, and it shall be the duty of the person or persons required to report the birth as aforesaid, to make such report within ten days after the birth, and in default thereof for each child to report as aforesaid, the person or persons who shall hereafter have the duty to report as aforesaid, shall be subject to the fine or fee (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. CLEMENT & BRO., CITY PRINTERS AND STATIONERS

NAME ADDED 12-11-53

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Elenora Katharine 4th Rausch
1. Sex. (state whether male or female)	female
2. Race or Color. (if not of the white race)	White
3. Date of Birth.	June 30th 90 1890
4. Place of Birth. (Street and Number)	515 So. Sharp St.
5. Full Name of Mother.	Elizabeth Rausch
6. Mother's Maiden Name.	Leeinbach
7. Mother's Birthplace.	Germany
8. Full Name of Father.	Conrad Rausch
9. Father's Occupation.	Tailor
10. Father's Birthplace.	Germany
Name of Medical Attendant, or other Person who makes this Return	Louis Beck M.D.
Address,	841 N. Eutaw St.
Remarks.	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22533.

HEALTH DEPARTMENT
JUL 7 1890
BALTIMORE

To the Clerk of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 30th 90
4.	*Place of Birth, (Street and Number)*	8 N. Liberty St
5.	*Full Name of Mother,*	Emil Luber
6.	*Mother's Maiden Name,*	" " Karg
7.	*Mother's Birthplace,*	Oberschleister.
8.	*Full Name of Father,*	John G. Luber
9.	*Father's Occupation,*	Saloon Keeper
10.	*Father's Birthplace,*	Freiburg
	Name of Medical Attendant, or other person who makes this Return.	Louis Lindner
	Address,	106 S. Monroe St.
	Remarks,	

1890 - 002533

...sex, color, the full name and occupation of its parents, the date and place of birth; and the said ...shall be delivered, duly signed by the practitioner in the form of a certificate to be ...third day of each and every month to the office of the Commissioner of Health; and no other person ...shall occur without the attendance of such practitioner or midwife, or should no other person ...child to report its birth to the Commissioner of Health, in the manner and within the time ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

2253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) Mulatto
3. *Date of Birth* June 30 - 90 - 4 15 P.M.
4. *Place of Birth*, (Street and Number) 526 Preston St
5. *Full Name of Mother*, Mary De Cameron
6. *Mother's Maiden Name*, Mary Gibson
7. *Mother's Birthplace*, Cincinnati, Ohio
8. *Full Name of Father*, William De Cameron
9. *Father's Occupation*, Coachman
10. *Father's Birthplace*, Maryland, probably Talbot Co-

Name of Medical Attendant, or other Person who makes this Return. R. H. Waters, M.D.

Address, 1429 McCulloh St, Baltimore, Md.

Remarks,

1890 - 002534

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth occurs where there is no such attendance, the mother or nurse of the child, or the person in charge of the house, shall be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

Sec. XXII.

...n Murphy & Co., ... Stationers and Stationers.

22057

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 8 19

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 30
4. *Place of Birth, (Street and Number)*	No 1620 Bank St.
5. *Full Name of Mother,*	Pauline Moskosky
6. *Mother's Maiden Name,*	Adler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frank Moskosky
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return.	Mrs Louise Kraft
Address,	No 918 S Wolfe St
Remarks,	1890-002535

Every person required by the preceding section to report the birth of any child, and every midwife, nurse or physician in attendance upon the mother, shall be entitled to receive from the Commissioner of Health a certificate of such birth, which certificate shall be delivered, duly signed by the practitioner in charge, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required to report the birth, then the mother shall become the informant, and report the same within ten days after the birth. Every midwife, nurse or physician in attendance upon the mother, immediately thereafter shall become the informant, and report the same within ten days after the birth. Every midwife, nurse or physician in attendance upon the mother, immediately thereafter shall become the informant, and report the same within ten days after the birth. Every person required by the preceding section to report the birth of any child shall make such report within ten days after the birth, and every midwife, nurse or physician in attendance upon the mother shall, within the period above required, and any such person who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

888. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	June 30 July 1890
4. *Place of Birth, (Street and Number)*	# 5 S. Eutaw St Baltimore Md
5. *Full Name of Mother.*	Margaretha Stockel
6. *Mother's Maiden Name.*	Graegaretha Hatz
7. *Mother's Birthplace.*	Nuremberg Germany
8. *Full Name of Father.*	Hugo Stockel
9. *Father's Occupation.*	Trading in this Country no Occupation
10. *Father's Birthplace.*	Minnick Germany
Name of Medical Attendant.	John C. Hammelet M.D. Phila.
Address.	# 63 N. Lombard St.
Remarks.	1890-00535

or other Person who makes this Return

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 99 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 2, 1899

4. Place of Birth, (Street and Number) 512 E. Lois St.

5. Full Name of Mother, Annie Nicholson

6. Mother's Maiden Name, Annie Talmon

7. Mother's Birthplace, Balto.

8. Full Name of Father, M. Nicholson

9. Father's Occupation, Talmon.

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. M. A. Budd

Address, 1245 E. Monument St. Cor. Central Ave

Remarks, All Well.

1899-002537

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the person required by law to register the birth of any child born in this city, within thirty days after the birth of such child, and every practitioner of medicine, midwifery, or surgery, or other person who shall neglect or refuse to deliver such certificate, or who shall neglect or refuse to perform the duty of the person or parent required, as to any birth at which he was present or in attendance, shall forfeit and pay for every such neglect or refusal, to the Commissioner of Health, in the manner and within the time prescribed by law, the sum of ten dollars; and any such person or persons who shall offer, sell or dispose of, or who shall buy or receive any such certificate, or who shall offer fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 2486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 8 1890

4. Place of Birth, (Street and Number) 28 S Eutaw St.

5. Full Name of Mother, Mary Eckert.

6. Mother's Maiden Name, Mary Schaub

7. Mother's Birthplace, Balto.

8. Full Name of Father, J. Eckert.

9. Father's Occupation, Horse shoer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr. A Burt

Address, 1245 E. Monument & cor Central Ave

Remarks, All Well

1890 - 002538

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate as above, on the third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child attendance upon the mother and child, the Practitioner shall become the duty of the person who shall be present at the birth of any child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 22561.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Charles William Heuslei Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4 1890
4. Place of Birth, (Street and Number) 1348 Balto St.
5. Full Name of Mother, Louise Heisler
6. Mother's Maiden Name, Louise Lutz
7. Mother's Birthplace, Balto. County.
8. Full Name of Father, Ernest Heisler
9. Father's Occupation, Tailor.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. M. A. Britt

Address, 1245 E. Monument St. cor Central Ave

Remarks, All Well.

890-002539

Geo. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH

A 22567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18 1890
4. Place of Birth, (Street and Number) 1306 Monument St.
5. Full Name of Mother, M. Drayer
6. Mother's Maiden Name, M Bestfeld
7. Mother's Birthplace, Balto. County.
8. Full Name of Father, H. Drayer
9. Father's Occupation, Baker
10. Father's Birthplace, Balto. County.

Name of Medical Attendant, or other person who makes this Return. M. L. Butt

Address, 1246 E. Monument & cor. Central Ave

Remarks, All Well

1890 002540

said schedule shall be delivered, duly signed by the said physician or midwife, to the person required by law to make the return of the birth of such child, within thirty days after the birth of such child; and the said schedule shall be delivered, duly signed by the said physician or midwife, to the person required by law to make the return of the birth of such child, within thirty days after the birth of such child; and the said physician or midwife shall receive from the person to whom he shall deliver the said schedule a certificate in the form of a certificate between the first and third day of each and every month to the effect that the said schedule has been delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the Mother, immediately thereafter it shall become the duty of the person or parents of such child to cause the birth of such child to be registered within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BLAKEY & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	X2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 13, 1890
4. *Place of Birth, (Street and Number)*	1007 Front St.
5. *Full Name of Mother,*	M. Lynch
6. *Mother's Maiden Name,*	M. Langley
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	M. Lynch
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	M. A. Burt.
Address,	1245 E. Monument St. cor Central Ave.
Remarks,	All Well.

1890 - 002541

Sec. 2. And be it further enacted, That the name, occupation and residence of each parent, the date and place of birth, and the name and sex of each child born alive, shall be recorded in the office of the Commissioner of Health, in the manner and within the period above required; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; or, should no other person be in attendance, the mother herself shall make such return and certificate. If any child shall occur without the attendance of a lady thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. KELLY & BRO., CITY PRINTING AND STATIONERS

RETURN OF A BIRTH A 22664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Female

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 14th 1890
4. Place of Birth, (Street and Number) 572 W Preston St
5. Full Name of Mother, Samuel J Raymond
6. Mother's Maiden Name, Samuel J Taylor
7. Mother's Birthplace, [redacted]
8. Full Name of Father, John I Hammond
9. Father's Occupation, Laborer
10. Father's Birthplace, [redacted]

Name of Medical Attendant, or other person who makes this Return. Hester A Lance

Address, 589 W Preston St

Remarks, 1890-00547

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur within the time specified, to report such birth in the manner and within the period above required, and child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person so neglecting or refusing to comply with the provisions of this section shall be sub-

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22660.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1920 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14, 1920.
4. Place of Birth, (Street and Number) 1326 Gallaca St.
5. Full Name of Mother, C. Plummer
6. Mother's Maiden Name, C. Simson
7. Mother's Birthplace, Balto.
8. Full Name of Father, G. Plummer
9. Father's Occupation, Laborn
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. M. L. Bauer

Address, 1245 E. Monument St. or Central Ave

Remarks, Alle Well.

690-002543

Law. Any of each city every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons with whom such child is reported to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 15 1890
4. Place of Birth, (Street and Number) 323 Chestnut St.
5. Full Name of Mother, M. Brooks
6. Mother's Maiden Name, M. Reynolds
7. Mother's Birthplace, Balto.
8. Full Name of Father, W. Brooks.
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr. A. Bate

Address, 1256 E. Monument St.

Remarks, All well

1890 - 002544

and conducting it at sea, color, the full name and occupation of its parents, the date and place of birth; and the name of every child born alive must be delivered, duly signed by the Practitioner in the form of a certificate between the 6th and 10th days after birth, and a certificate of every stillborn child between the 24th and 30th hours after delivery. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother, or in case of her inability, the person in charge of such attendance upon the mother immediately thereafter it shall become the duty of the person in charge of the child and every such person to report the birth to the Commissioner of Health. In like manner and within the period above required, such stillbirth shall be reported to the Commissioner of Health, by the undertaker who shall be employed to bury the body of such child, and every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. WILSON & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1907 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, June 19th 1890
4. Place of Birth, (Street and Number) 6 N. Exeter
5. Full Name of Mother, Lizzie Kennedy Knowles
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father, Hall C. Kennedy
9. Father's Occupation, Civil Engineer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Geo R Reynolds

Address, 1121 Calvert

Remarks, 1890-002545

been conferred; its sex; color; the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, at the time of the third day of each and every month to the office of the Commissioner of Health, in the manner and within the time shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the father, mother, or householder of the house in which such birth occurred shall make such return, and in like manner and within the time above required. And if any such birth or stillbirth shall hereafter occur without the return thereof being made as in this section required, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

G. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 21st 90

4. Place of Birth, (Street and Number) 1108 Jenkins Alley

5. Full Name of Mother, Elizabeth Thomas

6. Mother's Maiden Name, Elizabeth Harris

7. Mother's Birthplace, Talbot County, Maryland

8. Full Name of Father, Robt Henry Thomas

9. Father's Occupation, Laborer

10. Father's Birthplace, Charles Co Md

Name of Medical Attendant, or other person who makes this Return, Hester Coleman

Address, 509 W. Preston St

Remarks, 1890-002546

been conferred), to sex, color, the full name and occupation of its parents, the date and place of birth; and the name, residence and occupation of the practitioner in the form of a certificate between the first and second days of each and every month, and within ten days after the birth of any such child, which certificate shall be delivered, duly signed, at the office of the Commissioner of Health, or should no other person be in said school of each and every month of a physician or Practical Midwife who shall become the duty of the person above required, and attendance upon such birth to the Commissioner of Health, in the manner and within the time above specified. In case the birth of any child shall occur without the attendance of a physician or Practical Midwife, it will become the duty of the parents of such child to report the same to the Commissioner of Health, in the manner and within the time above specified. And any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 22569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 '22 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 21 1890
4. Place of Birth, (Street and Number) 2015 Chestnut St.
5. Full Name of Mother, Ella Calvin
6. Mother's Maiden Name, Ella Stg
7. Mother's Birthplace, Pensilvania
8. Full Name of Father, T. Calvin
9. Father's Occupation, Labor
10. Father's Birthplace, Pensilvania

Name of Medical Attendant, or other person who makes this Return. M. A. Butler

Address, 205 E. Monument St.

Remarks, Alle Well

1890 - 002547

said schedule shall be delivered, duly signed, by the person required to make the same, to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within ten days thereafter, and any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female Child
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 21 1890
4. *Place of Birth, (Street and Number)*	1810 Biddle St.
5. *Full Name of Mother,*	E. Riedel
6. *Mother's Maiden Name,*	E. Hinsmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	26 Riedel
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	M. A Buck.
Address,	1248 E. Monument St.
Remarks,	All Well

HEALTH DEPARTMENT RECEIVED JUL 9 1890 BALTIMORE

8 9 0 - 0 0 2 5 4 8

Said Certificate shall be delivered, duly signed by the practitioner of midwifery, or the person or parents of such child, to the Registrar of the district in which such birth occurs, within the period above required, and shall occur without the attendance of any physician or practitioner of midwifery, or the person or parents of such child to cause such birth to be registered as aforesaid, to supply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 42671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd June 1900
4. Place of Birth, (Street and Number) 512 E Lombard St
5. Full Name of Mother, Estella Etters
6. Mother's Maiden Name, Estella Shore
7. Mother's Birthplace, California
8. Full Name of Father, Willie Etters
9. Father's Occupation. Oyster Diver
10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 103 Aliceanna St

Remarks, 890-00549

...said schedule shall be delivered, duly signed by the ... Third day of each and every month to the office ... shall decline to make such return, or shall ... mother, immediately ... child to report its birth to the Commissioner ... any such person or persons who shall ... jected to the fine of ten (10) dollars for ... on to ascertain the date and place of birth; and the ...stoner in the form of certificate herein set forth; and ...annual number of births. In case the birth of any child ...practitioner of midwifery, or should no other person be in ... it shall become the duty of the person or parcels of such ...ith, in the manner and within the time specified in this section shall be sub... ...ecuted with like penalties. This section shall be ... recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 22577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd June 1890
4. Place of Birth, (Street and Number) 113 Little Mc Elderry St
5. Full Name of Mother, Clara Sugar
6. Mother's Maiden Name, Clara Klein
7. Mother's Birthplace, Austria
8. Full Name of Father, Sugar
9. Father's Occupation, Button hole maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Dr. Sherman

Address, 118 Wilmot St.

Remarks,

1890 - 00 - 550

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

All cases of birth occurring in the city of Baltimore, and all cases of still-births of children of six months or more of gestation, shall be reported to the Commissioner of Health, in the form of a certificate between the first and third days of each month, by the attending physician or midwife, or in case there is no physician or midwife in attendance upon the mother, immediately after the birth, by the father of the child, or householder or owner of the premises where the birth occurs. And in case the birth of any child shall occur without the attendance of a physician or midwife, and in case no other person be in attendance upon the mother, immediately after the birth, by the father of the child, or householder or owner of the premises where the birth occurs, it shall become the duty of the person so present to report the birth to the Commissioner of Health. And any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH B 22573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 23 1890
4. *Place of Birth, (Street and Number)*	528 Castle St
5. *Full Name of Mother,*	M. E. F.
6. *Mother's Maiden Name,*	M. Bader
7. *Mother's Birthplace,*	Louis Schweiner
8. *Full Name of Father,*	House Carpenter
9. *Father's Occupation,*	Balto.
10. *Father's Birthplace,*	M. A. Bader
Name of Medical Attendant, or other person who makes this Return.	
Address,	1105 E. Monument St.
Remarks,	See Note

1890 - 002551

(Section 3) Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or other person present at the birth, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be required to report its birth to the Commissioner of Health, in this section above required, and shall occur without the presence of a physician or practitioner of midwifery, or should no other person be required to report its birth to the Commissioner of Health, in this section above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 5.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, 29 June
4. Place of Birth, (Street and Number) Over Left 2a 2137
5. Full Name of Mother, Jeanette Kramer
6. Mother's Maiden Name, Jeanette Kramer
7. Mother's Birthplace, Maryland
8. Full Name of Father, Emil Kramer
9. Father's Occupation, Bookbinder
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890 002552

and correct name, age, color, the full name and occupation of its parents, the date and place of birth, and the other particulars required by law, within five days after birth, and obtain a certificate before the first and third day of each and every month to be issued by the Commissioner of Health. If such certificate be not obtained, the child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24 1890
4. Place of Birth, (Street and Number) 549 Gay St.
5. Full Name of Mother, L. Gelt
6. Mother's Maiden Name, L. Wise
7. Mother's Birthplace, Balto.
8. Full Name of Father, L. Gelt
9. Father's Occupation, House-Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Jos. L. Buddy

Address, 1215 E. Monument St. or Central Ave.

Remarks, See Note

1890 - 002553

HEALTH DEPARTMENT JUL 9 BALTIMORE

This Return is required by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the particulars of birth required to be stated in this section, which shall be sworn to and subscribed to before some person who shall have power to administer oaths. Any person who shall refuse or fail to comply with the provisions of this section shall be and is hereby declared guilty of a misdemeanor, and upon conviction thereof shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th June 1890.
4. *Place of Birth, (Street and Number)* 132 Albemarle St.
5. *Full Name of Mother,* Jennie Miller
6. *Mother's Maiden Name,* Jennie Fox
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Miller
9. *Father's Occupation,* Store - Keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Dr. Sherman

Address, 123 Albemarle St

Remarks, 1890 00 1554

The Registrar of Vital Statistics shall require the occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, it shall be the duty of the person in charge of the house in which such birth occurs, and within the period above required, and in like manner, to report the same to the Commissioner of Health. In the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 19 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 June 1890
4. Place of Birth, (Street and Number) 806 Hanover St
5. Full Name of Mother, Clara Aronchick
6. Mother's Maiden Name, Clara Friedberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Benjamin Aronchick
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. D. Strauss

Address, 113 Albemarle St

Remarks, 1890-000555

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

All births which occur within the limits of Baltimore City shall be reported to the Commissioner of Health, in writing, by the physician in attendance, or by the midwife, or by the parent, guardian or householder, and in default thereof by the undertaker employed to bury the child, within ten days after the birth, and such report shall state the full name and occupation of its parents, the date and place of birth; and the said physician shall be delivered, duly signed by the practitioner himself, to the undertaker employed to bury the child, between the first and third day of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance, then to the undertaker employed to bury the child, who shall report the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in default, then the mother of such child shall, immediately thereafter it shall become the duty of the person having charge of the house where the mother resides, to report the birth to the Commissioner of Health, in the manner and form as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 93 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25,
4. Place of Birth, (Street and Number) Washington st 1324
5. Full Name of Mother, Ida Daily
6. Mother's Maiden Name, Ida Gruber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Daily
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return. Mae Brown

Address, 1660 N. Chester st.

Remarks, 1890-002556

[illegible] by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible] J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20579.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 28 1890
4. *Place of Birth, (Street and Number)* Vanderhorst Lane near Baltimore County.
5. *Full Name of Mother,* E. Rittershoff
6. *Mother's Maiden Name,* E. Muschebeiter
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* F. Rittershoff
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. H. A. Buck

Address, 1205 E Monument St

Remarks, All Well

1890 - 002557

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. L 22555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30 1890.
4. Place of Birth, (Street and Number) 241 Biddle St.
5. Full Name of Mother, M. Born
6. Mother's Maiden Name, M. Franck
7. Mother's Birthplace, Germany
8. Full Name of Father, C. Born
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M. A. Burke

Address, 1245 E. Monument St. cor. Central Ave

Remarks, See Below

1890 - 002558

And the Undersigned does hereby certify that the child named and described in the foregoing schedule was born alive, and that the said schedule contains a true statement of the name and occupation of its parents, the date and place of birth; and the name and residence of the person in attendance at the birth of said child, to the best of his knowledge and belief. And the Undersigned does hereby further certify that he will, within the first three days of each and every month, report to the Commissioner of Health, in writing, a list of all births which may have occurred within the said month, and which have not been reported to the Commissioner of Health; and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health within the time above specified; and the Undersigned does hereby further certify that he will comply with the provisions of this section, and that he will, to the best of his knowledge and belief, report to the Commissioner of Health the name of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 12061

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex. (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 30th 1900
4. *Place of Birth, (Street and Number),*	1027 W. Saratoga St.
5. *Full Name of Mother,*	Annie Landon
6. *Mother's Maiden Name,*	Sullivan
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Willis Landon
9. *Father's Occupation,*	Moulding Manufacturer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	Wm A.B. Sellman M.D. 5 E. Biddle St. City
Address,	
Remarks,	

040 - 000559

Chas. CITY PRINTERS AND STATIONERS.

Every midwife, nurse or other person who shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or midwife, nurse or other person, the parent or householder in whose house it shall then become the duty of the parent (as required, except in the cases of the births and deaths of illegitimate children, within the period last aforesaid to report its birth to the Board of Health, in the manner, and should no other person be in attendance upon the birth, or death, of such child, the parent or householder in whose house it shall then become the duty of the parent (as required, except in the cases of the births and deaths of illegitimate children, within the period last aforesaid to report its birth to the Board of Health, in the manner, and with the certificate required) to report the same to the Board of Health, and every midwife, nurse or other person who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH A 22687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30th 1890
4. Place of Birth, (Street and Number) 1815 N Charles Balto Md
5. Full Name of Mother, Elizabeth Fisher
6. Mother's Maiden Name, Elizabeth Lange
7. Mother's Birthplace, Balto M.D.
8. Full Name of Father, James C. Fisher
9. Father's Occupation, Insurance Life
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Magdalena Brunt

Address, 1600 N Charles

Remarks,

1890 - 002560

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the full address where such child may be delivered, all of which particulars the practitioner is to enter in the form, or as near as the case will admit, and the said schedule shall be delivered, duly filled up, by the practitioner in the form, or as near as the case will admit, and the shall occur within the city, or within the limits of the Commissioner of Health, in case the birth of any child attendance upon the birth or a certificate of the Commissioner of Health, in case the birth of any child child to report its birth to the Commissioner of Health, in the manner and with the particulars above required, and every month to the Commissioner of Health, a list of the births of children whose births have been reported to him, and jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. BRADY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 '90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1, 1890.
4. Place of Birth, (Street and Number) 1214 Park Avenue
5. Full Name of Mother, Margaret Reed Coyle
6. Mother's Maiden Name,
7. Mother's Birthplace, Ireland
8. Full Name of Father, Joseph F. Reed
9. Father's Occupation, Saloon keeper
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. G. Lane Taneyhill

Address, 1103 Madison Avenue

Remarks, 890-002561

GEO. J. O. GILDAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3rd 1890.
4. Place of Birth, (Street and Number) 530 Dolphin Street
5. Full Name of Mother, Mary E Taylor
6. Mother's Maiden Name, Henry
7. Mother's Birthplace, Maryland
8. Full Name of Father, ~~Piano Tuner~~ Geo. W. Taylor
9. Father's Occupation, ~~Maryland~~ Piano-Tuner
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. G Lane Laneyhill

Address, 1103 Madison Avenue

Remarks,

1890 - 002562

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health within the period above mentioned; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 22586

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 6, 1890.
4. Place of Birth, (Street and Number) 704 George St.
5. Full Name of Mother, Florence A. Jarrett Bennix
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father, John J. Jarrett
9. Father's Occupation, Conductor B. & O. R.R.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. G. Lane Taneyhill

Address, 1103 Madison Avenue.

Remarks, 1890 002563

All Physicians, Midwives or other persons in attendance upon births are required to report the name and occupation of its parents, the date and place of birth, and the sex and color of each child, duly signed by the practitioner in the form of a certificate to be delivered to the parents of said child after the delivery of each child. In case there is no physician or midwife in attendance upon the birth of any child said certificate shall be delivered by the parents of such child, or should no other person be in attendance upon the mother, immediately after the occurrence of such birth, to the Commissioner of Health, in the manner and within the period required by law. Every physician or midwife who shall become the duty of the person, or parents of such child to report its birth, and every such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22076

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1890
4. Place of Birth, (Street and Number) 12 W. Montgomery
5. Full Name of Mother Anna E. Klostermann
6. Mother's Maiden Name, Anna E. Klost Wigbels
7. Mother's Birthplace, Germany
8. Full Name of Father, John Bernhard Klostermann
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return — Wm Gombel M D

Address, 128 N. Lee St

Remarks,

L 9 0 - 0 0 5 6 1

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Four
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 19th 1890
4. *Place of Birth, (Street and Number)*	Lemah 2040 Baltimore City
5. *Full Name of Mother,*	Sarah Elizabeth Wiley
6. *Mother's Maiden Name,*	Whitmal
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Joseph Talbitt Wiley
9. *Father's Occupation,*	Tiller
10. *Father's Birthplace,*	Wilna Cecil Co Md
Name of Medical Attendant, or other person who makes this Return.	Geo. W. Watson M.D.
Address,	1004 S. Fulton Ave
Remarks,	

1890 - 002565

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set out, and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth, then the mother of such child shall cause the same to be reported as herein required, and child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 4-19-57

RETURN OF A BIRTH 2206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elise Mahler Brook

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd (Third)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth June 25 1890
4. Place of Birth, (Street and Number) 1737 N. Bond St.
5. Full Name of Mother, Bianca Brook
6. Mother's Maiden Name, Mahler
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Francis Marion Brook
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Faun M.D.

Address, 1139 N. Central Ave.

Remarks,

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE

1890-002566

person, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate, hereinafter prescribed, to the person registering the birth, who shall forward the same within ten days after the birth of any child to the Registrar or within the aforesaid period to the Office of the Commissioner of Health. In case the parent has not the means to employ a Physician, the Midwife shall report the birth as above required, and any such person neglecting or refusing to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 22389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 27 — 1890
4. *Place of Birth, (Street and Number)*	No. 1028 Hanover st
5. *Full Name of Mother,*	Caroline Schwartz
6. *Mother's Maiden Name,*	Shauman
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Louis Schwartz
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser midwife
Address,	1032 Hanover st
Remarks,	

0 7 0 - 0 9 2 5 6 7

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and said schedule shall be delivered, duly signed by the mother of such child to report its birth to the Commissioner of Health. If such mother shall fail to comply with the provisions of this section she shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 27 — 1890
4. *Place of Birth, (Street and Number)*	27 Hamburg st
5. *Full Name of Mother,*	Catherin Weber
6. *Mother's Maiden Name,*	Young
7. *Mother's Birthplace,*	France
8. *Full Name of Father,*	George Weber
9. *Father's Occupation,*	Harness maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	L. Lehnaeder midwife
Address,	1032 Hanover st
Remarks,	

1890-00-25682

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

...ed, &c., before the date and place of birth; and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such same to report to the Commissioner of Health, in the manner and within the period above required, and such person or parents shall severally be liable to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...98. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

12371

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th 1890

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28th 1890
4. Place of Birth (Street and Number) Hanover St near Pratt
5. Full Name of Mother. Mary Roeder
6. Mother's Maiden Name, " L. Rudolph
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Roeder
9. Father's Occupation, Tobacconist
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return — Wm Tombo M.D.

Address, 128 W. Lee St

Remarks.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1920 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, June 28 1920
4. Place of Birth (Street and Number), Harriman Court
5. Full Name of Mother, Rose Bon
6. Mother's Maiden Name, Rose Mack
7. Mother's Birthplace, Ireland
8. Full Name of Father, High Dot
9. Father's Occupation, Fireman on Steamer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Jno A Hyle

Address, 524 Canon St Balto Md

Remarks, 1890-00-570

...e Publishing Co., City Printers and Stationers.

...ferred, in sex, color, the full names and occupation of the parents, the time and place of birth and residence of the mother, immediately after the birth of each child born alive, and the first and third days of each month thereafter, to the Commissioner of Health. In case no other person be in attendance the birth is to be delivered duly signed by the proper informant, at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, and any such person or persons shall be deemed guilty of a misdemeanor if he shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons with full intent to defraud or conceal the birth of such child, or to prevent the same from being recorded as aforesaid, shall be deemed guilty of a misdemeanor and subjected to the fine of ten (10) dollars for each offence, to be recovered as the other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29th 1890
4. Place of Birth, (Street and Number) #426. 3½ street
5. Full Name of Mother, Elizabeth Callahan
6. Mother's Maiden Name, " Holmes
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Danial Callahan
9. Father's Occupation, Black Smith
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. R G Rankin M.D.

Address, #811 Jefferson Av. Baltimore Md.

Remarks,

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE

690-00257

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be duly signed by the practitioner in the form of a certificate herein required; and the said schedule shall be every month to the office of the Commissioner of Health, or should no other person be in third degree without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother. Commissioner of Health, in the manner and within the period above required, and any other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 22674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29th 1890
4. Place of Birth, (Street and Number) Spring Street Between Gough & Bond
5. Full Name of Mother, Annie E. Popp
6. Mother's Maiden Name, Annie E. Reich.
7. Mother's Birthplace, Baltimore. Md.
8. Full Name of Father, Albert H. Popp
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Hannah E. Reames

Address, 216 North Patterson Park Avenue

Remarks, 890-002572

Sec. 4. Be it further enacted, That the name and occupation of its parents, the date and place of birth; and the sex, color, the first name and surnames of each child born alive after the first, shall be returned by the physician or midwife in attendance, or by the parent or other person required by this section to make the return of the birth of such child, to the Registrar of Vital Statistics of the district in which the birth occurs, within the period above required, and said schedule shall be delivered, duly filled out, to the person authorized to receive the same, at the office of the Commissioner of Health, or to such other person as the Commissioner of Health may designate to receive the same; and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, in the absence of the physician or midwife in attendance, and any such person or parent who shall wilfully neglect or refuse to make such report, or who shall knowingly and wilfully make any false statement in relation to the facts required to be reported, shall be guilty of a misdemeanor, and subject to the fine of not less than ten (10) dollars nor more than one hundred (100) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SEC. 5. C. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 24th 1890
4. *Place of Birth, (Street and Number)* Balto. E. Fayette Str 1809.
5. *Full Name of Mother,* Theresa Franklin
6. *Mother's Maiden Name,* Theresa Stecker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard Franklin
9. *Father's Occupation,* Bricklayer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Hannah E. Knowles.

Address, 216 North Patterson Park Avenue

Remarks,

6 9 0 - 0 0 2 5 7 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	8th
1. *Sex,* (*State whether male or female*)	Male,
2. *Race or color,* (*if not of the white race*)	White,
3. *Date of Birth,*	June 14 1890,
4. *Place of Birth,* (*Street and Number*)	622 Light st,
5. *Full Name of Mother,*	Rosa Goldsmith
6. *Mother's Maiden Name,*	Rosa Gutmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jacob Goldsmith.
9. *Father's Occupation,*	Butcher,
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Leigh M.D.
Address,	920 N. Broadway
Remarks,	0 9 0 - 0 0 2 5 7 4

been conferred with regard to sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the person in attendance, or if there be no such person, by the father or mother of such child, to the Registrar of Vital Statistics, at the office of the Commissioner of Health. In case the birth occur without the attendance of a physician or midwife, or should the person or parents of such child be unable to make such certificate, it shall become the duty of the person above required to attend upon the birth to the Commissioner of Health, in the manner and within the time above specified. Any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

THOS. G. SELBY & CO., CITY PRINTERS AND STATIONERS

A 22097

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st 1890
4. Place of Birth, (Street and Number) E. Fayette St No 1316
5. Full Name of Mother, Jacobine Schwab
6. Mother's Maiden Name, Jacobine Jochen
7. Mother's Birthplace, Balto City
8. Full Name of Father, Daniel Schwab
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Muller

Address, N. Dallas St No 114

Remarks.

1890 002575

Every midwife or other person who shall hereafter attend upon the birth of any child, shall, within three days thereafter, report to the Registrar of Vital Statistics, the name and residence of the parents of such child, the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, including the last birth, and every midwife or other person who shall attend upon the birth of any child after the expiration of the third day and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in manner and form as herein required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 2nd 1890
4. *Place of Birth, (Street and Number)*	Cor. O. Donnell & Canton St
5. *Full Name of Mother,*	Roberta Ratcliffe
6. *Mother's Maiden Name,*	Roberta Dinsmore
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Enlon P Ratcliffe
9. *Father's Occupation,*	Coal Oil Refiner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	J. H. Martin M D
Address,	910 Canton St
Remarks.	1890-00-576

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Section 12 requires that "Within ten days after the birth of any child, the parent, householder, or other person having charge of such child shall report to the Registrar of Vital Statistics, the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH A 22594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 16 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2nd 1890
4. Place of Birth, (Street and Number) 1100 Monroe Street
5. Full Name of Mother, Mary Suter
6. Mother's Maiden Name, Mary Beck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Rufus Suter
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Baumgartel

Address, 573 N. Monroe St.

Remarks,

890-002577

...been conferred its sex, color, the full name and occupation of its father, the name and maiden name of its mother, the time and place of birth, and the said schedule shall be delivered, duly signed by the physician or midwife, to the Commissioner of Health. In case the birth of any child third day of each and every month of a physician or practitioner of midwifery, or should no other person have been present at the birth, then the duty of making such return shall devolve upon the mother, immediately thereafter it shall become the duty of the father of such child to report its birth to the Commissioner of Health within the period above required, and shall occur within the city of Baltimore, and the physician or midwife in attendance shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

888. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 22600

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male ~~or female~~) [illegible]
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2nd 1890
4. Place of Birth, (Street and Number) Forrest St № 524
5. Full Name of Mother, Katharine Fryer
6. Mother's Maiden Name, Katharina Barlage
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Conrad Fryer
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St № 114

Remarks, 1890 - 002578

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 5th 1890
4. Place of Birth (Street and Number),	15 West Saratoga St
5. Full Name of Mother,	Annie P. Einstein
6. Mother's Maiden Name,	Annie P. Jennison
7. Mother's Birthplace,	St Mary's Co. Md
8. Full Name of Father,	Jacob Einstein
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return.	James Bisingslea
Address,	15 West Saratoga St
Remarks,	

1890 000570

...re Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A22602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 M

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 6 day of June 1890
4. Place of Birth, (Street and Number) 812 Webster alley Bal
5. Full Name of Mother, Susan McGuire
6. Mother's Maiden Name, Oneal
7. Mother's Birthplace, Bal
8. Full Name of Father, Edward McGuire
9. Father's Occupation, B Laborer
10. Father's Birthplace, Bal

Name of Medical Attendant, or other person who makes this Return. Lulia Groom

Address, 940 N Gayet Bal

Remarks,

1890 002580

been conferred) its sex, color, the full name and occupation of its reputed father and mother, and such other facts as may be required by the Commissioner of Health. The certificate shall be signed by the said attendant, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without such attendance, the father, mother, householder or inmate of the house in which such child was born, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A22603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 day of June 1870
4. Place of Birth, (Street and Number) 17 10 Orleans st Bal
5. Full Name of Mother, Bertha Poole
6. Mother's Maiden Name, Scahy
7. Mother's Birthplace, Bal
8. Full Name of Father, James H Poole
9. Father's Occupation, Porter
10. Father's Birthplace, Bal

Name of Medical Attendant, or other person who makes this Return. Julia Groom,

Address, 17 Gay st Bal

Remarks,

1890 - 002581

been conferred, it is hereby made the duty of the person or parents of such child, and of the physician, midwife or other person who shall have attended at the birth, to report the full name and occupation of its parents, the date and place of birth; and the name and residence of the physician, midwife or other person who shall have attended at the birth, to the office of the Commissioner of Health, within the first ten days of each and every month. In case a birth shall occur and no physician, midwife or other person be in attendance, then it shall become the duty of the person or parents of such child to report the particulars required, and within the period above required, and in the manner and with the penalties above prescribed. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. E. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 22 bn

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 16 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 1st
1. Sex, (state whether male or female) Femall
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8 th 1890
4. Place of Birth, (Street and Number) 000 Preston Street
5. Full Name of Mother, Katie Shindler
6. Mother's Maiden Name, Katie Kraft
7. Mother's Birthplace, Germany
8. Full Name of Father, Frances Shindler
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return. Mrs Anna Kienzel
Address, 548 Mc Mechen Street
Remarks, 1890-0002582

... its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22605.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*)	1st
1. *Sex,* (*State whether male or female*)	Male
2. *Race or color,* (*if not of the white race*)	White
3. *Date of Birth.*	June 9th 1890
4. *Place of Birth,* (*Street and Number*)	1612 Eastern Ave
5. *Full Name of Mother,*	Celia Fuesman
6. *Mother's Maiden Name,*	Celia Heker
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Louis Fuesman
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Fiegler M.D.
Address,	920 N Broadway
Remarks,	

1890 - 002583

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the person in charge of the house at the time of the birth, or to the parent or nearest relative present at the birth, if no other person be in attendance upon the mother immediately thereafter. It shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, with the penalties in this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 12616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White
3. Date of Birth, June 10th 1890
4. Place of Birth (Street and Number), 601 Aisquith St
5. Full Name of Mother, Margarethe Ramsay
6. Mother's Maiden Name, Margarethe Ebeling
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Edward M. Ramsay
9. Father's Occupation, Printer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. J. W. Chambers

Address, 309 N Spring St

Remarks,

U90-00358 4

Perfect, as sex, color, the full name and occupation of the parents, the number of each child, if any, shall have been previously born to the mother, and the date of birth of each child, in the form of a certificate, which shall be filled out by the said midwife or physician, and delivered, duly signed by the person rendering the same, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without such attendance, it shall be the duty of the parent or parents, or person having charge of such child, to report the birth to the Registrar of Vital Statistics, Board of Health, as aforesaid, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 22607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 10 day of June 1890
4. Place of Birth, (Street and Number) 935 N Broadway Bal
5. Full Name of Mother, Barbary Gollman
6. Mother's Maiden Name, Zellen
7. Mother's Birthplace, Bal
8. Full Name of Father, Joseph Gollman
9. Father's Occupation, Tinner
10. Father's Birthplace, Bal

Name of Medical Attendant, or other person who makes this Return. Celia Greene

Address, 940 N Gay st Bal

Remarks,

1890 - 002585.

been conferred) its sex, color, the full name and residence of its parents, the date of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, before the end of the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth, the father or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DILLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 27604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 day of June 1890
4. Place of Birth, (Street and Number) 1229 E Biddle St Bal
5. Full Name of Mother, Mary A Finley
6. Mother's Maiden Name, Gorell
7. Mother's Birthplace, Calvert Cnty
8. Full Name of Father, George M Finley
9. Father's Occupation, Harford Cnty
10. Father's Birthplace, Lucia Groom

Name of Medical Attendant, or other person who makes this Return. 240 Aisquith

Address, Bal

Remarks,

B90-002586

...as far as the same can be ascertained the full name of each child, if any shall have been born alive, the number of its parents, the date and place of its birth, and the first and surname, color, the full name and the practitioner in the form of a certificate of the birth of any child ...delivered, duly ...the office of the Commissioner of Vital Statistics, or should no other person be in ...schedule shall be delivered, duly ...the office of the Commissioner of Vital Statistics, in the manner and within the ...third day of each and every month, and shall become the duty of the person or persons required, and ...shall occur upon the mother, immediately thereafter, and within the ...child to report its birth to the Commissioner of Health, in the manner and ...any such person or persons shall neglect or refuse to comply with the ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 77607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emma Virginia Boteler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th "
1. Sex, (State whether male or female)	Female,
2. Race or color, (if not of the white race)	White,
3. Date of Birth,	June 13th 1900,
4. Place of Birth, (Street and Number)	1816 N. Bond,
5. Full Name of Mother,	Laura V. Boteler,
6. Mother's Maiden Name,	" " Booze,
7. Mother's Birthplace,	Balto City,
8. Full Name of Father,	Thomas W. Boteler
9. Father's Occupation,	Carpenter,
10. Father's Birthplace,	Prince Georges Co.
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Fleig M.D.
Address,	920 N Broadway
Remarks,	

JUL 14 1900 BALTIMORE

6 9 0 - 0 0 2 5 8 7

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

SEC. 2. Be it further ordained, &c., That it shall be the duty of the father, mother, householder, nurse, or other person present at the birth of any child, to report to the Registrar of Vital Statistics, the name and occupation of its parents, the date and place of birth, and the full schedule shall be recorded. Any midwife or nurse who shall neglect or refuse to report the birth of any child within the time specified in this section, shall forfeit and pay for each offence the sum of ten dollars, and every physician or practitioner of midwifery, who shall neglect or refuse to report the birth of any child as required by this section, shall forfeit and pay for each offence the sum of twenty dollars; and every third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same, with the particulars required by this section, to the Registrar of Vital Statistics; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 72610

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14. 1890
4. Place of Birth, (Street and Number) 2306 Eutaw Place
5. Full Name of Mother Mrs Burlander
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, M. Burlander
9. Father's Occupation, Book Publisher
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return B. J. Browne

Address, 1218 Madison Ave

Remarks, Premature birth at 8th month.

B 70 30 588

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ND STATIONERS

RETURN OF A BIRTH A 22611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 day of June 1890
4. Place of Birth, (Street and Number) 1312 Hilman st Bal
5. Full Name of Mother, Ellen McCount
6. Mother's Maiden Name, Dukey
7. Mother's Birthplace, Ireland
8. Full Name of Father, Peter J McCount
9. Father's Occupation, Labor
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Julia Gorman

Address, 940 Wagner Bal

Remarks,

1890 - 002589

WM. J. D. MILLARD & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 22617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1890 BALTIMORE

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	7th
1. *Sex,* (*state whether male or female*)	Male.
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	June 15th 1890
4. *Place of Birth,* (*Street and Number*)	915 Carlton St.
5. *Full Name of Mother.*	Mary Campbell
6. *Mother's Maiden Name,*	Mary Deaver
7. *Mother's Birthplace,*	Baltimore County Md
8. *Full Name of Father.*	Thos Deaver
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Harford Co Md
Name of Medical Attendant, or other Person who makes this Return	J H Martin
Address.	
Remarks.	90

6 9 0 - 0 0 2 5 9 0

J. Q. DULANY & CO., CITY PRINTERS AND STATIONERS.

...ounty, and after, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1920 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (stnte whether mnle or femnle),* Male
2. *Race or Color (if not of the white race).* White
3. *Date of Birth,* June 11th
4. *Plaee of Birth (Street and Number),* 1502 Sinclair St
5. *Full Name of Mother,* Florence G Ditfoth
6. *Mother's Maiden Name,* Florence G Marrow
7. *Mother's Birthplaee,* Baltimore
8. *Full Nnme of Fnther,* Louis S Ditfoth
9. *Father's Oeeupation,* Salesman
10. *Father's Birthplaee,* Hanover Pa

Nnme of Medienl Attendant, or other person who makes this Return. Ida Gadther

Address, 602 Gold St

Remnrks,

1920-002591

Baltimore Publishing Co., City Printers and Stationers.

Every midwife, physician or other person who shall be in attendance upon the birth of any child, shall report to the office of the Commissioner of Health, in case the birth of any child shall occur in the absence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to birth to the Commissioner of Health, in the manner and within the time prescribed above, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 7716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 18 day of June 1890
4. Place of Birth, (Street and Number) 1876 Belair av Bal
5. Full Name of Mother, Lena Albert
6. Mother's Maiden Name, Schimmesten
7. Mother's Birthplace, New York
8. Full Name of Father, Marlon Albert
9. Father's Occupation, Brakeman Workenton Md
10. Father's Birthplace, Italia Grocer

Name of Medical Attendant, or other person who makes this Return. 940 Eager

Address, Bal

Remarks,

890-002592

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Be it enacted by the General Assembly of Maryland, That it shall be the duty of the Board of Health of Baltimore City to cause to be recorded the full name of each child born in said city, the sex, color, date and place of birth, and the name, residence and occupation of its parents, the date of each certificate between the first and third day of each and every month, and to the office of the Commissioner of Health, and the date of each certificate shall be delivered, with to the office of the Commissioner of midwifery, or should no other person be in attendance at such birth, then the physician or midwife in attendance shall within the period above required, and shall occur within the mother, immediately report such birth to the Commissioner of Health, in the manner and with the particulars of this section shall be attended by a physician or midwife, the physician or midwife in attendance at the birth shall report its birth to the Commissioner of Health, in the manner and with the particulars of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 19 1890 Balt City
4. *Place of Birth, (Street and Number)* Maryland ainne Ex Lombard
5. *Full Name of Mother,* Octavy Lynch) No Number
6. *Mother's Maiden Name,* Octavy Richards
7. *Mother's Birthplace,* Carroll County Md
8. *Full Name of Father,* Abram Lynch
9. *Father's Occupation,* driver Ice Wagon
10. *Father's Birthplace,* Balt Co Md

Name of Medical Attendant, or other person who makes this Return, Mary a Martin

Address, Brick hill Mount vernon

Remarks, No 76 Md City

890-002593

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the latter neglect to make such certificate, then the person in charge of the premises where such birth occurs, or the nearest relative present at the birth, or in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 22616

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 '90 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Kind

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, ~~S. Bond St. 20 June~~
4. Place of Birth, (Street and Number) S Bond Str.
5. Full Name of Mother, Marie Esposita
6. Mother's Maiden Name, Marie Frantner
7. Mother's Birthplace, Baldimore Md
8. Full Name of Father, Michael Esposita
9. Father's Occupation, Stivard
10. Father's Birthplace, Italien

Name of Medical Attendant, or other person who makes this Return, Marie Fredl

Address,

Remarks, Dallas St 843

C 90 - 002594

been conferred its sex, color, the full name and occupation of its father, if known, the date and place of birth, and the name and maiden name of its mother, if living. And the attendant upon the birth, immediately thereafter, shall enter the same and within the period above required, and child to report the particulars required by this section, and in the form of a certificate between the first and shall deliver such certificate to the person whose duty it is to report the birth of any child every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the father or mother of such child, and each and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

(22617)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	June 20/90
4. *Place of Birth (Street and Number),*	110 E Hillyer
5. *Full Name of Mother,*	A E Ehrman
6. *Mother's Maiden Name,*	A E Jones
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Ehrman
9. *Father's Occupation,*	Tobacco Salesman
10. *Father's Birthplace,*	Boston Mass
Name of Medical Attendant, or other person who makes this Return.	W T Cummins
Address,	
Remarks,	H B Taylor M D

8 5 0 2 5 2 5

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 22 618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 de

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 20 day of June 1890
4. Place of Birth, (Street and Number) 14.14 Antony st Bal
5. Full Name of Mother, Margret Hadenhausen
6. Mother's Maiden Name, Gnedler
7. Mother's Birthplace, Germany
8. Full Name of Father, John Hadenhausen
9. Father's Occupation, Laban
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Lulia Groom

Address, 904 N Gaye st Bal

Remarks, 1890 002596

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 94604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 22/98
4. Place of Birth (Street and Number),	1238 Argyle ave
5. Full Name of Mother,	Ellen Virginia Selby
6. Mother's Maiden Name,	" " Baltimore
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Westley Selby
9. Father's Occupation,	Armorer
10. Father's Birthplace,	Balto Co
Name of Medical Attendant, or other person who makes this Return.	W H Thom MD
Address,	
Remarks,	Hebdomadal

Penalty. To sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month next succeeding the birth. If no physician or midwife was present at the birth, then the said schedule shall be delivered as aforesaid by the attendant of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 22670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June the 23rd 1890
4. Place of Birth, (Street and Number) 832 Harford ave
5. Full Name of Mother, Catherine A Tully
6. Mother's Maiden Name, " " Kehoe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John F Tully
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah wooden

Address, 936 Greenmount ave

Remarks,

690-002598

...ject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BALMAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

22621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1900 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	
3. Date of Birth,	June 24th 90
4. Place of Birth (Street and Number),	68 W Lexington St
5. Full Name of Mother,	Anna Augusta Noble
6. Mother's Maiden Name,	Dorsey
7. Mother's Birthplace,	Frederick Co Md
8. Full Name of Father,	Thomas Alfred Noble
9. Father's Occupation,	Traveling Salesman
10. Father's Birthplace,	Caroline Co Md
Name of Medical Attendant, or other person who makes this Return.	Wm Gee
Address,	416 W Lexington St
Remarks,	

1900 002599

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

A. 22622

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 24th 1890
4. Place of Birth, (Street and Number) 34 Harrison St.
5. Full Name of Mother, Fanny Goldstein
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Nathan Goldstein
9. Father's Occupation, Labor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter St.

Remarks,

1890-002600

... and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1920 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 24 June 1920
4. Place of Birth, (Street and Number) 2[illegible] Druid Hill Ave
5. Full Name of Mother, Virginia Reed
6. Mother's Maiden Name, Virginia Ross
7. Mother's Birthplace, Washington D C
8. Full Name of Father, [illegible] Reed
9. Father's Occupation, Janitor Work Laborer
10. Father's Birthplace, Georgia Penn Ga

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 121 Saratoga St

Remarks,

690-002601

been conferred, his sex, color, the full name and occupation of the parents, the number of births that have occurred to the mother, and the number of children of such mother living at the time of such birth; and such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is authorized by this section to make such return, then it shall become the duty of the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 18 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Col
3. Date of Birth, June 25th 1890
4. Place of Birth, (Street and Number) 125 Mister st
5. Full Name of Mother,
6. Mother's Maiden Name, Susie Reson
7. Mother's Birthplace, Balto
8. Full Name of Father, Clinton Thomas
9. Father's Occupation, Laboring
10. Father's Birthplace, Eastern Shore Md

Name of Medical Attendant, or other person who makes this Return. Caroline Hoss

Address, No 49 W. West st Balto Md

Remarks,

8 9 0 - 0 0 2 6 0 2

cen concerned; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days after the birth, and before the removal of the mother or child from the house. In case the birth of any child shall occur without the attendance of a physician or midwife, or if such physician or midwife shall neglect or refuse to attend upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and upon such report the Commissioner of Health shall cause the said certificate to be filled out and signed by the proper person, who shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

J. D. TILLANY & CO. CITY PRINTERS AND STATIONERS

Case

RETURN OF A BIRTH

A 77628.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna Eva Marie Scheer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25
4. Place of Birth, (Street and Number) 1716 Linden ave
5. Full Name of Mother, Emma Scheer
6. Mother's Maiden Name, Howard
7. Mother's Birthplace, Balto.
8. Full Name of Father, C. L. Scheer
9. Father's Occupation, Farmisher
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. C. L. Bradenbaugh M.D.

Address, 418 S. Pine St

Remarks,

HEALTH DEPARTMENT JUL 23 1890 BALTIMORE

1890 002603

been conferred) its sex, color the full name and residence of the father as the full name of each child, if any shall have been born to her since the making of the last preceding return, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case, to the proper registrar within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 25th 90
4. Place of Birth, (Street and Number) 1 or Independence & Madison St
5. Full Name of Mother, Ada Shiller
6. Mother's Maiden Name, Ada Arell
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Bernard Shiller
9. Father's Occupation, Sailor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr J Price M.D.

Address, Waverly Md

Remarks, This report was mislaid a few days

E-0-00261

and who shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person in attendance upon the mother, immediately thereafter to shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 22177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1920 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 26th 1870
4. Place of Birth, (Street and Number) 107 Broad Alley
5. Full Name of Mother, Rebecca Hausman
6. Mother's Maiden Name.
7. Mother's Birthplace, Europe
8. Full Name of Father, Solomon Hausman
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks, 1899 - 00 X 605

conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Vital Statistics, in case the birth of any child shall have occurred without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge upon the mother immediately after the birth, or the person to whom application is first made thereafter, to report its birth to the Commissioner as herein required. It shall become the duty of the person so reporting such birth to comply with the requirements of this section within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A22698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 18 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Col
3. *Date of Birth,*	June 27th 1890
4. *Place of Birth, (Street and Number)*	118 Seldner st
5. *Full Name of Mother.*	Kate Coates
6. *Mother's Maiden Name,*	Kate Johnson
7. *Mother's Birthplace,*	Kent Co Md
8. *Full Name of Father,*	Peter Coates
9. *Father's Occupation,*	Laboring
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Caroline Howe
Address,	1049 W. West st Balto
Remarks,	1890-002606

Each certificate shall contain the full name and description of its parents, the time and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or person in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of any practitioner of midwifery, or should no other person be required by this section to report the same, it shall be the duty of the parent or parents, or head of the family in which such birth occurs, to report the same, immediately thereafter. It shall become the duty, in the period above required, and in the manner above set forth, of every practitioner of midwifery, or other person in charge, who shall attend upon any child to report its birth to the Commissioner of Health, in the manner provided in this section, and to deliver to the parent or parents, or head of the family in which such birth occurs, a duplicate of the certificate, duly signed by the physicians of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 9769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	June 27/90
4. Place of Birth (Street and Number),	1215 McKeldon st
5. Full Name of Mother,	Annie Mensfield,
6. Mother's Maiden Name,	Annie Mozelousky.
7. Mother's Birthplace,	Russia.
8. Full Name of Father,	Isaac Mensfield
9. Father's Occupation,	Tailor,
10. Father's Birthplace,	Russia,
Name of Medical Attendant, or other person who makes this Return.	J. Wolchanbeck
Address,	209 N Peters st
Remarks,	

0 7 0 - 0 0 4 6 0 7

Sec. 4. Every midwife to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above required, and any parent or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sun Iron Building Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 11-9-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1890 BALTIMORE

Cabell Halsey.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 27th, 1890.
4. *Place of Birth, (Street and Number)* 5 W. Franklin St.
5. *Full Name of Mother,* Helen Virginia Halsey.
6. *Mother's Maiden Name,* Hartman
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Henry Halsey
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Philadelphia Penna

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address, 414 N. Green St

Remarks,

C 90-002608

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH A 22131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 16 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27th 1890
4. Place of Birth, (Street and Number) 4000 Barclay Street
5. Full Name of Mother, Emma Weakin
6. Mother's Maiden Name, Emma McConnell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Weakin
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Emma Wenzel

Address, 545 McMechen Street

Remarks,

1890 - 002609

conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and give said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any practitioner, and in all cases where no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1920 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 May 1920
4. Place of Birth, (Street and Number) 1562 Belnord ave
5. Full Name of Mother, Johanna Henes Henbeck
6. Mother's Maiden Name, Gemmany
7. Mother's Birthplace, George Henes
8. Full Name of Father, Bruenman
9. Father's Occupation, Gemmany
10. Father's Birthplace, Enlist Groom

Name of Medical Attendant, or other person who makes this Return. 4900 Gor st Bal

Address,

Remarks,

1890-002610

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive of such mother, the names of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In the case of stillbirths, and shall include a like report as to the sex, color, the full name and occupation in the form of a certificate the births of any child shall occur without the city, immediately thereafter. In the manner and within the period above specified, and shall report its birth to the Commissioner of Health, or should no other person be in attendance within the city, the mother herself. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ED. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 '90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 27th day of June 1890
4. Place of Birth, (Street and Number) 712 N Canal near B
5. Full Name of Mother, Margaret Zimmerm
6. Mother's Maiden Name, Meyn
7. Mother's Birthplace, Bal-
8. Full Name of Father, John Zimmerm
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Bal

Name of Medical Attendant, or other person who makes this Return. Edwin Groome

Address, 940 N Gay st Bal

Remarks,

890-002611

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the physician or midwife in attendance upon any case of birth occurring in the city of Baltimore, to make a return of the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the occurrence of such birth, which return shall be made upon a blank to be furnished by the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall contain the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the name and address of the physician or midwife in attendance at such birth; and the physician or midwife in attendance upon any case of birth occurring in the city of Baltimore shall be entitled to receive from the Registrar of Vital Statistics, Board of Health, Baltimore City, the sum of twenty-five cents for each and every birth by him reported, as aforesaid, within the time aforesaid, and no more; provided, however, that no fee shall be allowed for the return of any birth occurring after the expiration of the time aforesaid.

Sec. 2. And be it further enacted, That it shall be the duty of the physician or midwife in attendance upon any case of birth occurring in the city of Baltimore, to make a return of the same as far as the same can be ascertained, the full name of each child of the case and the said schedule shall have printed thereon the following words, viz: "Section 2 of the Act of Assembly, 1890, Chapter 123, requires the physician or midwife in attendance upon any case of birth occurring in the city of Baltimore to make a return of the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the occurrence of such birth, which return shall be made upon a blank to be furnished by the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall contain the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the name and address of the physician or midwife in attendance at such birth; and the physician or midwife in attendance upon any case of birth occurring in the city of Baltimore shall be entitled to receive from the Registrar of Vital Statistics, Board of Health, Baltimore City, the sum of twenty-five cents for each and every birth by him reported, as aforesaid, within the time aforesaid, and no more; provided, however, that no fee shall be allowed for the return of any birth occurring after the expiration of the time aforesaid. And the Registrar of Vital Statistics, Board of Health, Baltimore City, shall not issue a certificate between the first and third day of each and every month to the officer of the Commissioners of Excise, to cause the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or to cause to be returned any such birth, the mother, immediately thereafter, it shall become the duty of the person or persons so in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons so child to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28th 1890
4. Place of Birth, (Street and Number) Mullikin St No 1511
5. Full Name of Mother, Kate Goldsmith
6. Mother's Maiden Name, Kate Halleman
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Jacob Goldsmith
9. Father's Occupation, Junk dealer
10. Father's Birthplace, Darmstadt Hessen. Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks, 890-002612

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered monthly to the office of the Commissioner of Health. In case the birth of any child shall occur upon the premises or in the practice of any person who is in attendance upon the mother, the certificate between the first and third day of such attendance of a physician or midwife, or should no such person be in attendance upon the mother, the certificate shall be rendered within the period above required, and shall be signed by the householder. It shall become the duty of the physician or midwife in attendance upon the mother, the Commissioner of Health, in the manner and within the time prescribed by law, to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be guilty of a misdemeanor, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. GUILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22 (0)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 day of June 1890
4. Place of Birth, (Street and Number) 819 Madison ave Bal
5. Full Name of Mother, Josephine Wilkens Anderson
6. Mother's Maiden Name, Bal
7. Mother's Birthplace, Wilson Wilkens
8. Full Name of Father, Teamster
9. Father's Occupation, Bal Md
10. Father's Birthplace, Celia Groom

Name of Medical Attendant, or other person who makes this Return. 940 E Gay st

Address, Bal

Remarks,

890-002613

...be ascertained the full name of each child, if any shall ...ed, and ...ce of birth; and ...certificate between the first child ...ed to other person be in ...ctitioner of midwifery, or the person or parents of such ...ereafter it shall become the duty within the period above required, and ...ith the provisions of this section, to be recovered as other fines and forfeitures are recoverable.

...been conferred) its sex, color, the name and occupation of its parents, the date and place of birth; and ...said schedule shall be returned every month to the office of the Commissioner of Health, by the person or parents of such ...third day of each month, and in case of the neglect or refusal of the person or parents of such child to report its birth, ...attendance upon the mother, Commissioner of Health, to the provisions of this section, to be recovered as other fines and forfeitures are recoverable. ...any such person or persons who shall hereafter fail to comply with ...ject to the same penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 16 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 29th 1890
4. Place of Birth, (Street and Number) 2310 Bakers Court
5. Full Name of Mother, Christena Minkard
6. Mother's Maiden Name, Christena Brosia
7. Mother's Birthplace, Germany
8. Full Name of Father, George Minkard
9. Father's Occupation, Hostler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Rosenfeld

Address, 643 N. Eutaw Street

Remarks,

890-002614

been centered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge of the house in which such birth occurs, or the parent, if present, or the nearest relative present, or the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SULLANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full names and occupations of the parents, the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in attendance, a certificate stating the date of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of a first child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother herself shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. It is the mother herself who shall have neglected and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 2 26 87

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 day of June 1890
4. *Place of Birth, (Street and Number)* 10 36 N Macdonogh Ave Bal
5. *Full Name of Mother,* Teresa Padgett
6. *Mother's Maiden Name,* Schaeffer
7. *Mother's Birthplace,* Bal
8. *Full Name of Father,* George W Padgett
9. *Father's Occupation,* Tob Dealer
10. *Father's Birthplace,* Bal

Name of Medical Attendant, or other person who makes this Return. Julia Gaines

Address, 940 N Gay St Bal

Remarks,

1890 002615

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, June 16 1904
4. Place of Birth, (Street and Number) 8 Smith alley
5. Full Name of Mother, Sarah Watkins
6. Mother's Maiden Name, Sarah Bonzo
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, James W Watkins
9. Father's Occupation, Work in Lime Kiln
10. Father's Birthplace, Leather Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs E Jones Dr

Address, 1121 Sarlors Pl

Remarks,

B 20 - 002616

JUL 15 1904 BALTIMORE

...Every case of birth, the date and place of birth; and the ...the name of a certificate of the birth of any live ...to the office of the Commissioner of Health, or should no other ...said schedule each and every month a physician or midwife ...third day of each month without the aforesaid ...shall once upon the birth to the Commissioner ...child to report the ...any such person ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

...A. C. BALDWIN & SON, CITY PRINTERS AND STATIONERS

...RN OF A BIRTH A 22639

R...rar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1890 BALTIMORE.

(state whether 1st, 2d, 3d, &c.) 1 st

...ale or female) Female

... not of the white race)

30 day of June 1890

4. Place of Birth, (Street and Number) 1051 N Front st Bal

5. Full Name of Mother, Emma Lusey

6. Mother's Maiden Name, McDaniel

7. Mother's Birthplace, Germany

8. Full Name of Father, Daniel Lusey

9. Father's Occupation, Molder

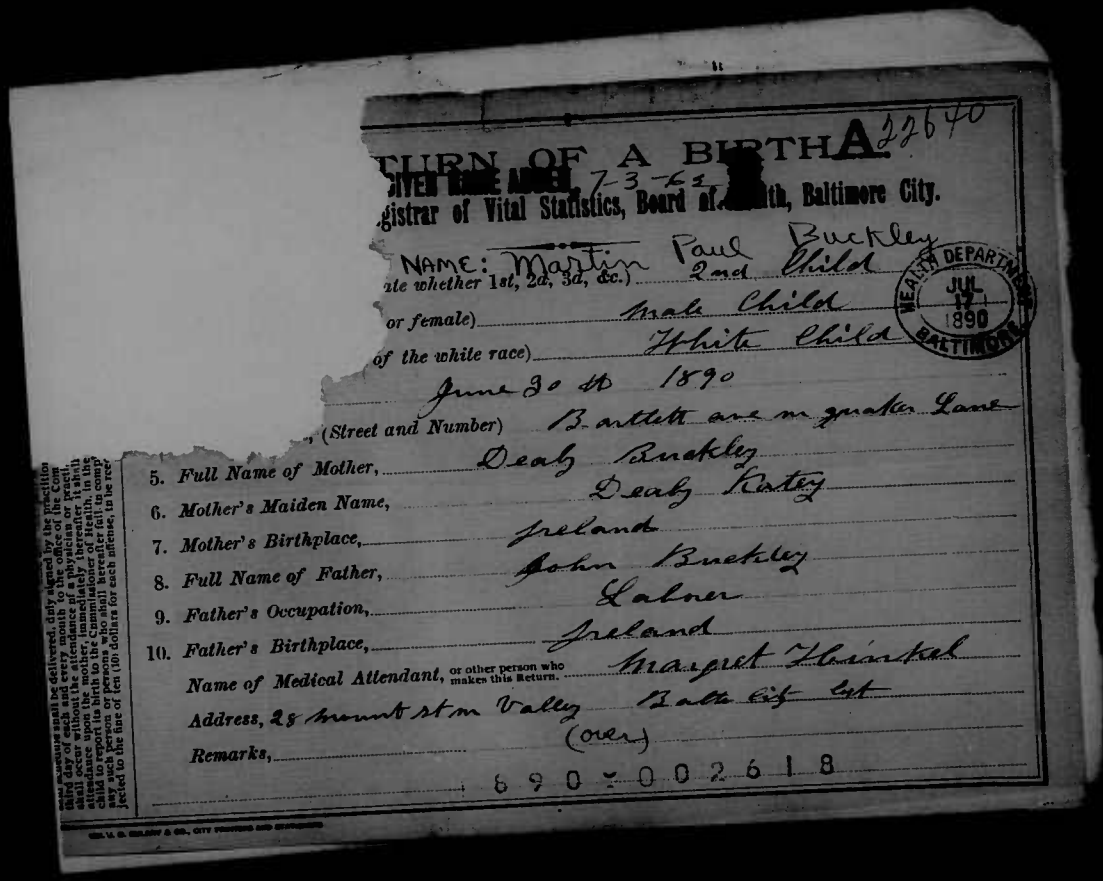
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Edith Gorman

Address, 940 E Lay Bal

Remarks, 690-002617

...ness, and shall set forth as far as the same can be ascertained, ...been conferred, its sex, color, the full name and occupation of ... the date of each and every month to the office of the Commissioner ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter, it shall be ... any such person or persons who shall hereafter fail to comply ... liable to the fine of ten (10) dollars for each offense, to be recovered,



RETURN OF A BIRTH A 12670

[redacted] 7-3-61

Registrar of Vital Statistics, Board of [redacted]lth, Baltimore City.

NAME: Martin Paul Buckley

(State whether 1st, 2d, 3d, &c.) 2nd Child

(Male or female) Male Child

(White or of the white race) White Child

HEALTH DEPARTMENT JUL 17 1890 BALTIMORE

June 30 th 1890

(Street and Number) Bartlett ave n greater Lane

5. Full Name of Mother, Deaky Buckley

6. Mother's Maiden Name, Deaky Kaley

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Buckley

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Margret Hoinstel

Address, 28 mount st m Valley Balto City Cat

Remarks,

(over)

690-002618

The manufacture shall be delivered, duly signed by the Registrar of the district in which the birth occurred, to the undertaker or person having charge of the interment, before any interment shall occur without the attendance of the undertaker or person, and every undertaker or person attending any interment without such certificate shall forthwith report the case to the Commissioner of Health, in the city of Baltimore, and in other districts to the Registrar of Vital Statistics, and any undertaker or person who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recovered.

THE W. B. GILROY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22647

of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1890 BALTIMORE

r, (state whether 1st, 2d, 3d, &c.) 3rd

male or female) Male

or, (if not of the white race) white

Birth, June 3rd 1890

4. *Place of Birth,* (Street and Number) 818 E. Pratt st.
5. *Full Name of Mother,* Lizzie Concannon
6. *Mother's Maiden Name,* 1890-002619
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Concannon
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Bernstein

Address, 122 S. Exeter st.

Remarks, 1890-002619

a schedule shall contain a list of the births which h
, and shall set forth as far as the same can be ascertained
collected, all the particulars required to be registered
schedule shall be delivered, duly signed by the practitioner in
occur without the attendance of a physician or practitioner,
day of each and every month to the office of the Commissio
d occurred in his practice during the month next preceding
nce of birth to the Commissioner of Health, in the manne
such person or persons who shall hereafter fail to comply with
ed to the fine of ten (10) dollars for each offense, to be recovered

RETURN OF A BIRTH A 22687

of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1890 BALTIMORE.

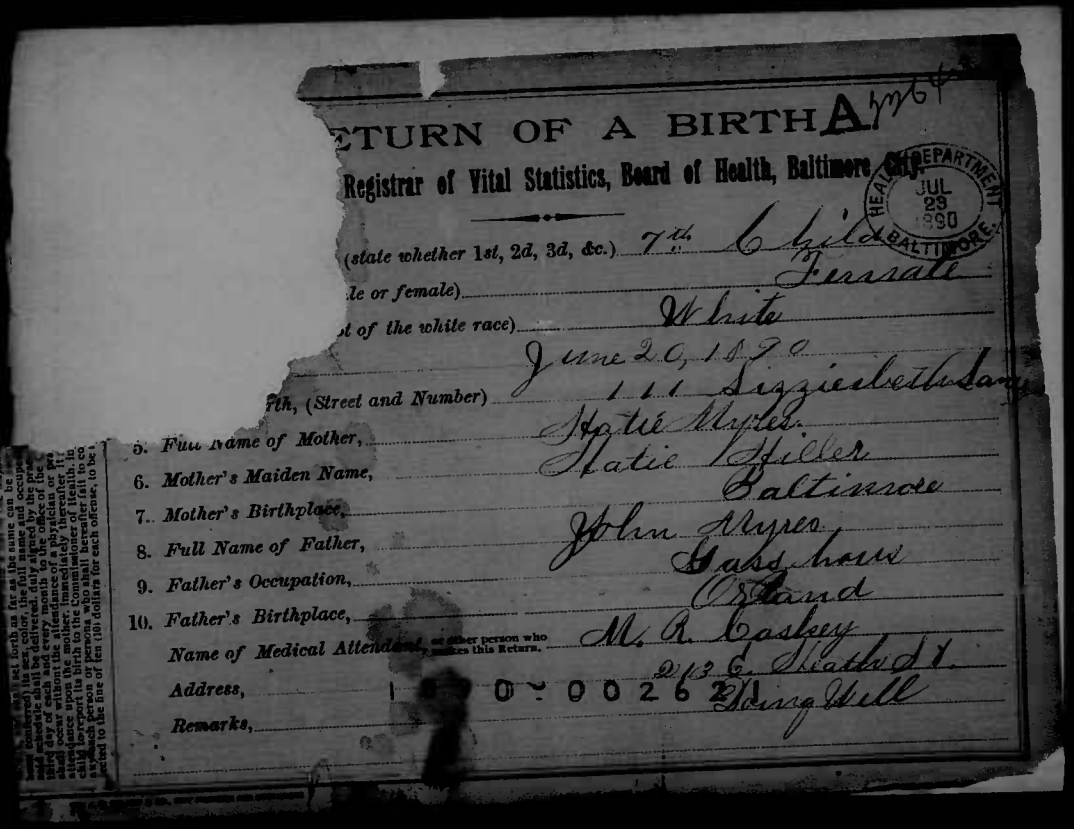
1. ...r, (state whether 1st, 2d, 3d, &c.) 1st.
2. ...ale or female) female
3. ..., (if not of the white race) white
4. ...th, June 30th 1890
5. ...birth, (Street and Number) 225 S. Eden st.
6. Full Name of Mother, Rachel Goldstein
7. Mother's Maiden Name,
8. Mother's Birthplace, Europe
9. Full Name of Father, Jacob Goldstein
10. Father's Occupation, Peddler
11. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Eden st.

Remarks, 1890-002620

...ians residing or practicing in any city, town or district in this State, shall keep a record of the births attended by them, and shall set forth, as far as practicable, the information required by the Registrar, and shall sign their names to the same; and every midwife or other person not a physician, who shall attend at any birth, shall make a return of the same to the Registrar, on the Schedule which will be furnished for the purpose, stating the full name and occupation of the parents, the number of the child, whether 1st, 2d, 3d, &c., child born to the parents, whether male or female, whether white or of what other race, the time of birth, the day of the month and year, and the street and number of the house where the birth occurred, and every month to the office of the Commissioner of Health, or to such other place as he may direct. No fee or reward shall be received for any certificate or return required by this section, unless the same be demanded at the time of making the same. Any person who shall refuse or neglect to make any return or report required by this section, or who shall refuse or neglect to furnish any information required by the Registrar, or who shall refuse or neglect to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section, shall be guilty of a misdemeanor, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines are recovered.



ETURN OF A BIRTH

Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1890 BALTIMORE

(state whether 1st, 2d, 3d, &c.) 7th Child

le or female) Female

t of the white race) White

June 20, 1890

th, (Street and Number) 111 Lizzie Elizabeth Lane

5. Full Name of Mother, Katie Myers

6. Mother's Maiden Name, Katie Hilder

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Myers

9. Father's Occupation, Gas House

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. M. R. Easley

Address, 262 E. Biddle St.

Remarks, 10-00262 Living Well

...set forth as far as the same can be ascertained from the parents or other informants. The sex, color (white, black, mulatto, quadroon, octoroon, Chinese, Indian, or colored) the age, color, the date of birth signed by the physician or midwife, and every child born alive in the city of Baltimore, or which shall be born dead after the fifth month of pregnancy, shall be reported to the Registrar of Vital Statistics, Board of Health, within ten days after such birth, and every month to the office of the Commissioners of Health, a return of all births and deaths occurring during the month preceding, and every month thereafter, to the office of the Commissioners of Health, in default of which report the person or persons who shall neglect or refuse to make such report shall be subject to the fine of ten (10) dollars for each offense, to be collected as other fines are collected.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of

No. of Child of Mother, (state whether 1st, 2d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Date of Birth, July 1st

Place of Birth, (Street and Number) 909

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address

RETURN OF A BIRTH A 22647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 3 1900
BALTIMO

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) First Child

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* June 1st 1900
4. *Place of Birth,* (*Street and Number*) 324 Court Alley
5. *Full Name of Mother,* Lucian Turner
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Central Ala. Near Tuskegee
8. *Full Name of Father,* Charles Turner
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Elliott Co.

Name of Medical Attendant, or other person who makes this Return. Dr. Turner

Address, 102 Mc Culloh St.

Remarks,

8900-002623

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate of birth; and the third day of each month to the office of the Commissioner of Health, at the expiration of a like period, a similar certificate for any birth which may have occurred within said month without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. SULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex,* (state whether male or female)	Female
2. *Race or color,* (if not of the white race)	White
3. *Date of Birth,*	July 1st
4. *Place of Birth,* (Street and Number)	South Carey St Balto City
5. *Full Name of Mother,*	Maggie A Gibson
6. *Mother's Maiden Name,*	Maggie A Gavin
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Robert Gibson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return.	Mrs Crowe.
Address.	
Remarks,	1890-002624

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

For which he shall be delivered, duly signed by the medical attendant, or in his absence, by one of the parents, the date and place of birth; and the third day of each and every month he shall make out and deliver to the Commissioner of Health, a certificate between the first and last days of the month, of the birth of each child born within the city, of which he shall have been in attendance as a physician or practitioner of midwifery, or should no other certificate of such birth have been delivered to the Commissioner of Health, as above required, and shall occur without the assistance of a physician or midwife, he shall become the informant of such birth, and shall report the same to the Commissioner of Health, as above required, and in case the mother, immediately thereafter, it shall become the duty of the father of such child to report its birth to the Commissioner of Health as above required, within the period above mentioned. Any person who shall refuse or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

G. DELANY & CO., PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	July 1/90
4. *Place of Birth (Street and Number),*	1818 Gough St
5. *Full Name of Mother,*	Lydia Bennett
6. *Mother's Maiden Name,*	Lydia Lynch
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Frank Bennett
9. *Father's Occupation,*	Hostler
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M.D
Address,	124 S. Broadway
Remarks,	

1890 - 00 22625

shall be delivered, duly signed by the practitioner in the presence of two witnesses, the sex and place of birth; and the said practitioner shall enter in a book to be kept for that purpose a full record of the case, and make a return thereof to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall neglect or refuse to make such report shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Times Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

A 22630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st of July 1890
4. Place of Birth, (Street and Number) 214 North Wolf street
5. Full Name of Mother, Mary Lizzie Clark
6. Mother's Maiden Name, Mary Lizzie Dragger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Rankold Dragger
9. Father's Occupation, Schoue fitter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Crescintia Junkel

Address, 213 North Chapel St. Crescintia Junkel

Remarks, Healthy.

1890 - 002626

Every physician or midwife in attendance upon a birth shall, within five days after the birth, report the same to the Registrar of Vital Statistics, stating the name and occupation of its parents, the date and place of birth, and the said return shall be given. The Registrar shall furnish blank forms for such returns, and shall receive and register the same, and shall report to the Commissioner of Health, at the end of every month, the number of births returned to his office during the month. A certificate between the first and third day of each and every month to the office of the Commissioner of Health, stating that no birth has occurred in his district during the month, or during such portion thereof as may have elapsed since the last report, shall be sufficient return for such period. Any midwife or other person who shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth within five days thereafter. In the event of the refusal or neglect of the parents or either of them, or any such person or persons who shall hereafter fail to comply with the provisions of this section, such person shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st of July 1890.
4. *Place of Birth, (Street and Number)*	1916 East Orleans St.
5. *Full Name of Mother,*	Maggie Schirlitz
6. *Mother's Maiden Name,*	Maggie Hahn
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Hahn
9. *Father's Occupation,*	Baker.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Cresantia Kunkel
Address,	213 North Chapel St per Justina Kunkel
Remarks,	Healthy.

1890 002627

...sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required to make return thereof, it shall become the duty of the parent or head of the family in which such birth occurs, to make return thereof as required by this section, within the period above required, and in case of his failure to do so, he shall be subject to the penalty hereinafter provided. It shall become the duty of the undertaker or other person having charge of the interment of any dead body, to ascertain whether the birth of such body has been returned as required by this section, and in case it has not been returned, to notify the person charged with the duty of making such return, of his omission, and if such person shall neglect for ten days after such notification to make such return, he shall be subject to the penalty hereinafter provided. It shall be the duty of every person who shall hereafter take charge of any dead body, to notify the person charged with the duty of making return of its birth to the Commissioner of Health, in case it appears that the provisions of this section shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22 1336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thir G Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 1st of July 1890
4. Place of Birth, (Street and Number) No 1 Conduit Court
5. Full Name of Mother, Maggie Nickel
6. Mother's Maiden Name, Maggie Schaufler
7. Mother's Birthplace, Germany
8. Full Name of Father, John Nickel
9. Father's Occupation, Cutter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. C. E. Lewis

Address, No 1059 Maryland Ave

Remarks, Bal City

1890 - 00 2 6 8 2 8

and schedule shall be delivered, duly signed by the attendant or informant, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, under the penalties of this section. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 2653

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CITY DEPARTMENT 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 1st 1890

4. Place of Birth, (Street and Number) 1744 N Caroline St

5. Full Name of Mother, Amelia Straby

6. Mother's Maiden Name, Mrs Ford

7. Mother's Birthplace, Annapolis Md

8. Full Name of Father, John L Straby

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. S H Schaul M D

Address, 1501 E Eager St

Remarks, 1890 - 002629

and scheduled, all be delivered duly signed by the practitioner of Health or should no or parents of such child, or such other person as the Commissioner of Health may require. And the Commissioner of Health may require a certificate of the death of any child to be in the form of a certificate of the birth of such child, to the office of the Commissioner of Health, in case the birth of such child shall occur without the aforesaid attendance upon birth to the Commissioner of Health, in accordance with the provisions of this section shall be recoverable. any such person or persons who shall hereafter fail to be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. 22654

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W.
3. *Date of Birth,*	July 1st
4. *Place of Birth, (Street and Number)*	11 Pratt St - 704
5. *Full Name of Mother,*	Maggie Aaron Madden
6. *Mother's Maiden Name,*	Fortune
7. *Mother's Birthplace,*	Grand Canary
8. *Full Name of Father,*	Machinist
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	Mr Hazard
Name of Medical Attendant, or other person who makes this Return	412 Scott St
Address,	
Remarks,	1890-00630

...have occurred under his or her care during the ...each child, if any shall have ...date and place of birth; and the ...the form of a certificate between the ...any child ...to the other person be in ...of the person or parents of such ...and within the period above required ...section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 1st '90
4. *Place of Birth (Street and Number),* 1110 Etting Street
5. *Full Name of Mother,* Elvina Zwald Hofmann
6. *Mother's Maiden Name,* Elvina Zwald
7. *Mother's Birthplace,* Chaux De Fonds, Switzerland
8. *Full Name of Father,* George Hofmann
9. *Father's Occupation,* Upholsterer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wm Wright M.D.

Address, 220 N Gilmor St

Remarks,

8 0 - 0 0 2 6 3 1

Sun Job Printing Office, Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 22666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race).	White.
3. Date of Birth,	June 2nd., 1890.
4. Place of Birth (Street and Number),	1904 Bolton St.
5. Full Name of Mother,	Ella D. Welch.
6. Mother's Maiden Name,	Steinbach.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	William W. Welch.
9. Father's Occupation,	Lumber Dealer.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Eugene D. Crutchfield M.D.
Address,	1900 Bolton St.
Remarks,	Cor. Robert St.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

1890-002632

shall be delivered, duly signed, to the undertaker or other person having charge of the interment, a certificate, between the 1st and 10th day of each and every month, to the effect that the Commissioner of Health has received a like certificate from the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, he shall duly therefor; it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, within ten days after the occurrence thereof, in the form prescribed by the Board of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sherwood Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 22657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2 July
4. Place of Birth, (Street and Number) 1716 E. Balto.
5. Full Name of Mother, Rosa Kornman
6. Mother's Maiden Name, " Sailer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Kornman
9. Father's Occupation, Tanner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs R Illig

Address, 382 Gaston

Remarks,

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

1890 - 022637

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

moon, and the full name, age, color, and occupation of its parents, the date and place of birth; and the name and residence of the physician or midwife, if any, in attendance upon the birth. And if any child shall hereafter be born in any house in which there shall be no physician or midwife in attendance, then the father or mother of such child, or the owner of such house, shall within five days after the birth of such child, report to the Commissioner of Health the said birth, and the particulars required to be reported by physicians or midwives. And every such father, mother, or owner who shall fail to report as aforesaid, shall forfeit and pay for every such failure a sum not exceeding twenty dollars, to be recovered as other fines and forfeitures are recoverable. And every physician or midwife who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 22653

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 2, 1890
4. *Place of Birth, (Street and Number)*	1715 Barclay St
5. *Full Name of Mother,*	Eva Johnston
6. *Mother's Maiden Name,*	Eva Mathews
7. *Mother's Birthplace,*	East Co Tenn
8. *Full Name of Father,*	Roseleen Johnston
9. *Father's Occupation,*	Real Estate
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other Person who makes this Return	A Tinsley M D
Address,	2001 St Paul St
Remarks.	

2 7 0 0 0 5 3 4

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

"Every Physician, Midwife, or other person having charge of or rendering assistance at a birth, shall report to the Registrar, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH A 22654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT.
JUL 5 1890
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex. (State whether male or female)*
2. *Race or color. (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth. (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890 002635

J. C. BULLEY & CO., CITY PRINTERS AND STATIONERS.

Every child born alive in the City of Baltimore shall have a full name given it before it is recorded, and the name can be changed only by order of the Court of Common Pleas, and the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother previous to the birth of such child, as near as can be ascertained, shall be reported to the Registrar of Vital Statistics, Board of Health, within ten days after the birth of such child. In case the birth of any child shall occur without the attendance of a physician or midwife, the householder in the house where the birth occurs, or the parent or guardian of such child, if such birth occurs elsewhere than in a house, shall report the same to the Registrar of Vital Statistics, Board of Health, within ten days after the birth of such child. In case the birth of any child shall occur in a hospital, alms-house or other institution, the officer or person in charge thereof shall report the same to the Registrar of Vital Statistics, Board of Health, within ten days after the birth of such child. In case the birth of any child shall occur without the attendance of a physician or midwife, and the householder in the house where the birth occurs, or the parent or guardian of such child, if such birth occurs elsewhere than in a house, shall neglect or refuse to report the same as required by this section, he shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offence. And if any midwife shall neglect or refuse to report the birth of any child delivered by her, as required by this section, she shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than twenty dollars for each offence. And if any physician, midwife, householder, parent or guardian shall neglect or refuse to report the birth of any child as required by this section, he shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first.

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* July 2nd '90.
4. *Place of Birth (Street and Number),* Balt Univ Hospital
5. *Full Name of Mother,* Mary Jane White.
6. *Mother's Maiden Name,* Mary Jane Otto.
7. *Mother's Birthplace,* Chester. Penn.
8. *Full Name of Father,* James Clinton White.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* County Down. Ireland.

Name of Medical Attendant, or other person who makes this Return. H. John Hunter H.H.

Address, Balto University Hospital.

Remarks,

HEALTH DEPARTMENT JUL 5 90 BALTIMORE

1890-002636

... Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

A 22667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 5 1890
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3 Child

1. Sex, (state whether male or female) MARGARET SCHAEFER Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 2 of July 1890
4. Place of Birth, (Street and Number) No 563 Federal St
5. Full Name of Mother, Kate Schaffer
6. Mother's Maiden Name, Kate Keiser
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Schaffer
9. Father's Occupation, Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm Ch. Lauer

Address, No 1059 Portland Ave Balto Md

Remarks, 1890-022631890.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of such practitioner or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

22667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. JUL 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 2nd 1890
4. *Place of Birth, (Street and Number)*	331 Clinton St
5. *Full Name of Mother,*	Sallie Stankey
6. *Mother's Maiden Name,*	" Brassler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James J Stankey
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J T Speckenall MD
Address,	14 N Patterson Pk Ave
Remarks,	

1890-002638

To secure a birth certificate, the full name of child (if any shall have been conferred,) its sex, color, the full names and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the father, if living, and in case of his death or absence, the mother, shall within the period of five days after the birth of such child, report the facts of such birth to the Registrar of Vital Statistics, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED, 3-24-58

RETURN OF A BIRTH. A 22663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph ~~Edwards~~

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color. (if not of the white race) White
3. Date of Birth, Wednesday July 2nd 90. 12:25 AM
4. Place of Birth, (Street and Number) 538 N. Carey St
5. Full Name of Mother, Ida Fontine
6. Mother's Maiden Name, Ida Rapin
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Guy M. Fontine
9. Father's Occupation. Merchant Tailor
10. Father's Birthplace, Naples (Italy)

Name of Medical Attendant, or other person who makes this Return. Dr Welch Inn

Address, Park Ave & Lanvale St

Remarks, Dalto Mol

890-00-2639

HEALTH DEPARTMENT BALTIMORE MD

Every physician, midwife, or other person in attendance upon any birth, shall, within ten days after the birth, report to the Registrar of Vital Statistics, at the office of the Commissioner of Health, the name, residence, color, occupation of the parents, the date and place of birth, and the sex of the child, and shall deliver duly filled out in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become and is hereby required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

22664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 mother's 2d Child 3

1. Sex, (state whether male or female) a male

2. Race or Color, (if not of the white race) Colerd

3. Date of Birth, Thursday July the 3

4. Place of Birth, (Street and Number) place of Birth Baltimore Co 1521 mitchell

5. Full Name of Mother, Ida Bundy

6. Mother's Maiden Name, Ida Bates

7. Mother's Birthplace, Baltimore and

8. Full Name of Father, John an Bundy

9. Father's Occupation, Driver

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Gorland Web

Address, 24 Iron Alley

Remarks,

1890 - 002640

BALTIMORE

Murphy & Co., City Printers and Stationers.

A 12665

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3rd 1890
4. Place of Birth, (Street and Number) 1521 Windsor Ave
5. Full Name of Mother, Ella Lamp
6. Mother's Maiden Name, Ella Powers
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Lamp
9. Father's Occupation, Paver.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Chas H Bubert

Address, 1926 Penna ave

Remarks,

1890 002641

PUBLISHED BY J. C. GULLEY & CO., CITY PRINTERS AND STATIONERS

Every child born in the City of Baltimore shall have the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the physician or midwife in the form of a certificate between the first and second day of each month, to the office of the Commissioner of Health. If no physician or midwife was present at the birth of any child said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health. If no physician or midwife was present at the birth of any child, and the same cannot be procured within the first ten days after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 22666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Thursday July 3rd 96. 7 a.m.
4. *Place of Birth, (Street and Number)* 2114 Division St
5. *Full Name of Mother,* Agnes Stack
6. *Mother's Maiden Name,* Agnes Frost
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Thos. J. Stack
9. *Father's Occupation,* Feed Merchant.
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, C. V. Welch M.D.

Address, Park Ave & Mulberry St

Remarks, Dalton Md

690 - 00 26 42

said reliable shall be delivered, duly signed, by some person of the parents, the date and place of birth; and the name, residence and occupation of the parents; the certificate to be given by the attendant at the time, and the third) day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the birth as herein required within the space of ten days thereafter, and in default of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ORIGINAL. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22667

HEALTH DEPARTMENT JUL 7 1890 BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	4th of July 1890
4. Place of Birth, (Street and Number)	2044 East Fairmount Ave.
5. Full Name of Mother,	Ellen Nowy Garrenbach
6. Mother's Maiden Name,	Ellen Nowy Garman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Julius Garman
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Cuscintia Kunkel
Address,	213 North Chapel St. per Justina Kunkel
Remarks,	Healthy.

1890-002643

said schedule shall be delivered, duly signed by the practitioner in the case, a certificate between the first and third day of each and every month, stating the number of births which have occurred during the month, and the shall occur without the attendance of any practitioner of medicine or midwifery, or should no other person required by this section to report such birth, immediately thereafter, it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the time above required, and any such person who shall wilfully neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 22664

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10X

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race) Blk
3. Date of Birth. May 4. 90
4. Place of Birth, (Street and Number) 1807 Mine 4Y
5. Full Name of Mother, Louisa Smith
6. Mother's Maiden Name, " Green
7. Mother's Birthplace. Md
8. Full Name of Father. Jos: M. Smith
9. Father's Occupation. Laborer
10. Father's Birthplace. Md

Name of Medical Attendant, or other Person who makes this Return. Mason Hundley

Address. 1002 Edmondson Ave

Remarks:

690-002644

...ore, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 22669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 4th 1890
4. *Place of Birth, (Street and Number)*	1541. E. Charles. st
5. *Full Name of Mother,*	Columbia Lemmons
6. *Mother's Maiden Name,*	Columbia Whiteman
7. *Mother's Birthplace,*	Crisfield . md
8. *Full Name of Father,*	Frank Lemmons
9. *Father's Occupation,*	Galesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Ellennora. a. anderson
Address,	1434 Patapsco . st
Remarks,	mother and child doing well

1890-002645

HEALTH DEPARTMENT JUL 5 1890 BALTIMORE

said midwife shall be entitled to demand from the parents, the date and place of birth; and the occupation of its parents, the date and place of birth; and the occupation of the physician or midwife who shall attend the birth of any child shall report to the Commissioner of Health a certificate between the first and third day of each and every month to specify the name of each child born during the month, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the birth of such child to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. GULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-1-55

HEALTH DEPARTMENT

RETURN OF A BIRTH

A 22670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sadie May House First (12th)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4th 1890
4. Place of Birth, (Street and Number) 1544 N Caroline Street
5. Full Name of Mother, Alverta House
6. Mother's Maiden Name, Alverta Leach
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles E House
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return James E White Jr M.D.

Address, 1544 Aisquith Street

Remarks,

890 - 002646

said certificate as sex, color, the full name and occupation of its parents, the date and place of birth, and such other facts as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, it shall become the duty of the person in charge or in attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 22691

RETURN OF A BIRTH

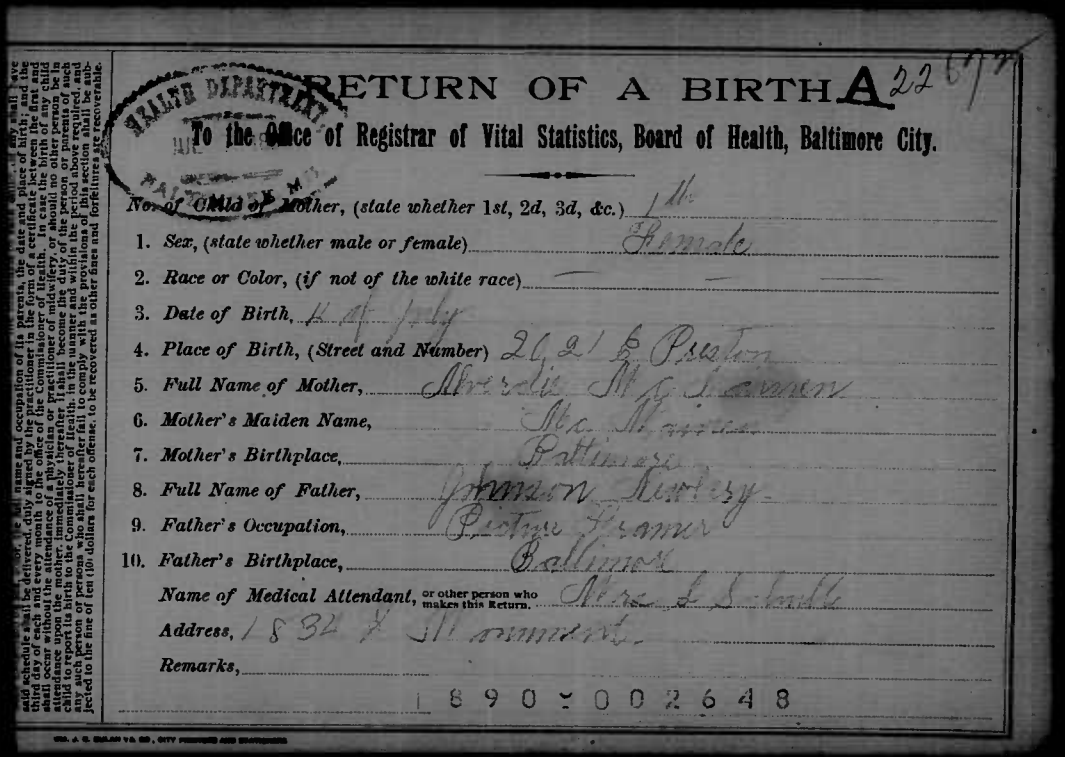
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	First
1. *Sex.* (state whether male or female)	Female
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth.*	July 11th 1890
4. *Place of Birth.* (Street and Number)	S. W. Cor. Eager & Valley Sts
5. *Full Name of Mother.*	Clara V. Blighs
6. *Mother's Maiden Name.*	Clara V. Rice
7. *Mother's Birthplace.*	Frederick Md
8. *Full Name of Father.*	John J. Blighs
9. *Father's Occupation.*	Day Laborer
10. *Father's Birthplace.*	Baltimore Md
Name of Medical Attendant. or other Person who makes this Return	A. G. Watson
Address.	1301 N. Central Ave
Remarks.	

1890 - 002647

any nurse shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said midwife shall be delivered, duly signed by the practitioner, in the form of a certificate, which certificate such midwife shall deliver to the parents of such child, or in default thereof, the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the parents, or in default thereof, the occupier of the house in which such birth shall occur, and every other person who shall be present at the birth of such child, or who shall first become aware of the birth, shall, within five days after the birth, report the same to the Board of Health, to the registrar, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

A. Co., CITY PRINTERS AND STATIONERS.



HEALTH DEPARTMENT
BALTIMORE MD

RETURN OF A BIRTH A 22677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 11th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* 4 July
4. *Place of Birth, (Street and Number)* 2621 E Preston
5. *Full Name of Mother,* Aberdie M E Seamen
6. *Mother's Maiden Name,* Ida Martin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johnson Kirby
9. *Father's Occupation,* Picture Framer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L L Smith

Address, 1834 E Monument

Remarks,

L 8 9 0 - 0 0 2 6 4 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of the district in which the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall file the birth of any child in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, without the attendance upon the mother, immediately thereafter, if shall become the duty of the person or parents of such child to report such birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 22677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 90
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 5th 1890
4. Place of Birth, (Street and Number) 307 S Register st
5. Full Name of Mother, Ella L Kane
6. Mother's Maiden Name, Sarg
7. Mother's Birthplace, Balt Md
8. Full Name of Father, James J Kane
9. Father's Occupation, Fine man
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return. M L Davenport

Address, 225 S Amn st

Remarks, Mother and Babe So far doing

1890 - Reg 2649

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...sex, color, full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, by the said physician, midwife or other person who shall attend at the birth, or in case there is no such attendance, by the father of such child, to the office of the Commissioner of Health, or, if there be no other person he in the city of Baltimore, within ten days after the birth occurs; and if any physician or midwife shall neglect or refuse to deliver such schedule within the time aforesaid, or if the father of such child shall neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall offend in any of the matters aforesaid shall forfeit and pay for every such offense a sum not exceeding fifty dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 5th 1890
4. *Place of Birth, (Street and Number)*	# 207 Baldwin St
5. *Full Name of Mother,*	Elizabeth M.
6. *Mother's Maiden Name,*	Parrish
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	George Crist
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return	Harriet Simmons
Address,	Woodberry
Remarks,	Baltimore Md

1890

third day of each month reviewed, and if signed by the practitioner in the form of a certificate between the 3rd and 5th days, said the shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed in this section, and any such parent or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or fine and imprisonment for each offence, as hereinbefore and hereinafter are recoverable.

E. DUJANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 22674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1te
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	5te of July 1890
4. Place of Birth (Street and Number),	828 Granby Strat
5. Full Name of Mother,	Marie Tauber
6. Mother's Maiden Name,	Marie Klingartner
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Franz Tauber
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Da Hille midwife
Address,	207 n Castle Strat Baltimore Md.
Remarks,	

1890 002651

Penalty for neglect to report birth.—Any person, the state and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth is not attended upon the attendance of a physician or practitioner, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 22676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 5th 1890
4. *Place of Birth, (Street and Number)* 2310 Arlington Ave Balto
5. *Full Name of Mother,* Mary Ellen White
6. *Mother's Maiden Name,* M. E. Cole
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Joseph Jas White
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return Harriett Hudson

Address, 937 Harmony Lane

Remarks,

1890-002652

Health Department Baltimore

…parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

HEALTH DEPARTMENT
JUL 7 1890
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether mate or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th of July 1890
4. Place of Birth, (Street and Number) 2004 East Lanmount Ave
5. Full Name of Mother, Mary Fishintide
6. Mother's Maiden Name, Mary Orman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles A. Orman
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St. per Justina Kunkel

Remarks, Healthy.

1890 002653

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the district in which the birth occurred, and shall contain the information required by such certificate. In case no midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 5
4. *Place of Birth (Street and Number),* 303 West St
5. *Full Name of Mother,* Kate Tilly
6. *Mother's Maiden Name,* Mc Ew
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Tilly
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Scantmagh

Address, 12 Montgomery St

Remarks,

8 9 0 0 0 6 5 4

HEALTH DEPARTMENT 7 BALTIMORE

...e Publishing Co., City Printers and Stationers

A 11078

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 6th 1890
4. Place of Birth, (Street and Number) 1033 Harlem Ave
5. Full Name of Mother, Alice Ruhl
6. Mother's Maiden Name, Alice Walker
7. Mother's Birthplace, Virginia
8. Full Name of Father, William Ruhl
9. Father's Occupation, Barkeeper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. J. Hamer Hill M.D.

Address, 807 Allendale Ave

Remarks, T 8 9 0 - 0 0 2 6 5 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur where no medical attendant or midwife is present, it shall be the duty of the person with in attendance upon the mother immediately thereafter to become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 22679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6, 1890.
4. Place of Birth, (Street and Number) Virginia Ave ext
5. Full Name of Mother, Elizabeth Robb
6. Mother's Maiden Name, Elizabeth Harget
7. Mother's Birthplace, Maryland
8. Full Name of Father, James D. Robb.
9. Father's Occupation, Carpenter
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return. Aug. A. Elwell M. D.

Address, 1741 Harford Ave.

Remarks,

8 9 0 - 0 0 2 6 5 6

Said schedule shall be delivered, duly signed by the practitioner in the form, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of a city where there is a registrar of births, the return shall be made to such registrar instead of the Commissioner of Health. In case the birth occurs without the attendance upon the mother, at the time of confinement, of a physician or practitioner of midwifery, or should no other person, be in attendance upon the mother, at the time of confinement, who shall be required to make the return of the birth of a child, the mother herself shall become liable to report its birth to the Commissioner of Health, in the manner and within the period above required; and in case of the neglect of any such person or persons who shall hereafter fail to comply with the provisions of this section, he shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 27680

GIVEN NAME ADDED 5-9-58

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Hazel Hulda Schobel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st 70
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 6th 20
4. Place of Birth, (Street and Number)	1613 Lafayette ave
5. Full Name of Mother,	Mary Schobel
6. Mother's Maiden Name,	Mary Ritchie
7. Mother's Birthplace,	Chicago
8. Full Name of Father,	John Schobel
9. Father's Occupation,	Book Keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Geo. M. Norris M.D
Address,	1801 Pennsylvania
Remarks,	Baltimore

0 2 0 0 6 5 7

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 7 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	July 6-1890
4. Place of Birth, (Street and Number)	108 Clifton Place
5. Full Name of Mother,	Elizabeth A. Jones
6. Mother's Maiden Name,	" " Saturn
7. Mother's Birthplace,	Md
8. Full Name of Father,	Wm R. Jones
9. Father's Occupation,	Brakeman
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	David Shultz MD
Address,	402 N Exeter
Remarks,	

1890 002653

shall sell or bottle it for delivery, duly signed by the practitioner in the form of a certificate of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the first and shall occur without the city limits, then within ten days after the same shall be brought within the city limits. Any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 93 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 2nd 1890
4. *Place of Birth, (Street and Number)*	No 1736 Hanover st
5. *Full Name of Mother,*	Hannah ~~Anderson~~
6. *Mother's Maiden Name,*	Hannah Hoff
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert Anderson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Cathrine Hornung
Address,	No 1517 Byrd st
Remarks,	

1890 : 002659

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as aforesaid, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the householder, or the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above named; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. GILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1930 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether mate or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 2nd 1890
4. *Place of Birth, (Street and Number)*	No 1106 Elizabeth Lane
5. *Full Name of Mother,*	Elizabeth Hoecker
6. *Mother's Maiden Name,*	Elizabeth Eleycher
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Hoecker
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Cathrine Hermann
Address,	No 1517 Byrd St
Remarks,	

1890 002660

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the resident physician in charge, or the nurse in attendance, or the parent, householder, agent or owner of the premises where such birth occurs, within ten days after the birth, and the third day of each and every month to the office of the Commissioner of Health. In cases where no physician or nurse shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child, or in case of his absence, of the mother, within ten days after the birth, to make and deliver the said return as required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22684.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Name Mathilde Mayer Parlett

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 3rd 1893
4. *Place of Birth, (Street and Number)* 1115 Bolton St.
5. *Full Name of Mother,* Mrs A. R. Parlett Parlett
6. *Mother's Maiden Name,* Mary Matilda Thomas
7. *Mother's Birthplace,* City
8. *Full Name of Father,* A. R. Parlett
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Dont Know

Name of Medical Attendant, or other person who makes this Return. T. A. Ashby

Address, 1129 Madison Ave

Remarks,

E 90 - 002661

said schedule shall be delivered, duly signed by the father, mother, or occupant of the premises, the date and place of birth; and the name, residence and occupation of the parents, to the Commissioner of Health, a certificate to that effect; and the third day of each and every month to the office of the Commissioner of Health, a certificate between the first and last days of the month next preceding, stating the number of births which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, being duly entitled to do so, attend upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE

WM. J. G. GILLAN & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22680.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3rd
4. Place of Birth, (Street and Number) 315 N. Carey
5. Full Name of Mother, Nan Brannon
6. Mother's Maiden Name, Dent. Knox
7. Mother's Birthplace, " "
8. Full Name of Father, C. A. Brannon
9. Father's Occupation, Dock Knox clerk (Sr)
10. Father's Birthplace, Dent. Knox

Name of Medical Attendant, or other person who makes this Return. T. A. Ashby

Address, 1125 Madison Ave

Remarks,

1690-002662

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the person in charge of the mother shall within the period above required, send a certificate to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother immediately thereafter it shall become the duty of the person or persons in charge of the mother to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall be entitled to receive from the Commissioner of Health the sum of twenty-five cents for each certificate by him properly made and delivered. Any practitioner who shall neglect to comply with the provisions of this section shall be subjected to the fine or ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A2266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 5 1890
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 4th 1890.
4. Place of Birth, (Street and Number) Baltimore. 259 Chesnut st
5. Full Name of Mother, Henrietta Johnson.
6. Mother's Maiden Name, Henrietta Hall.
7. Mother's Birthplace, Princess anne. Md.
8. Full Name of Father, William Newton Johnson.
9. Father's Occupation, Porter.
10. Father's Birthplace, Louisiana.

Name of Medical Attendant, or other person who makes this Return. Caroline Jordan.

Address, 117 Chesnut st.

Remarks,

B 9 0 - 0 0 2 6 6 3

said schedule shall be delivered, duly signed by the person giving it, with the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. He shall certify on each certificate the date of the first and all births occur without the attendance of a physician or practitioner of midwifery or should no other person be required to report its birth to the Commissioner hereunder. Every such person who shall become the duty of the person or parents of such child to report its birth to the Commissioner hereunder, shall make out the certificate above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 22657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 00 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 July 1900
4. *Place of Birth, (Street and Number)* 74 Market Place
5. *Full Name of Mother,* Julia Catherine
6. *Mother's Maiden Name,* Lewis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lee Catherine
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. C. Thompson

Address, 113 Albemarle St.

Remarks,

B 90 002664

been conferred) the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in attendance, to the parents, or one of them, or the head of the family in which the birth occurred, within ten days after the birth. In cases where no physician or midwife was in attendance, the said schedule shall be delivered, duly signed by the parents, or one of them, or the head of the family in which the birth occurred, within ten days after the birth. In cases where no physician or midwife was in attendance upon the mother during her confinement, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. And the person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. W. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 9 1890
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 8th 1890
4. Place of Birth, (Street and Number) 407 E Monument
5. Full Name of Mother, Anne Kennedy
6. Mother's Maiden Name, McDonnell
7. Mother's Birthplace, Ireland
8. Full Name of Father, Ambrose Kennedy
9. Father's Occupation,
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Geo. E. Reynolds M.D.

Address, 11 N Calvert

Remarks,

690 002665

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the attending physician or midwife, or other person in attendance upon the mother, immediately after the birth of a child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and for every neglect or refusal to make such report, the person offending shall be subject to a fine of not less than five dollars nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

THE HEALTH DEPARTMENT
OCT 8
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 6th 1890
4. Place of Birth, (Street and Number) 1930½ Etting St
5. Full Name of Mother, Lottie Randolph
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father, Woodson Randolph
9. Father's Occupation, Waiter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Hester Coleman

Address, 509 W Preston St

Remarks,

890-002666

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person occupying the premises where such child is born to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[illegible] shall have
[illegible] name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 22640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 2nd

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, July 6th
4. *Place of Birth*, (*Street and Number*) 1704 Edmondson Ave.
5. *Full Name of Mother*, Mrs Sugrue
6. *Mother's Maiden Name*, Miss Staunton
7. *Mother's Birthplace*, Don't Know
8. *Full Name of Father*, J. F. Sugrue
9. *Father's Occupation*, Rail Road Official
10. *Father's Birthplace*, Don't Know

Name of Medical Attendant, or other person who makes this Return. T. A. Ashby

Address, 1125 Madison Ave.

Remarks,

1890-002667

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH

A. 2271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 6th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, July 8th 1890
4. Place of Birth, (Street and Number) 160 N Stremmel St.
5. Full Name of Mother, Margaret E Ball
6. Mother's Maiden Name, Margaret E Shadel
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, John Ball
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, John L Reed M D

Address, 662 W Lexington St

Remarks,

1890 - 002668

said schedule shall be delivered, duly signed, to the person or persons in charge of the house in which the birth occurred, or to the parents, if they reside elsewhere, by the Coroner in the form of a certificate between the first and third day of each and every month; and the Coroner is hereby required to demand the information necessary to fill up the said schedule from the person or persons in charge of the house in which the birth occurred, or from the parents, if they reside elsewhere, and to cause the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Coroner, and it shall be the duty of the Coroner to demand the information necessary to fill up the said schedule from any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 22692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 July 1890
4. Place of Birth, (Street and Number) North Fulton Ave
5. Full Name of Mother, Margaret E. Stone
6. Mother's Maiden Name, Stone
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Geo. H. Watson M.D.

Address, 1104 W. Fulton Ave.

Remarks, 1890-003669

Rule 7 article 4 shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, or shall be mailed to the same address within the time above specified, postage prepaid. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parties in charge of the house in which such birth occurs, or the parent or parents of such child, if present, to report the same to the Commissioner of Health, in the manner and within the time above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 2nd 1890
4. Place of Birth, (Street and Number) 619 N Wolf
5. Full Name of Mother, Mary E. Clark
6. Mother's Maiden Name, " Engelking
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles E. Clark
9. Father's Occupation, Customs officer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dana Smith MD

Address, 423 N. Eutaw

Remarks,

1890 002670

and schedule shall be delivered, duly signed by the practitioner in the case, or some other person present at the birth, stating the time and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the child first named in such certificate shall become the subject of a second birth within the said period of time, a certificate of such second birth shall be delivered to the Commissioner of Health, in the manner and within the time above limited and required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 3 th 1890
4. *Place of Birth, (Street and Number)*	# 1911 W. Pratt St
5. *Full Name of Mother,*	Mrs Leila Stauffer
6. *Mother's Maiden Name,*	Miss " " Winider
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Harry Stauffer
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Heiller
Address,	2127 W. Pratt St
Remarks,	

1890 002671

said schedule shall be delivered, duly signed by the practitioner in charge, or some person present at the birth, and the third day of each and every month thereafter all returns received during the preceding month shall be delivered to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed; and any such person or parents who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22690.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 4th 1890
4. *Place of Birth, (Street and Number)*	#2205 W. Pratt St.
5. *Full Name of Mother,*	Mrs Adelina Sneuderhaft
6. *Mother's Maiden Name,*	Miss A. Westfall
7. *Mother's Birthplace,*	Bremen Germany
8. *Full Name of Father,*	Mr Charles Sneuderhaft
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Philadelphia Pa.
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt St
Remarks,	

1890 002672

said schedule shall be delivered, duly signed by the practitioner in the case, or person in charge, to the Registrar of Births; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, or where the latter is absent from the city, of the mother, to report the birth to the Registrar, and any such person or persons who shall hereafter fail to comply with the provisions of this section will be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GILLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4th 1890
4. Place of Birth, (Street and Number) # 33 Rees St. Annex
5. Full Name of Mother, Ella Yeager
6. Mother's Maiden Name, " Miley
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, John G. Yeager
9. Father's Occupation, Furniture mover -
10. Father's Birthplace, Balto. Co Md

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, # 811 Jefferson Av. Baltimore Md

Remarks,

1890 - 002673

said schedule shall be delivered, duly signed by the physician or in his absence, by the next near place of birth; and the third day of each and every month to the office of the Commissioner of Health, a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. DOLANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 22697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 4

1. *Sex (state whether male or female),* — Female

2. *Race or Color (if not of the white race),* — White

3. *Date of Birth,* — July 4

4. *Place of Birth (Street and Number),* — 252 Eutaw

5. *Full Name of Mother,* — Emma Thomas

6. *Mother's Maiden Name,* — Emma Mack

7. *Mother's Birthplace,* — Baltimore Co

8. *Full Name of Father,* — William Thomas

9. *Father's Occupation,* — Laborer

10. *Father's Birthplace,* — Baltimore Co

Name of Medical Attendant, or other person who makes this Return. — A Taylor

Address, — 524 Eutaw

Remarks, — Mother Dead

1690-002674

HEALTH DEPARTMENT JUL 10 1920 BALTIMORE

shall be delivered, duly signed by the practitioner in the presence of the parent, or other person in attendance upon the mother, a certificate in the form of a certificate between the parent, or other person in attendance upon the mother, and the practitioner or midwife, as the case may be, to report the birth of any child which shall occur in each and every month to the office of the Registrar of Vital Statistics, Board of Health, in case the birth of any child shall occur in the absence of a physician or practitioner of midwifery, or other person in attendance upon the mother, it shall become the duty of the parent or person with whom the child resides to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such parent or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Kim e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH B 20698

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

July 8th 1890

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 4
4. Place of Birth, (Street and Number) 829 Hamburg st
5. Full Name of Mother, Emily Winson
6. Mother's Maiden Name, " Somers
7. Mother's Birthplace, Somerset Co Md
8. Full Name of Father, George Winson
9. Father's Occupation, Stone mason by his Trade
10. Father's Birthplace, ~~Somerset~~ Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return — Mrs Kate Mary Dennis

Address, 8 902 Block Alley

Remarks,

1890 No. 675

(As to sex, as to whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.")

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

E 22699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 5 — 1890
4. *Place of Birth, (Street and Number)*	1232 Johnson st.
5. *Full Name of Mother,*	Elisabeth Marley
6. *Mother's Maiden Name,*	Loessel
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John Marley
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser midwife
Address,	1032 Hanover st.
Remarks,	

6 9 0 - 0 0 2 6 7 5

The Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons occupying the house where such child is born to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A22700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Ra
3. *Date of Birth,*	Born July 6th 1890
4. *Place of Birth, (Street and Number)*	# 1919. W Pratt Str
5. *Full Name of Mother,*	Mrs Annie Bodenstick
6. *Mother's Maiden Name,*	Miss " " Batenbacke
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mrs William Bodenstick
9. *Father's Occupation,*	Miller
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 W. Pratt Str.
Remarks,	

1890 - 002677

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the householder or owner of the premises where such birth occurs shall forthwith report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

22701

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 7th
4. Place of Birth, (Street and Number) 1231 Eutaw st
5. Full Name of Mother Elizabeth Owens
6. Mother's Maiden Name Elizabeth Owens
7. Mother's Birthplace Harford county
8. Full Name of Father James Richard Johns
9. Father's Occupation Carpenter
10. Father's Birthplace Queen Anne County

Name of Medical Attendant, or other Person who makes this Return. Dr. Emery

Address 1231 Eutaw St.

Remarks

1900 003678

HEALTH DEPARTMENT JUL 10 1900 BALTIMORE

Under, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 2270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 7 1890
4. *Place of Birth, (Street and Number)*	118 Hughes st.
5. *Full Name of Mother,*	Catherin Schmitt
6. *Mother's Maiden Name,*	Gerhart
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Frank Schmitt
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser midwife
Address,	1032 Hanover st.
Remarks,	

1890 - 002679

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form aforesaid, to the Commissioner of Health, within the third day of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance within the time aforesaid, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section shall be immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1920 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 7th
4. Place of Birth, (Street and Number) 512 S Dallas st
5. Full Name of Mother, Dena Gross
6. Mother's ~~Maiden~~ Name, Dena ~~Gross~~ Drinks
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Vincent Gross
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return. M A Davenport

Address, 225 S ann St

Remarks, Doing Well So far

090-00-6600

said schedule shall be delivered, duly signed by the person required by law to make the return, to the Registrar of the district in which the birth occurred, within ten days after the birth; and the Registrar shall record the same in the proper book, and shall, on the first and third day of each and every month, report to the office of the Commissioner of Health, in such manner as may be prescribed by the Commissioner of Health, a certificate of every birth which shall occur without the attendance of a physician or practitioner of midwifery; or should no other person be in attendance, the mother immediately thereafter shall become the duty of the person or parents of such child, if living in the house with the mother, to make the return and certificate required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

over

22270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1890 BALTIMORE

Name: Anna Finnegan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8th 1890
4. Place of Birth, (Street and Number) 123 Valley St
5. Full Name of Mother, Mary Finnegan
6. Mother's Maiden Name. Mary Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm J. Finnegan
9. Father's Occupation, Brassfinisher
10. Father's Birthplace, Memphis Tenn.

Name of Medical Attendant, or other Person who makes this Return. J. B. Saugeder M.D.

Address, 819 E. Chase St

Remarks,

C 90 - 00268 1

Murphy & Co., City Printers and Stationers.

Every Physician or Midwife, or other person who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 22705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 8 — 1890
4. Place of Birth, (Street and Number) 1011 William st.
5. Full Name of Mother, Lina Schmith
6. Mother's Maiden Name, Koch
7. Mother's Birthplace, Gsrmany
8. Full Name of Father, Charles Schmith
9. Father's Occupation, Tinner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. Lohoaster midwife

Address, 1032 Hanover st.

Remarks,

1890 - 00 - 000

BALTIMORE

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 8 th 1890
4. Place of Birth, (Street and Number) 1141 Sasafras st
5. Full Name of Mother, Annie Dessau
6. Mother's Maiden Name, Steinbach
7. Mother's Birthplace, America
8. Full Name of Father, August Dessau
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. Lohmaeyer midwife

Address, 1032 Hanover st

Remarks,

1020-002603

Sec. 9. If the child be delivered, or is found by the practitioner in the first or second stage of labor, at the time of making his first visit, he shall report the case within twenty-four hours after his first visit. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 22707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 9 — 1890
4. Place of Birth, (Street and Number) 35 Cross st
5. Full Name of Mother, Auguste Hoffann
6. Mother's Maiden Name, Schultz
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Hoffanann
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. Schwaster midwife

Address, 1032 Hanover st.

Remarks,

1890-002684

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the [illegible] and the [illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the nurse or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 22708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 1 1890
4. Place of Birth, (Street and Number) 614 Bethel St
5. Full Name of Mother, Maria Kenkel
6. Mother's Maiden Name, Lowhary
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Kenkel
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Caroline L. Miller

Address, 1605 Walker St.

Remarks,

670-00-2685

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as aforesaid, and the said practitioner shall also make a return in writing to the Commissioner of Health, on the first Monday of each and every month to the office of the Commissioner of Health, of the birth of any child delivered by such practitioner or under his or her supervision of midwifery, or should no other person be in attendance at the birth, then the person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and every such practitioner, midwife or person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A22709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 1st 1890
4. *Place of Birth, (Street and Number)* 419 S Broadway
5. *Full Name of Mother,* Rosa Wolfram
6. *Mother's Maiden Name,* Friedman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Emanuel Wolfram
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A W Elias M.D.

Address, 1523 E Baltimore

Remarks,

B 2 0 - 0 0 2 6 0 6

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Office or the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., Lith Printers and Stationers.

RETURN OF A BIRTH B 22710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 1st day of July 1926
4. Place of Birth, (Street and Number) 1512 Belair Avenue
5. Full Name of Mother, Lena Helfen
6. Mother's Maiden Name, Schwarz
7. Mother's Birthplace, Bal
8. Full Name of Father, Stevens Helfen
9. Father's Occupation, Tayler
10. Father's Birthplace, Bal

Name of Medical Attendant, or other person who makes this Return. Edna Groton

Address, 740 N Gay St Bal

Remarks,

690-002687

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when the mother is not under the care of any physician or midwife, or when no other person has been in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st 1890
4. Place of Birth, (Street and Number) E. Baltimore St № 1012
5. Full Name of Mother Therese Schröder
6. Mother's Maiden Name, Therese Ulrich
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Schroder
9. Father's Occupation, Saloon Kapper
10. Father's Birthplace, Mingen Bavaria Germany

Name of Medical Attendant, or other person who makes this Return, Mary E. Müller

Address, N. Dallas St № 1

Remarks,

690 - 0 2688

Every physician, midwife or other person who shall have been concerned in the birth of any child, shall, within ten days after such birth, report to the Commissioner of Health the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health, on blanks furnished by him for that purpose; and in case the mother of such child shall have died before the birth of such child, or in case the mother shall be unable to give the information required, then the father of such child shall report the same to the Commissioner of Health, as aforesaid, and in case both parents of such child shall be dead, then the person having charge of such child shall report the same to the Commissioner of Health, as aforesaid. Every person who shall neglect or refuse to report as aforesaid, shall forfeit and pay for each and every such offence a sum not exceeding fifty dollars, to be recovered before any justice of the peace of this State, in the name of the State, for the use of the Health Department of Baltimore City. Every undertaker who shall bury the body of any child, or cause the same to be buried, removed or concealed, without a certificate from the Commissioner of Health, or a permit from the Coroner, as hereinafter provided, shall forfeit and pay a sum not exceeding fifty dollars, to be recovered as aforesaid. Every undertaker who shall bury the body of any child, or cause the same to be buried, removed or concealed, without a certificate from the Commissioner of Health, or a permit from the Coroner, as hereinafter provided, shall forfeit and pay a sum not exceeding fifty dollars, to be recovered as aforesaid. Every undertaker who shall bury the body of any child, or cause the same to be buried, removed or concealed, without a certificate from the Commissioner of Health, or a permit from the Coroner, as hereinafter provided, shall forfeit and pay a sum not exceeding fifty dollars, to be recovered as aforesaid.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2nd 1900
4. Place of Birth, (Street and Number) 1332 Ft. Mc Henry st
5. Full Name of Mother, Katie ✕ Colemank
6. Mother's Maiden Name, Katie Gerhardt
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Richard L. Coleman
9. Father's Occupation, Copper Smith at (B & O.)
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. J. Lucas

Address, 339 S. Broadway

Remarks, Very delicate dont think it will live

1 8 8 0 mr / 10 2 6 8 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Said schedule shall be delivered duly signed by the attendant, or other person who makes this return, to the Commissioner of Health, or some one of his clerks, or such other person as he may designate, within the first three days of each and every month. If a physician or practitioner of midwifery, or the person or parents of such child shall occur without the other immediately thereafter, he shall in like manner and within the period above required, make a return of its birth to the Commissioner of Health, in the form of a certificate between the date and place of birth; and the attendance upon the mother during her confinement, and the condition of the child as to health and vitality, as far as he can ascertain the same; and if there be no attendant, then the parent or parents of such child shall report its birth to the Commissioner of Health, in like manner and within the period above required, and shall in like manner certify as to the health and vitality of the child. Any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 227/13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Female Child
2. Race or Color, (if not of the white race) White Child
3. Date of Birth, July 2nd 1890
4. Place of Birth, (Street and Number) Bartlett ave nr Quaker Lane Ca
5. Full Name of Mother. Ida R Deaver
6. Mother's Maiden Name, Ida R Roe
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Richard Deaver
9. Father's Occupation, Iron Worker
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return. Margaret Steinkel

Address, No 28 Mount St nr Valley Balt City Col

Remarks,

1890 - 002690

WM. A. G. GILASBY & CO., CITY PRINTERS AND STATIONERS

...ment of its parents, the date and place of birth, and the ...ed by the attendant in the form of a certificate between the first and ...ed to the office of the Commissioner of Health. In case the birth of any child ...ld occur without the attendance of a physician or practitioner of midwifery, or should no certificate of such ...ttendance upon the mother, immediately thereafter, the undertaker and within the period above required, and ...child to report the birth to the Commissioner of Health. In the manner and within the period above required, and ...ner or midwife who shall hereafter fail to comply with the provisions of this section shall be sub- ...ject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 2274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 2. 90
4. *Place of Birth, (Street and Number)*	1603 Walker St
5. *Full Name of Mother,*	Anna Elizabeth Prindath
6. *Mother's Maiden Name,*	" Hauser
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Charles Prindath
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	Jno. A. Pickett, M. D.
Address,	1312 Pleasant St
Remarks,	

1890-002691

certificate between the 1st and 10th days of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur where a midwife or nurse is in attendance upon the mother, such midwife or nurse shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rpby & Co., City Printers and Station...

GIVEN NAME ADDED 8-23-55

RETURN OF A BIRTH A. 22715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name – Henry Charles

HEALTH DEPARTMENT JUL 17 20 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 3 1890
4. Place of Birth, (Street and Number) 1509 Baltimore
5. Full Name of Mother, Mary Schuler
6. Mother's Maiden Name, " Kinkel
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Schuler
9. Father's Occupation. Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Mather

Remarks, 1 2 2 0 0 2 6 9 2

until sellable shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the parent or parents of such child to cause the birth to be certified as herein required within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 3 1890
4. Place of Birth, (Street and Number) 1631 Durham
5. Full Name of Mother, Katie Krauzer
6. Mother's Maiden Name, Leman
7. Mother's Birthplace, Germany
8. Full Name of Father. Conrad Krauzer
9. Father's Occupation. Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Caroline L. Miller

Address, 1605 Mallow St.

Remarks, 890022693

and schedule shall be delivered, duly signed by the Practitioner, Midwife or other person in charge, to the Registrar of Vital Statistics, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother herself shall become the duty of the person above required, and shall in every such case comply with the provisions of this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[illegible] name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 22717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd ✓

1. *Sex, (state whether male or female)* Female ✓
2. *Race or Color, (if not of the white race)* White ✓
3. *Date of Birth* July 3rd 1890 ✓
4. *Place of Birth, (Street and Number)* No 5 N Carey St ✓
5. *Full Name of Mother,* Maud Tompkins ✓
6. *Mother's Maiden Name,* " Forrest ✓
7. *Mother's Birthplace,* Washington DC ✓
8. *Full Name of Father,* Bernard Tompkins ✓
9. *Father's Occupation,* Telegraph Operator ✓
10. *Father's Birthplace,* Virginia ✓

Name of Medical Attendant, or other Person who makes this Return. M K C Warren M.D.

Address, 901 N Stricker St

Remarks,

HEALTH DEPARTMENT JUL 15 1890 BALTIMORE.

1890-002694

John Murphy & Co., City Printers and Stationers.

A 2271

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 16 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) White
2. Race or color, (if not of the white race)
3. Date of Birth, July 8 1890
4. Place of Birth, (Street and Number) 1011 Harlem ave
5. Full Name of Mother, Mary Spicer
6. Mother's Maiden Name, Mary Gardner
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm D Spicer
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. H. L. Spencer M.D.

Address,

Remarks, 1890-09395 Lombard

Every case of birth is to be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth occurs, and no certificate for the burial of a child will be issued by the Registrar unless the full name and residence of its parents, the date and place of birth, and the sex and color of the child are stated in the return. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 3 day of July
4. Place of Birth, (Street and Number) 517 N Exeter St Bal
5. Full Name of Mother, Cathrin Bergen Kranz
6. Mother's Maiden Name, d
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Bergen
9. Father's Occupation, Silver Smith - Bal -
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Julia Groom

Address, 94 N Gay St Bal

Remarks,

1890 002696

—It shall [illegible] its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when there is no physician or midwife in attendance, or when the physician or midwife shall be absent from attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 22120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* 3 July 1890
4. *Place of Birth,* (Street and Number) 701 Bruce St
5. *Full Name of Mother,* Kate . Miller
6. *Mother's Maiden Name,* Kate
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John F Miller
9. *Father's Occupation,* Grocery Store
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppelton St

Remarks, 8 9 0 - 0 0 2 6 9 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A.2277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Child
3. Date of Birth, July 4th 1890
4. Place of Birth, (Street and Number) St Joseph St Balt City
5. Full Name of Mother, Mary Shayton
6. Mother's Maiden Name, Mary Blake
7. Mother's Birthplace, Balto Co Md
8. Full Name of Father, John Shayton
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return. Margaret Thinkel

Address, 28 Mount St nr Valley Balto City

Remarks,

1890 - 002698

And schedule shall be delivered, duly signed by the practitioner in charge, to the Registrar of the district in which the birth occurred, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 22772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 5th 1890
4. Place of Birth, (Street and Number) S. Spring St No 317.
5. Full Name of Mother, Maria Rathe
6. Mother's Maiden Name, Maria Ratsch
7. Mother's Birthplace, Deutz Germany
8. Full Name of Father, Ernst Rathe
9. Father's Occupation, Laborer
10. Father's Birthplace, Eilau Prussia Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks, 1890 002699

been completed by sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate, to the person who shall make out the certificate required by law to be made of each child, if any shall have been born alive, within thirty days after the birth of any child; and every midwife or other person (except the mother of such child) who shall attend the birth of any child shall, within the first ten days of each and every month, report to the office of the Commissioner of Health, or to such other person as the Commissioner of Health may designate, the name, residence and color of each and every child born alive, whose birth shall occur without the attendance of a physician during the month preceding, and the date of birth of each such child; and every midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

... [illegible] ... parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 22723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) The 2d

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, the 5 of July 1890
4. *Place of Birth*, (*Street and Number*) St. Helena Lane [illegible]
5. *Full Name of Mother*, Catharine Krauss
6. *Mother's Maiden Name*, Catharine Scholl
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, John Krauss
9. *Father's Occupation*, Grocer
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Ch. Lauer

Address, No 1039 Harford Av

Remarks, Balt Md

1890-00278

1890

RETURN OF A BIRTH A 22725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 5th 1890
4. Place of Birth, (Street and Number) # 113 W. Fourth street
5. Full Name of Mother, Sarah Miller Tracy
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, Jesse H Miller
9. Father's Occupation, Rail roader
10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M D

Address, # 811 Jefferson Av. Baltimore Md

Remarks, 1890-002701

said schedule shall be delivered, duly signed by the practitioner or person in charge, the date and place of birth; and the third copy of each such schedule with like certificate shall be delivered to the Commissioner of Health. In case the birth occurs without the attendance of a physician or midwife, the person in charge of the premises where the birth occurs shall report its occurrence to the office of the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother. Commissioner of Health, in the manner and within the period above required, and every month to the office of the Commissioner of Health, a return of all births which have occurred during the month, with the particulars required to be reported in each case. Any physician or midwife who shall neglect or refuse to comply with the provisions of this section, or any person who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22723.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 5th 1890 Balt= City
4. Place of Birth, (Street and Number) 845 Baymington avenue
5. Full Name of Mother, anna dunner Co. Md.
6. Mother's Maiden Name, anna Bullinger
7. Mother's Birthplace, Marysville P.A.
8. Full Name of Father, Jessy dunner
9. Father's Occupation, Laborer
10. Father's Birthplace, anne arundel Co. Md

Name of Medical Attendant, or other person who makes this Return, Mary a Martin

Address, No 76 Brick hil Mount vernon

Remarks, Balt= city Md

1890 = 00 = 702

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate as to the facts of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur during the absence of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. C. BLAGDEN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH B22426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. JUL 14 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 child
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	colored
3. Date of Birth,	5th july. 1890.
4. Place of Birth (Street and Number),	829 mechanics Court
5. Full Name of Mother,	Mary matilda Williams
6. Mother's Maiden Name,	matilda Savage
7. Mother's Birthplace,	Eastern shore md
8. Full Name of Father,	David Williams
9. Father's Occupation,	Hod Carries
10. Father's Birthplace,	Eastern shore Mary land
Name of Medical Attendant, or other person who makes this Return.	Miss Lizzie Myers
Address,	223 Eday st
Remarks,	

B 2 2 4 2 6

...e Publishing Co., City Printers and Stationers

B 22177

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 17 1890 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) 4th

1. Sex (state whether Male or Female) White

2. Race or Color (if not of the white race)

3. Date of Birth #9 N. Arm St

4. Place of Birth (Street and Number) Sallie Cultison

5. Full Name of Mother Sallie Atkinson

6. Mother's Maiden Name Baltimore

7. Mother's Birthplace Wm Cultison

8. Full Name of Father Seaman

9. Father's Occupation Baltimore

10. Father's Birthplace J. Wm. Cultison

Name of Medical Attendant, or other Person who makes this Return. 1806 E. Baltimore St

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH A 22728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, ~~July~~ 6 July
4. Place of Birth, (Street and Number) Low M ~~Street~~
5. Full Name of Mother, Lora ~~Stewart~~ Stewart
6. Mother's Maiden Name, Lora Roman
7. Mother's Birthplace, Chester Town
8. Full Name of Father, Park Mun Stewart
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Bayle

Address, 1012 Eden St

Remarks,

L 8 9 0 ~ 0 0 2 7 0 5

And each midwife shall report to the Commissioner of Health, in the manner and within the period above required, such births as she shall attend, and shall keep a like record of the same; and each physician or midwife who shall neglect or refuse to make such report, or to keep such record, as herein required, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. 3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 6 1890
4. Place of Birth, (Street and Number)	204 N. Chester St.
5. Full Name of Mother	Mrs. Mary Rust Lynch Baer
6. Mother's Maiden Name,	Miss " " Lynch
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Charles Baer
9. Father's Occupation,	Preserved Meats
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	G. G. Gunst M.D.
Address,	2000 E. Baltimore St.
Remarks,	Natural delivery.

1890-002706

Said schedule shall be delivered, duly signed by the attending physician or midwife, or by the father or mother of such child, or by the householder in whose house the birth occurred, or by the undertaker who shall first be employed after the birth, to the office of the Commissioner of Health, within the first ten days after the birth, and a like return shall be made every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the presence or attendance of either physician or midwife, or undertaker employed as aforesaid, then the householder in whose house the birth occurred, or the parent of such child, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

D-22730

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 15 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 6th 90
4. *Place of Birth, (Street and Number)*	1741 N. Charles St
5. *Full Name of Mother,*	Virginia Orem
6. *Mother's Maiden Name,*	Virginia McKinley
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	P. C. Orem
9. *Father's Occupation,*	Musician
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	E. F. Phillips
Address,	119 W. Fayette St
Remarks,	

1890-002707

WM. A. G. DULANY & CO., CITY PRINTERS AND STATIONERS

...shall be delivered, duly signed by the midwife or physician in attendance, to the Registrar of the district in which the birth occurred, within ten days after the birth; and the Registrar shall deliver to the midwife or physician in attendance a certificate therefor. If such certificate between the first and tenth day after the birth, the midwife or physician in attendance shall report the birth to the Commissioner of Health. If the birth occur in a child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 22131

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th July 1890
4. Place of Birth, (Street and Number) No 514 Belair road
5. Full Name of Mother, Catharine Bochage
6. Mother's Maiden Name, Catharine Hebenstein
7. Mother's Birthplace, Germany
8. Full Name of Father, August Bochage
9. Father's Occupation, Beer brewer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Chas McCauley

Address, No 1959 Hanford Ave

Remarks, Bal

1890 - 022708

8/10

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge thereof, it shall be the duty of the householder and of the parent of such child to report the birth to the Commissioner of Health. In all cases the person or parents of such child shall furnish the information required by this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT JUL 15 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Color
3. Date of Birth,	July 6th 1890
4. Place of Birth, (Street and Number)	1434 Ward st
5. Full Name of Mother,	Annie Monroe
6. Mother's Maiden Name,	Annie Pretyman
7. Mother's Birthplace,	Talbert County Md
8. Full Name of Father,	Cornelius Monroe
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Dr Charlotte Williams
Address,	910 Leadenhall st
Remarks,	five dollars

1890 - 002709

And he/she shall be delivered, duly signed by the practitioner in his/her own hand, the date and place of birth; and the full name, residence and occupation of the parents. He/she shall also certificate between the first and fifth day of each and every month to the office of the Commissioner of Health a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health a certificate between the first and attendance upon the mother during her confinement of midwifery, or should no other person attend such child to report its birth to the Commissioner of Health, he/she shall become the duty of the person or parties of such last such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 22733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6th 1890
4. Place of Birth, (Street and Number) 2222 Baltimore ave
5. Full Name of Mother, Mary Magd Webb
6. Mother's Maiden Name, " " Hillmeyer
7. Mother's Birthplace, Sullivan Co. New York
8. Full Name of Father, Ernest E Webb
9. Father's Occupation, Book keeper
10. Father's Birthplace, Birmingham England

Name of Medical Attendant, or other person who makes this Return. M. J. Lawrence

Address, 239 S. Broadway

Remarks, Stony Run

1890 Book 7 Folio

Every person having any case, or all cases of vaccination or the person who performs the operation of vaccination, shall report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within twenty-four hours after the operation is performed, and every physician or practitioner in the city of Baltimore who shall attend any case of confinement, shall deliver daily, signed by his name, to the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate in the form of a certificate between like first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the sum of ten (10) dollars for each offense, so be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 22730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven children

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th July 1870
4. Place of Birth, (Street and Number) 1633 Fulton Ave Baltimore
5. Full Name of Mother, Fannie Ada Wolfe
6. Mother's Maiden Name, Hudgins
7. Mother's Birthplace, Fauquier Co Virginia
8. Full Name of Father, Thomas Jefferson Wolfe
9. Father's Occupation, Physician
10. Father's Birthplace, Scott Co Virginia

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

090-002711

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or persons in attendance upon the mother, the householder or owner of the premises where such child was born, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 16 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 7th 1890.
4. Place of Birth, (Street and Number) 1406 E. Chase st.
5. Full Name of Mother, Maud T. Gill
6. Mother's Maiden Name, Maud T. Bryan
7. Mother's Birthplace, Virginia
8. Full Name of Father, Roger T. Gill.
9. Father's Occupation, Lawyer.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return, John D. Pennington M.D.

Address, 804 N. Eutaw st.

Remarks,

1890 - 002712

said schedule shall be delivered, duly signed by the attendant or the parents, the date and place of birth; and the name, surname and residence of the parents. The certificate of birth to be filled out between the first and third day of each and every month to the office of the Commissioner of Health, and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person apply to report the birth of such child to the Commissioner of Health, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 22736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth July 7th 1890
4. Place of Birth, (Street and Number) 182 Vincent alley
5. Full Name of Mother, Mary Johnson
6. Mother's Maiden Name, M. Clark
7. Mother's Birthplace, Harford Co Md
8. Full Name of Father, Henry Johnson
9. Father's Occupation, Laborer
10. Father's Birthplace, Bells, City

Name of Medical Attendant, or other Person who makes this Return. M K Warren M.D.

Address, 901 76 Stricker St

Remarks,

HEALTH DEPARTMENT JUL 15 BALTIMORE.

690-002713

parents, the date and place of birth, and his said schedule shall be delivered, duly signed by the practitioner to the parent a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report its birth to the Commissioner, as hereafter required, within the time above mentioned, the parents of such child, or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Wm. Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 22737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 15 20 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 7th 20
4. *Place of Birth, (Street and Number)*	1123 Bowen St
5. *Full Name of Mother,*	Alice Helsby
6. *Mother's Maiden Name,*	Alice Mullican
7. *Mother's Birthplace,*	Talbot Co Md
8. *Full Name of Father,*	John Helsby
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Talbot Co Md
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	719 W Fayette St
Remarks,	

690-00271 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein provided, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge who shall report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time herein required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SELBY & CO., CITY PRINTERS AND STATIONERS

CHILD NAME ADDED 6-13-33

RETURN OF A BIRTH

A 22738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 16 1890 BALTIMORE.

George Henry Conn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7 1890
4. *Place of Birth, (Street and Number)* 1623 N. Mount St.
5. *Full Name of Mother,* Maggie May Conn
6. *Mother's Maiden Name,* Myers.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wm R. Conn.
9. *Father's Occupation,* Cart Driver.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Bubert

Address, 1926 Jenna Ave

Remarks,

1890 - 002715

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, or the person who shall neglect or refuse to report the birth of a child as aforesaid, shall forfeit and pay the sum of ten dollars for each offense. In case the birth of a child shall have occurred without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22739.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 15 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7th 90.
4. Place of Birth, (Street and Number) Richardson St
5. Full Name of Mother, Anna Ziel
6. Mother's Maiden Name, Anna Teisen
7. Mother's Birthplace, Germany
8. Full Name of Father, Leonard Ziel
9. Father's Occupation, Soldier
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. E. Tett 1619 Eastern

Address, ~~Leonard Ziel~~ Richardson St Baltimore Md

Remarks, 1890 - Baltimore

Blanks are to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in the absence of the practitioner or midwife, or if no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 15 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 7th 1890
4. Place of Birth, (Street and Number) 154 N. Bond St.
5. Full Name of Mother, Mrs. Ida Holland
6. Mother's Maiden Name, Miss Ida Colvin
7. Mother's Birthplace, Middleburg Loudoun County Virginia
8. Full Name of Father, Mr. Edward Holland
9. Father's Occupation, Farming
10. Father's Birthplace, Near Winchester County.

Name of Medical Attendant, or other person who makes this Return. Mrs. Ann Cornish

Address, 871 Boyd St

Remarks, None 0 9 0 : 0 0 2 7 1 7

Third Section of Ordinance No. 1 approved by the Governor in the form of a certificate between the first and second days of each session of the General Assembly of Maryland, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person required, and in default of such person, of the mother herself, if able, to report to the Commissioner of Health the particulars above required, and child to report the birth to the Commissioner of Health, or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th of July 1890.
4. Place of Birth, (Street and Number) 2313 Madeleby street
5. Full Name of Mother, Theresia Daily
6. Mother's Maiden Name, Theresia Lotz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charlie Lotz
9. Father's Occupation, Plumer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Cresantia Kunkel

Address, 213 North Chapel st. per Justina Kunkel

Remarks, Healty.

1890 - 002718

and schedule shall be delivered, duly signed by the practitioner in attendance, or person, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. If such birth be within the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person being in the house where such birth occurs, be willing to make the return above required, and child to report its birth to the Commissioner hereafter, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. *Sex, (State whether male or female)*	Male,
2. *Race or color, (if not of the white race)*	White,
3. *Date of Birth,*	July 7th 1890,
4. *Place of Birth, (Street and Number)*	403 W. Camden st,
5. *Full Name of Mother,*	Mary Philiabikis,
6. *Mother's Maiden Name,*	Mary Danallins,
7. *Mother's Birthplace,*	Russia,
8. *Full Name of Father,*	Joseph Philiabikis,
9. *Father's Occupation,*	Tailor,
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Fisher M.D.
Address,	920 N. Broadway
Remarks,	

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE

890 00 2719

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

...said school, shall be delivered, duly signed by the practitioner in the form of certificate below, within the first and third day of each month next following the birth; and the practitioner in the first case shall receive the sum of fifty cents for each birth so reported, and in the second case the sum of twenty-five cents for each birth so reported. No fee shall be allowed for any birth which shall occur without the attendance of a practitioner, or should no other person be entitled to receive the fee. Every practitioner in attendance upon a birth shall report the same as herein required, and any such practitioner who shall neglect or refuse to report any birth which occurs while in attendance upon the mother, immediately thereafter, shall forfeit and pay the sum of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 16 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, July 8, 1890
4. Place of Birth, (Street and Number) Stiffman Lane # 20 ½
5. Full Name of Mother. Annie Turner
6. Mother's Maiden Name. Annie Turner
7. Mother's Birthplace. Baltimore Md
8. Full Name of Father. ———
9. Father's Occupation, ———
10. Father's Birthplace, ———

Name of Medical Attendant, or other person who makes this Return. J. C. Mullins M.D.

Address, 731 Frederick Ave. W.

Remarks, + 6 9 0 - 0 0 2 7 2 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

S. SULANY & SO., CITY PRINTERS AND STATIONERS

A. [illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 15 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 8th 1900
4. Place of Birth, (Street and Number)	1320 Hartford Ave
5. Full Name of Mother,	Emma E. Allard
6. Mother's Maiden Name,	Emma E. Knight
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Edward F. Allard
9. Father's Occupation,	Can Maker
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	A. G. Watson
Address,	1801 E. Central Ave
Remarks,	6900087211

A. COLLINS, CITY PRINTER AND STATIONER.

RETURN OF A BIRTH A

CERTIFICATE CORRECTED 10-1-36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen Bridget Renehan

HEALTH DEPARTMENT JUL 15 '90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8th 1890
4. Place of Birth, (Street and Number) 120 Bowdry Avenue
5. Full Name of Mother, Bridget (Delia) (Theresa) Renehan
6. Mother's Maiden Name, (Delia) (Theresa) McDonald
7. Mother's Birthplace, Ireland
8. Full Name of Father, John (Patrick) Renehan
9. Father's Occupation, Car Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Mcassey

Address, 543 N. Wolfe Street

Remarks,

1890 002722

said schedule shall be delivered, duly signed by the practitioner in charge, to the state and place of birth; and the third day of each and every month to the office of the Commissioner of Health, for which certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person than the child to report its birth to the Commissioner of Health. It shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 1890 BALTIMORE.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	Fifth Child
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth.*	July 8th 1890
4. *Place of Birth.* (*Street and Number*)	Baltimore 896 Lombard St
5. *Full Name of Mother.*	Mary Ellen Kellhoff Lyons
6. *Mother's Maiden Name.*	
7. *Mother's Birthplace.*	Baltimore
8. *Full Name of Father.*	Fritz George Kellhoff
9. *Father's Occupation.*	Fire Department
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address.	23 N. Poppleton St
Remarks.	

1890-002723

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every male and female person, living or dead, in the city of Baltimore, shall be registered, and it shall be the duty of the physician, midwife, or other person having charge of the case, to make return of every birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, and before the burial of the child, on a certificate to be furnished by the Registrar of Vital Statistics, Board of Health, Baltimore City, and signed by the practitioner in the form of a certificate between the first and third days of each and every month of a physician or practitioner of midwifery, or should no other person of such shall occur upon the mother, immediately thereafter, it shall become the duty of the person above required, and all offices upon the mother, immediately thereafter, it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 227 '07

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 14 1907
BALTIMORE

Born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who was present at this birth

Address,

Remarks,

WM. D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH A. 22748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. ~~*Race or Color*~~, *(if not of the white race)* White
3. *Date of Birth,* July 8. 1890
4. *Place of Birth, (Street and Number)* 760 Mulberry St.
5. *Full Name of Mother,* Mary E. Heilmann
6. *Mother's Maiden Name,* " " Schminger [?]
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John N. Heilmann
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter [?]

Address, 23[?] Poppleton St

Remarks,

1890-002725

[illegible] parents. The date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH A. 22749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (State whether 1st, 2d, 3d, &c.) Name George Edward Gulach	4th
1. Sex, (State whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 8th 90
4. Place of Birth, (Street and Number)	7 Airy Ext'd
5. Full Name of Mother,	Agnes Gulach
6. Mother's Maiden Name,	Agnes Rafferty
7. Mother's Birthplace,	Balt
8. Full Name of Father,	Jno F Gulach
9. Father's Occupation,	Packs straw goods
10. Father's Birthplace,	Balt
Name of Medical Attendant, or other person who makes this Return.	Daniel V Magruder MD
Address,	1200 N Edw St
Remarks,	City

590 002726

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 22750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th July 1890
4. Place of Birth, (Street and Number) 127 W Preston St
5. Full Name of Mother, Maggie Russell
6. Mother's Maiden Name, Maggie Reynolds
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, David Russell
9. Father's Occupation, Blacksmith Helper
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Wooden

Address, No 936 Fremont av

Remarks,

1890 - 002727

said schedule shall be delivered. duly filled by the practitioner in the form of a certificate, to the city registrar within the first and third day of each and every month, and in all cases where a physician or practitioner shall become the duty of the person or persons required to report the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or persons required, and shall occur within the mother, immediately thereafter, in the manner and within the time specified in this section, to report its birth to the Commissioner of Health, in the manner and within the time specified in this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 2270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 8
4. *Place of Birth, (Street and Number)* Moor alley 413
5. *Full Name of Mother,* Emily Bell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Lancaster Co. Va
8. *Full Name of Father,* John Lewis
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Leeton Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Lily Cornish

Address, Rose St 922

Remarks,

1900 - 00 - 720

Murphy & Co., City Printers and Stationers.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the nurse, and she is hereby required to report in like manner, and with like particulars within the period above required, and any such person or nurse who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-28-56

RETURN OF A BIRTH A 27757.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1900 BALTIMORE

Bertha Laage

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born July 9th 1896
4. Place of Birth, (Street and Number)	# 2122 Wilhelm Str
5. Full Name of Mother,	Mrs. Bertha Laage
6. Mother's Maiden Name,	Miss " " Eberhardt
7. Mother's Birthplace,	Rosenberg Germany
8. Full Name of Father,	Mr Oskar Laage
9. Father's Occupation,	Brewer
10. Father's Birthplace,	Rosenberg Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Heller
Address,	2127 West Pratt Str
Remarks,	

1900 00 2729

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner at the birth, it shall be the duty of the person or parents of such child, within five days after the birth occurs, to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1890 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1-
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth*	7/9-90
4. *Place of Birth, (Street and Number)*	S.C.C. Central Ave & Chew
5. *Full Name of Mother,*	Lida Pailett Adams
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	B C
8. *Full Name of Futher,*	Albert Pailett
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	B C
Name of Medical Attendant, or other Person who makes this Return.	Dr Wyckliffe
Address,	207 E Monument St
Remarks,	

1890 - 002730

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Registrar of Vital Statistics. If the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person or parents of such child, to give the above information within three days thereafter. It shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Thomas Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 27154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10th 1890
4. Place of Birth, (Street and Number) No 7 Hughes St
5. Full Name of Mother, Elizabeth Lehnhart
6. Mother's Maiden Name, Elizabeth Fiersicht
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Lehnhart
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Hornung

Address, No 15-17 Byrd St

Remarks,

1890-002731

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Sec. 2 and be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 22755.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1990 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 10 1890
4. Place of Birth, (Street and Number) 1804 E Madison
5. Full Name of Mother, Anna Schweitzer
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Schweitzer
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St.

Remarks,

1890 - 022732

Any schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the Commissioner of Health, or shall become the duty of the person above required, and after the expiration of ten days from the date of the birth of such child to report the same to the Commissioner of Health in the manner and within the limits of this section shall be liable. Any such person or persons who shall be guilty of a like offense, to be recovered as other fines and forfeitures are recoverable. shall neglect or refuse to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED JUL 14 1890 REGISTRAR'S DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female Child
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 14th July 1890
4. Place of Birth, (Street and Number) 242 Park St
5. Full Name of Mother, Sarah Mundy
6. Mother's Maiden Name,
7. Mother's Birthplace, Kings [illegible] Co Va
8. Full Name of Father, Thomas Mundy
9. Father's Occupation, Waiter
10. Father's Birthplace, Kings [illegible] Co Va

Name of Medical Attendant, or other person who makes this Return. Alice E Nunes

Address, 1 Saratoga

Remarks,

1890 002733

Any midwife, physician or other person who shall attend upon the birth of any child in the City of Baltimore, shall, within three days after the birth of such child, deliver, and any person who shall be required by the provisions of this section to report the birth of any child, shall, within three days after the birth of such child, report the same to the Commissioner of Health, at the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and any person who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22767.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, July 10/90
4. Place of Birth, (Street and Number) No 1013 Hope walk. Lane.
5. Full Name of Mother, Anna Strauss
6. Mother's Maiden Name, " Biederback.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, John Strauss,
9. Father's Occupation, Insurance Collector.
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. Annie Jeanne.

Address, No. 12-14 Eight St.

Remarks, Yours Respectfully.

1890 C 00 2734

The Section 2 of the Act directed, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the aforesaid time in the absence of a physician or midwife, or should no other person be in attendance upon the mother at the birth of her child, the parent or parents of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 15 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10th
4. Place of Birth, (Street and Number) 669 Haw St
5. Full Name of Mother, Lizzie Hammel
6. Mother's Maiden Name, Lizzie Selheimer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Hammel
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Heeling under Phys

Address, 674 O St

Remarks, Para 2

E 8 2 0 2 7 3 5

said schedule shall be delivered, duly signed by the practitioner in the form, or to receive the certificate between the first and third day of each and every month to the office of the Commissioner of Health, or to the Registrar of Vital Statistics, as the case may be. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, then the parent, or parents of such child, or in case of their inability, the householder or owner of the premises where such birth occurs shall report the same to the Commissioner of Health, in the manner and within the time above specified. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 (Twin)
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth.*	July 1st
4. *Place of Birth, (Street and Number)*	263 Schroder
5. *Full Name of Mother,*	Kate Schreave
6. *Mother's Maiden Name,*	Kate Fortner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo. Schreave
9. *Father's Occupation,*	Steam Fitter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. Ferris
Address,	412 S. Pine St.
Remarks,	0900002736

third day of each and every month to the Registrar of the Board of Health of Baltimore City, a certificate of the birth of each child which shall occur without the attendance of a physician, and within the first ten days after the birth of any child which shall occur with the attendance of a physician, the midwife or nurse in attendance upon the mother, immediately thereafter if child become the duty of the person in whose house the child is born, or in which it is being nursed, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any midwife, person or nurse who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

KELLY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

JUL 10 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 (four)
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 10 '00
4. *Place of Birth, (Street and Number)*	266 S. Snoder St.
5. *Full Name of Mother,*	Kate Schnaar
6. *Mother's Maiden Name,*	Kat. Fuchs
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo. H. Schnaar
9. *Father's Occupation,*	Grain Hatter
10. *Father's Birthplace,*	Saxe Weimar
Name of Medical Attendant, or other person who makes this Return.	Mrs. Gross
Address,	438 S. Wolfe St.
Remarks,	0 2 0 - 0 0 3 7 3 7

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur while the mother is at a hospital or other institution, the first and all future returns shall be made by the officer in charge of such institution, or by the person in attendance upon the mother, immediately thereafter. In all cases where any of the parents of such child fail to report its birth to the Commissioner of Health, in the manner and within the period above named, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT JUL 15 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11 90
4. Place of Birth, (Street and Number) Towson St 1350
5. Full Name of Mother, Kate Rorke
6. Mother's Maiden Name, Mc Guirl
7. Mother's Birthplace, Ireland
8. Full Name of Father, Mal Rorke
9. Father's Occupation, Work B C
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Johanna Tonske

Address, Garrett Alley 1368 Locust Point

Remarks,

1890 002738

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 227761.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born July 11th 1890
4. *Place of Birth, (Street and Number)* # 12. Browns Lane
5. *Full Name of Mother,* Mrs Lizzie Metzger
6. *Mother's Maiden Name,* Miss " " Füg
7. *Mother's Birthplace,* Hessen Germany
8. *Full Name of Father,* Mr Charles Metzger
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Hessen Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Hiller

Address, 2127 West Pratt Str

Remarks,

690-0002739

HEALTH DEPARTMENT JUL 14 90 BALTIMORE.

...e shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

... J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT JUL 15 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11
4. Place of Birth, (Street and Number) 1301 Hull St
5. Full Name of Mother, Maggie Fritzges
6. Mother's Maiden Name, Dressel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred A Fritzges
9. Father's Occupation, Grocer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ethel 16,19

Address, Cuba St

Remarks, Baltimore

1890 - 003740

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the first day of July, eighteen hundred and eighty-seven, it shall be the duty of every physician, midwife or other person in attendance upon any case of birth occurring within the limits of Baltimore City, to make a return of such birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the occurrence of such birth, which return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon such birth, then it shall be the duty of the parent, or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 15 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11th
4. Place of Birth, (Street and Number) 663 Hanover St
5. Full Name of Mother, Mollie Fahey
6. Mother's Maiden Name, Mollie Collins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Fahey
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Nellie Lynda Alice

Address, 1892 Hollins St

Remarks,

Every case shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the officer appointed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the sum of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-7-57

A 20764

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) John Elbert Chase Smith (4th)

1. Sex, (state whether male or ~~female~~) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 11, 1890
4. Place of Birth, (Street and Number) No. 2050 Bank St
5. Full Name of Mother, Mrs. Mary Elizabeth Chase
6. Mother's Maiden Name, Miss Mary E. Wright
7. Mother's Birthplace, Delaware
8. Full Name of Father, Mr. John Thomas Chase
9. Father's Occupation, Ship Smith
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who made this Return Mrs. E. Clendinen M.D.

Address No. 201 N. Broadway

Remarks, 1890 00274 2

HEALTH DEPARTMENT JUL 12 1890 BALTIMORE

DULANY & CO., CITY PRINTERS AND STATIONERS.

A 22760

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 1890 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, [redacted]*, &c.)*

1. *Sex, (state whether male or f*[redacted]*)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 11th 1890
4. *Place of Birth, (Street and Number)* 1110 Leadenhall St
5. *Full Name of Mother,* Anne Margaretha Witte
6. *Mother's Maiden Name,* " " Zapp
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Frederick Casper Witte
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Catherine Munch

Address, 800 Leadenhall St

Remarks, f To soon born

690-002743

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 22766

GIVEN NAME ADDED 4-25-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1890 BALTIMORE

Name: John Louis Reed

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	July 11 90
4. Place of Birth, (Street and Number)	4 West Lanvale
5. Full Name of Mother,	Susie Reed
6. Mother's Maiden Name,	Susie Jones
7. Mother's Birthplace,	St Marys Co
8. Full Name of Father,	Richard Reed
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Daniel V Mayer M.D.
Address,	1200 N Edmondson Ave
Remarks,	Balt City

1890 - 002744

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when no such practitioner is in attendance, it shall become the duty of the person or other person, being in attendance upon the mother, immediately thereafter to report the birth, and it shall become the duty of the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 22767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11 1890
4. Place of Birth, (Street and Number) No 1304 Light St
5. Full Name of Mother, Lilly Todd
6. Mother's Maiden Name, Lilly Winks
7. Mother's Birthplace, Baltimore city md
8. Full Name of Father, Charles Todd
9. Father's Occupation, Conductor of B & O R R
10. Father's Birthplace, Madison Dorchester Co md

Name of Medical Attendant, or other person who makes this Return. E Hinton

Address, No 1644 N charles St

Remarks,

1890 - 002745

said schedule shall be delivered, duly signed by the practitioner in attendance, or the person who shall act as such, at the time of the birth, or within ten days thereafter, to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, immediately thereafter, shall become the duty of the person or persons with whom she resides to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons failing to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED - 5/1971

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: BERTHA FIORENTINO

HEALTH DEPARTMENT JUL 16 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 12 of July 1890
4. Place of Birth, (Street and Number) No 419 Eden St
5. Full Name of Mother, Mary Fiorentino
6. Mother's Maiden Name, Mary Arzena
7. Mother's Birthplace, Italy
8. Full Name of Father, Antony Fiorentino
9. Father's Occupation, Schoemaker
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Christina Lauer

Address, 1059 Harford Ave

Remarks, Baltimore Md 1870

8900024706

third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then the duty of reporting such birth to the Commissioner of Health, immediately thereafter. It shall become the duty of the owner or tenant of each and every house in which any such birth shall occur, and of each and every person having charge of any such child, to cause the same to be registered as aforesaid, and any such person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, A 22769

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth 12th July. 1259
4. Place of Birth, (Street and Number) Sutton Ave.
5. Full Name of Mother Ida L. Dashields.
6. Mother's Maiden Name Ida L. Grill.
7. Mother's Birthplace Baltimore.
8. Full Name of Father Harry L. Dashields.
9. Father's Occupation Brick Manufacturer.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Conway

Address

Remarks

890-002747

Please write plainly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 22770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th to Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12th 1890
4. Place of Birth, (Street and Number) 1142 Johnson St
5. Full Name of Mother, Elizabeth Ruff
6. Mother's Maiden Name, Elizabeth Heil
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph Ruff
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Saunders Gaynor

Address, 914 N Chas

Remarks,

1890 : 002748

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE

If the Child be still-born, or shall die before the return of birth is made, the fact must be stated. The Return must be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and should the duty of so reporting be neglected by the attendant physician or midwife, or should no other person be in attendance, the duty of reporting shall devolve upon the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GILBERT & CO., CITY PRINTERS AND STATIONERS

2694

RETURN OF A BIRTH

A 22771

GIVEN NAME ADDED 1-6-1933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mildred Burgert Spence

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12th 1890
4. Place of Birth, (Street and Number) 126 E. Montgomery
5. Full Name of Mother, Annie E. Spence
6. Mother's Maiden Name, Annie E. Rinsdale
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Charles R. Spence
9. Father's Occupation, Sayler
10. Father's Birthplace, Penn Trans Co

Name of Medical Attendant, or other person who makes this Return, Thurlow, Clarke and

Address, 914 N Charles St

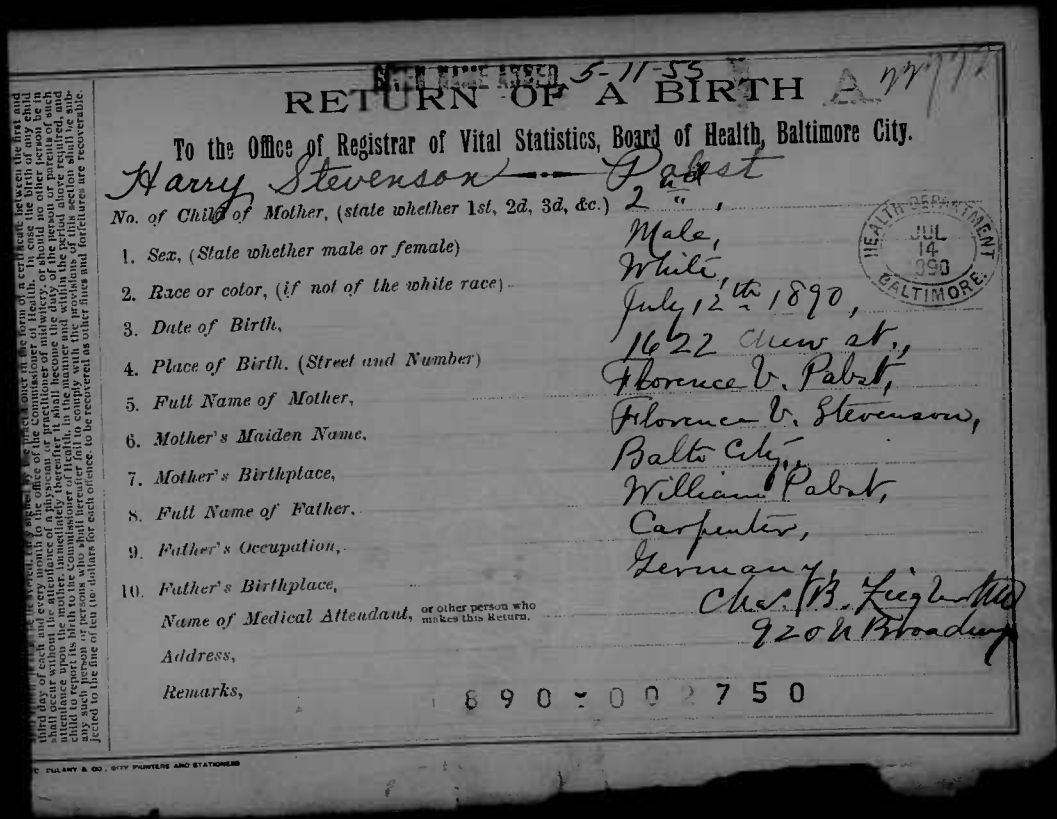
Remarks,

HEALTH DEPARTMENT JUL 12 1890 BALTIMORE

898-002749

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every midwife, physician or other person who shall assist at the birth of a child, shall, within the period above required, make a return of said birth to the Commissioner of Health, in the manner and form above prescribed, which return shall contain the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother herself shall have the duty of reporting the same, and in case of her inability the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Stevenson Pabst

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 "
1. Sex, (State whether male or female)	Male,
2. Race or color, (if not of the white race)	White,
3. Date of Birth,	July 12th 1890,
4. Place of Birth, (Street and Number)	1622 Eden st.,
5. Full Name of Mother,	Florence V. Pabst,
6. Mother's Maiden Name,	Florence V. Stevenson,
7. Mother's Birthplace,	Balto City,
8. Full Name of Father,	William Pabst,
9. Father's Occupation,	Carpenter,
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Leigh M.D.
Address,	920 N Broadway
Remarks,	

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE

890-00750

Every midwife or other person who shall assist at the birth of any child, and every householder in whose house any child shall be born, and where there is no midwife or other person entitled to make return, shall within the first ten days of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, make return of all births which shall have occurred in his or her practice or house during the preceding month, and if no birth shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any midwife, householder or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. FULLERTY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE JUL 15 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Madrid Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Afro American
3. Date of Birth, July 12
4. Place of Birth, (Street and Number) 1331 Carey St & W Bell
5. Full Name of Mother, Isabell J J Smith
6. Mother's Maiden Name, Isabella Dorsey
7. Mother's Birthplace, Baltimore City M E
8. Full Name of Father, John Thomas Smith
9. Father's Occupation, Mechanic or Labor
10. Father's Birthplace, Baltimore City South

Name of Medical Attendant, or other person who makes this Return.

Address, Wm E Mills

Remarks, 1448 Ward St

1890 002751

Sec. 3. Be it enacted, That the certificate required by the first section of this act to be given by the physician, midwife or other person in attendance upon the mother at the birth of any child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

326/3

RETURN OF A BIRTH

A 22774

GIVEN NAME ADDED 5-8-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Everett

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12th 1890
4. Place of Birth, (Street and Number) 215 E Montgomery
5. Full Name of Mother, Ella Fuille
6. Mother's Maiden Name, Ella Fuilong Bullis
7. Mother's Birthplace, Joshua Fuille
8. Full Name of Father, Balto
9. Father's Occupation, Theodore Locke
10. Father's Birthplace, 914 N Charles St

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE.

1890-002752

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Said schedule shall be delivered, duly signed by the Physician or Midwife in attendance, or by the parent or other person having charge of the case, to the Commissioner of Health, or to such other person he is directed to deliver it to, within ten days after the birth, and a like return shall be made within the same time after every case of stillbirth, or abortion, occurring after the third month of pregnancy, of the person or parents of such child, or in the absence of such person or parents, of the nearest relative present at the birth. Every birth shall occur without the attendance of a physician or practitioner of midwifery, a return shall be made by the householder in whose house the birth occurs, or by the nearest relative present at the birth, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 7771

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1900 BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	4 L
1. *Sex,* (state whether male or female)	Male
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	July 13/90
4. *Place of Birth,* (Street and Number)	507 Mosher St Effingham
5. *Full Name of Mother.*	Mary Dorsam
6. *Mother's Maiden Name.*	Mary Davis
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father.*	John Dorsam
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Geo Mumis M.D
Address,	1541 Eastman
Remarks.	

690-002753

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 277716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, July 12th 1890
4. Place of Birth, (Street and Number) 415 Pine Street
5. Full Name of Mother, Annie Shields
6. Mother's Maiden Name.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 11 W Park Ave.

Remarks,

1890 - 002754

shall forthwith be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall be sent by mail addressed to the Commissioner of Health, at the Baltimore City Post Office, postage prepaid. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

E. JOHNSON & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 16 1890 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) F.

2. Race or Color, (if not of the white race) W

3. Date of Birth July 13/90

4. Place of Birth, (Street and Number) 202 St Paul St

5. Full Name of Mother, Roberta Gootee

6. Mother's Maiden Name, " Bye

7. Mother's Birthplace, Md

8. Full Name of Father, Bruce Gootee

9. Father's Occupation, Clerk

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Irwin Chisholm M.D.

Address, 120 E Monument St

Remarks,

1890-002755

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 22778.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or if either of the parents of such child shall refuse to give the information required by this section, the duty of the person or parents of such attendance upon the birth to report the same to the Commissioner of Health, in the manner and within the period above required, and shall be entitled to receive from the Commissioner of Health the sum of fifty cents for each birth so reported; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUL 16 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	13th of July 1890.
4. Place of Birth, (Street and Number)	619 Burke st near Monument st.
5. Full Name of Mother,	Anne Louise Kalrd
6. Mother's Maiden Name,	Annie Louise Mccay.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Mccay.
9. Father's Occupation,	Brass moulder
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Cresantha Kunkel
Address,	213 North Chapel st per Justina Kunkel
Remarks,	Healthy

1890 - 002756

WM. J. C. DULANY CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 22777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 16 1901 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 13 1890
4. Place of Birth, (Street and Number)	110 Kensett St
5. Full Name of Mother,	Dana Mary Kaufman
6. Mother's Maiden Name,	Müller
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Jno. Kaufman
9. Father's Occupation	Butcher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Geo H Burkert
Address,	1926 Penna Ave
Remarks,	

1890 002757

said schedule shall be delivered, duly signed by the physician or midwife in attendance, to the proper Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, to the end that a proper certificate may be issued. Any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 16 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6st child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 13 of July
4. Place of Birth, (Street and Number) No 1126 Harford Ave.
5. Full Name of Mother, Franziska Voigt
6. Mother's Maiden Name, Franziska Zabel
7. Mother's Birthplace, Germany
8. Full Name of Father, Hermann Voigt
9. Father's Occupation, Saloon
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. [illegible] Bayer

Address, 1109 Harford Ave

Remarks, Baltimore Md 1890.

690-002758

Every birth must be reported to the Registrar of Vital Statistics within ten days after its occurrence, and within the first ten days of each and every month of the office of the Registrar of Vital Statistics a return of every birth which occurred within the preceding month must be made to the Registrar of Vital Statistics by the physician in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July the 13 1890
4. *Place of Birth, (Street and Number)*	Hampden Cedar ave 240
5. *Full Name of Mother,*	Lucinda. Cooper
6. *Mother's Maiden Name,*	Lucinda. Cassell
7. *Mother's Birthplace,*	Prince William Co Va
8. *Full Name of Father,*	John. H. Cooper
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Co
Name of Medical Attendant, or other person who makes this Return.	Elizabeth. Ginnemain
Address,	Hampden
Remarks,	1890 - 002759

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if there be no other person in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the said office in the manner and within the period above required; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

E. SULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1903 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, July 18th 1870
4. Place of Birth, (Street and Number) 733 Lucretia Ct.
5. Full Name of Mother, Hattie Jones
6. Mother's Maiden Name, Hattie Swan
7. Mother's Birthplace, Charles Co. Md
8. Full Name of Father, Nathaniel Jones.
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park Ave

Remarks, 690-002760

C. DILLARY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-16-54

RETURN OF A BIRTH 22783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1930 BALTIMORE

Hannah Marie Wills

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13 1930
4. Place of Birth, (Street and Number) 1620 Carey Street
5. Full Name of Mother, Mary Wills
6. Mother's Maiden Name, Mary Meyers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Wills
9. Father's Occupation, Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Anna Braenzel

Address, 543 N. Eutaw Street

Remarks,

8 9 0 - 0 0 2 7 6 1

said schedule shall be delivered, duly signed by the practitioner in charge, or person in charge of such case, the name, sex, color, date and place of birth; and the third day of each and every month to the office of the Commissioner of Health a like certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22784

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	2d/80
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	July 13/80
4. *Place of Birth,* (*Street and Number*)	1663 Lorman
5. *Full Name of Mother.*	Susan Lewis
6. *Mother's Maiden Name.*	Susan Myers
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm Lewis
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Geo W Ammis. M.D.
Address,	1501 Pennsylvania
Remarks,	

890-00762

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 77

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 16 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14 July
4. Place of Birth, (Street and Number) Jefferson St 1503
5. Full Name of Mother, Mary C ~~Hose~~ Dressel
6. Mother's Maiden Name, Mary C Hose
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Casper H Dressel
9. Father's Occupation, Cloth Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Webster

Address, 1030 Carolina St

Remarks,

1890 002763

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or if there be no practitioner in attendance upon the birth, then the same certificate shall be filled out and delivered, duly signed by the person who shall assist the mother at the birth, or if there be no other person, he in whose house or on whose premises the birth occurs, or if it occur elsewhere than in a house, then the father of such child, if present, within the city limits, and if absent, then the mother as soon as she is able, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore City shall be punished by a fine not exceeding one hundred dollars, and costs of prosecution, and in default of payment of such fine and costs shall be imprisoned in the jail of Baltimore City for a period not exceeding six months. And the penalties and forfeitures are recoverable before any justice of the peace of Baltimore City, on the complaint of any person, and shall be collected by warrant of distress and sale of the goods and chattels of the offender, and for want of sufficient distress the offender shall be committed to the jail of Baltimore City for a period not exceeding six months. Jeciel to the fine of ten (10) dollars for each offense; to be recovered before courts and forfeitures are recoverable.

GEO. J. O. SULLAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH Armpt

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 16 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14 1890
4. Place of Birth, (Street and Number) 1382 N. Calhoun St
5. Full Name of Mother, Barbara A. Shaven
6. Mother's Maiden Name, Schleyer
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph O. Schaven
9. Father's Occupation, Baker
10. Father's Birthplace, Frederick Md

Name of Medical Attendant, or other person who makes this Return, Chas H Burbert

Address, 1926 Penna Ave

Remarks,

1890-002764

said schedule shall be delivered. duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practitioner of Midwifery, or should no other person be in attendance upon the mother, the same shall be reported within the period above required, and all persons neglecting to report such birth as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 22767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 16 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore 14 the July
4. Place of Birth, (Street and Number) Balt 1222 W Gay St
5. Full Name of Mother, Mary H Carroll
6. Mother's Maiden Name, Mary E Gethings
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward J Carroll
9. Father's Occupation, Commissioner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Walker

Address, 508 N Caroline St

Remarks,

1890 002765

said schedule shall be delivered, duly signed by the person in charge of the house, or by the nurse, the date and place of birth, and the name and residence of the attending physician, midwife or nurse, if any, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any person who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT JUL 15 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14th 90
4. Place of Birth, (Street and Number) 140 Rogers Hill (6th Wd.)
5. Full Name of Mother, Florence Morris
6. Mother's Maiden Name, Florence Stock
7. Mother's Birthplace, Balto Co. Md.
8. Full Name of Father, Wm. H. Morris
9. Father's Occupation, R. R. employee
10. Father's Birthplace, York Pa.

Name of Medical Attendant, or other person who makes this Return. Cecil C. Emmart

Address, 120 W. Fourth St. Balto.

Remarks, 9 children at full term 7 5 miscarriages

1890-002766

RETURN OF A BIRTH, A 22789.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Six

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 10.40 o'clock P.M July 14th 1890

4. Place of Birth, (Street and Number) 2902 Hudson St

5. Full Name of Mother Mary Tichner

6. Mother's Maiden Name Mary Jones

7. Mother's Birthplace Maryland Eastern Shore

8. Full Name of Father John Tichner

9. Father's Occupation Shipcarpenter

10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. John E Prichard MD

Address 1910 Chesapeak St

Remarks Natural Easy labor both mother and child are doing well

1890-002767

Physicians, and others attending at the birth of children, are required by law to report the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 87790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 17th 1890.
4. Place of Birth, (Street and Number) 235 N. Dallas St.
5. Full Name of Mother, Barbara Seiler
6. Mother's Maiden Name, Barbient
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Henry Seiler
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Seiler

Address, 410 N. Mulberry.

Remarks,

890-002760

and selected shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter given, the first and third day of each and every month to the officer of the district in which he resides, and in case there shall be no practitioner residing in any district, or in case of the absence or inattention or refusal of the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. K.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) Vajs
3. Date of Birth, 14 Juli
4. Place of Birth, (Street and Number) S. Bond Str. 839
5. Full Name of Mother, Luize Leubecher
6. Mother's Maiden Name, Luize Grady
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Johan Leubecher
9. Father's Occupation, Tapezir
10. Father's Birthplace, Tajsland

Name of Medical Attendant, or other person who makes this Return. Meri Prell

Address, S. Bond Str. Dallas Str. 843

Remarks,

890-002769

Every person who shall be required, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, of the City of Baltimore, in case the birth of any child shall occur without the attendance of a physician or practitioner, or in case the mother or nurse in attendance upon the mother himself or herself, if she shall become the duty of the person in whose family such birth shall occur, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered, as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

890-002770

born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

A. 27773

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. *Sex,* (state whether male or female) Male

2. *Race or Color,* (if not of the white race) White

3. *Date of Birth,* July 11th 1890

4. *Place of Birth,* (Street and Number) 291 South St

5. *Full Name of Mother,* Jane Simpson

6. *Mother's Maiden Name,* Smith

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Charles Simpson

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return, W. J. Gatch, M.D.

Address, 111 E. Broadway

Remarks,

590-09771

...name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 22796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 15 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 14th 1890
4. *Place of Birth, (Street and Number)* W Greene & Vane Sts
5. *Full Name of Mother,* ~~Hatty~~ Costin
6. *Mother's Maiden Name,* ~~Mary~~ —
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Arvil Beauregard Costin
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant or other person who makes this Return Mary Schaeffer midwife

Joseph Blum M.D.

Address, 64 Columbus Ave

Remarks, 2

RETURN OF A BIRTH A 22796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 15 - 1890
4. Place of Birth, (Street and Number) Cookson St 1105
5. Full Name of Mother, Ernestine Lange
6. Mother's Maiden Name, Wilk
7. Mother's Birthplace, Marienwerder - Ost Preussen
8. Full Name of Father, Johann Lange
9. Father's Occupation, Work Factory
10. Father's Birthplace, Marienwerder Ost Pr.

Name of Medical Attendant, or other person who makes this Return, Johanna Lorenz

Address, Garrett Av 1363

Remarks, Locust Point

1890 002773

said schedule shall be delivered, duly signed by the practitioner in charge of the case, or other person required to make the return, to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the first three days after the birth of any child, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

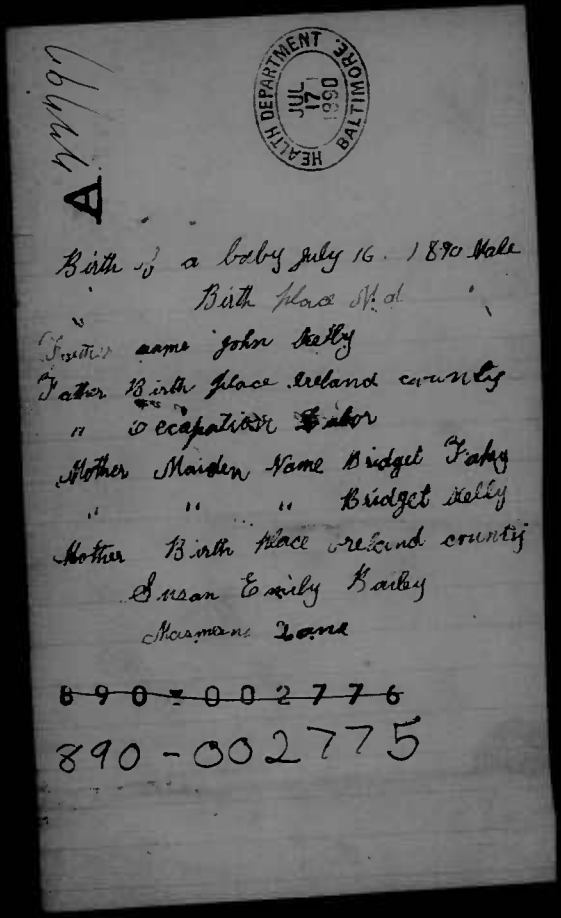
Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8 9 0 - 0 0 2 7 7 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall contain the name of the practitioner, or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who shall hereafter fail to comply with the provisions of this section the sum of ten dollars to be recovered as other fines and forfeitures are recoverable.

O. SULLANY & CO., CITY PRINTERS AND STATIONERS.



A. 11402

Birth of a baby July 16 1890 Male

Birth place No. 1

Father name John Kelly

Father Birth place Ireland county

" occupation Labor

Mother Maiden Name Bridget Foley

" " " Bridget Kelly

Mother Birth place Ireland county

Susan Emily Bailey

Nurse name Zone

~~890-002776~~

890-002775

A 7198

-City-

Manly Baltimore
July-16th 1890

Susan Jones gives birth
to A Male baby this morning.
are Tenet bay. Mrs
Susan E Delay baby
Mrs Jones of 1 st.
was married
Was Married to John W.
Jones 9 years St. Mt
Baltimore Co.
Md.

1890-002776

HEALTH DEPARTMENT
JUL

RETURN OF A BIRTH

22799.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 '30 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 420 Ellis Place St

4. Place of Birth, (Street and Number) Emanuel Bowles

5. Full Name of Mother, Hospital Baltimore Md

6. Mother's Maiden Name, Emanuel Bowles

7. Mother's Birthplace, Jonestown Ga

8. Full Name of Father, Same

9. Father's Occupation, Laborer

10. Father's Birthplace, Jonestown Ga

Name of Medical Attendant, or other Person who makes this Return. Lucy Carroll

Address,

Remarks, 890-002777

~~890-002776~~

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child and the mother, immediately after the same, or the physician or practitioner or midwife or parents of such child to be in attendance, shall neglect or refuse to make such return as herein required, he or they shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...r & Co., City Printers and Stationers.

... by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 22800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 1890 BALTIMORE.

Name. Margaret Rice

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 2d 90
4. *Place of Birth, (Street and Number)* 1623 Mosher St.
5. *Full Name of Mother,* S. A. Rice
6. *Mother's Maiden Name,* ~~[illegible]~~ Luttrell
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* S. Rice
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Thomas Opie M.D.

Address, 600 N. Howard St.

Remarks, 890-002778

~~890-002777~~

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1900 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 3/00
4. Place of Birth (Street and Number),	186 N. Charles St.
5. Full Name of Mother,	Ada Crum
6. Mother's Maiden Name,	Ada Keck
7. Mother's Birthplace,	Connecticut
8. Full Name of Father,	Hugh Crum
9. Father's Occupation,	Book keeper - Auction
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	E. W. Mansfield M.D.
Address,	129 Madison ave
Remarks,	~~890-002780~~ 890-002779

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 22802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3 1890
4. Place of Birth, (Street and Number) 315 Colvin st.
5. Full Name of Mother, Rachel Lebenwohl
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Yoshel Lebenwohl
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks, 890-002780 ~~890-002781~~

...ath, and shall set forth as far as the same can be ascertained the full name and occupation of the parents of each child, if any shall have been born previously, the number of such children living, the date and place of birth; and the full name, color, the full name and occupation of the mother, the date and place of birth of any child or children born alive previously, and the number of such children living. In cases where a certificate of birth of any child shall not be delivered duly signed by the Commissioner of Health, it shall be the duty of the person or parents of such child, or in case no other person be in attendance at the birth, then the physician or midwife present at the birth, or in case no other person be in attendance, then the householder in the house of which the birth occurs, or the undertaker who shall bury the body of any child for which a certificate of birth shall not have been delivered, to make such return as is herein required, and within the period above specified, and for each and every month or part of a month that such person or persons shall neglect or refuse to make such return, he or they shall be liable to a penalty of ten dollars, to be recovered as other fines and forfeitures are recoverable. All such returns shall be made in such manner and within the period above specified, and for each and every month or part of a month that such person or persons shall neglect or refuse to make such return, he or they shall be liable to a penalty of ten dollars, to be recovered as other fines and forfeitures are recoverable. All such returns shall be made in such manner and within the period above specified, and for each and every month or part of a month that such person or persons shall neglect or refuse to comply with the provisions of this section, he or they shall be subject to the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 12587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT JUL 18 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	3rd. of July 1890.
4. *Place of Birth, (Street and Number)*	1028 Watson St.
5. *Full Name of Mother,*	Margretha Rebhan
6. *Mother's Maiden Name,*	Dasch
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Rebhan
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Jeanie Turnt,
Address,	19 N. Eden St.
Remarks,	

590-002781

said midwife shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third days of each month, a report of every birth which shall occur during the preceding month, and if no birth shall occur without the attendance of a physician or practitioner of midwifery, or if none other than a midwife be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 22905.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth. July 4 - 90

4. Place of Birth, (Street and Number) 850 Frederick ave exh

5. Full Name of Mother, Mary

6. Mother's Maiden Name, Shoemaker

7. Mother's Birthplace, Baltor

8. Full Name of Father. a Wm Diefel

9. Father's Occupation, Plumber

10. Father's Birthplace, Ball

Name of Medical Attendant, or other Person who makes this Return Dr Ritterauth

Address, 949 Madison ave

Remarks. 690-002782

"Any person willfully giving false information, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

E. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 22526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) ~~6th July 1890.~~ White
3. Date of Birth, 6th July 1890.
4. Place of Birth, (Street and Number) 207 High St
5. Full Name of Mother, Jennie Lento
6. Mother's Maiden Name, " Frank
7. Mother's Birthplace, Russia
8. Full Name of Father, Wolf Bank
9. Father's Occupation, Clothing Business
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. B. Scherman

Address, 113 Albemarle St.

Remarks, 890-002783

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a medical man, midwife, or practitioner of midwifery, or should no other person be in attendance at the birth, then the mother of such child shall be required, and all other persons are hereby required, immediately thereafter it shall become the duty of the person or persons present at the birth to report its birth to the Commissioner of Health, in the manner and with the particulars required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 6th July 1890.
4. Place of Birth, (Street and Number) 921 E. Lombard St.
5. Full Name of Mother, Sarah Etenger.
6. Mother's Maiden Name, Sarah Fanchal.
7. Mother's Birthplace, Austria
8. Full Name of Father, Lewis Etenger.
9. Father's Occupation, Tailor
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, # 103 Albemarle St.

Remarks, 8 9 0 - 0 0 2 7 8 4

By the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, it shall become the duty of the person in attendance upon the mother, immediately thereafter to report the birth of the said child to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT JUL 19 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 5th 1890
4. Place of Birth, (Street and Number) 126 E. Gough st.
5. Full Name of Mother, Freida Ginsburg
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Raskel Ginsburg
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

B90-002785

and shall set forth as far as the same can be ascertained the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children (if any) to which the mother has given birth, and such other facts as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother or other person upon whom devolves the duty of reporting the birth to the Commissioner of Health, in the manner and within the period above required, and shall be liable to the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH B 12809

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1890 BALTIMORE

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. ~~Sex,~~ *(state whether male or female)*	Male
2. *Race or* ~~Color,~~ *(if not of the white race)*	White
3. *Date of Birth,*	July 5th 1890
4. *Place of Birth, (Street and Number)*	1433 S. Charles St.
5. *Full Name of Mother,*	Elizabeth M. Lempen ely Feldmann
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Otto C.C.S. Lempen ely
9. *Father's Occupation,*	Mechanic
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Wm Gerdes M.D.
Address,	125 W. Lee St.
Remarks,	

890-002786

B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

A 22810

HEALTH DEPARTMENT JUL 1896 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th July 1896
4. Place of Birth, (Street and Number) 1113 Low St.
5. Full Name of Mother, Oda Levin
6. Mother's Maiden Name, Finesinger
7. Mother's Birthplace, Russia
8. Full Name of Father, Mo. L. Levin
9. Father's Occupation, Minister
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Eli Scherman

Address, 103 Albemarle St.

Remarks, 690 002787

third day of each and every month to the office of the Commissioner of Health, a true and correct return of all births which have occurred during the preceding month in the district of which he has charge, and shall deliver with such return a certificate of each birth at which he has been in attendance, or which has come to his knowledge; and any physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 7th 1890
4. Place of Birth, (Street and Number) 310 President St.
5. Full Name of Mother, Amelia Poplay
6. Mother's Maiden Name,
7. Mother's Birthplace, Italy
8. Full Name of Father, Lorenzo Poplay
9. Father's Occupation, Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Chas. E. Bernstein

Address, 122 S. Exeter st.

Remarks, 890002788

Every physician or midwife in attendance upon the birth of any child shall, within the first and each and every month, report to the office of the Commissioner of Health, in the manner and within the period above required, and every such physician or midwife shall keep a record of the particulars of such births, and shall have the right to report the same. In case the birth of any child occur without the attendance of a physician or midwife, the owner or occupant of the house in which such birth occurs, or the parent or parents of such child, shall report the same. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 22817.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 July 1890
4. Place of Birth, (Street and Number) 1734 Canton ave
5. Full Name of Mother, Sarah Statter
6. Mother's Maiden Name, Sarah Stobe
7. Mother's Birthplace, Hungaria
8. Full Name of Father, William Statter
9. Father's Occupation, Printer
10. Father's Birthplace, Hungaria

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 103 Alberna

Remarks, 890-002789

...shall be the duty of the Attending Physician or Midwife, or other person present at the birth, to report the same to the Registrar of Vital Statistics, at the office of the Commissioner of Health, within the period above required, and in case there is no attendant, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, immediately thereafter it shall become the duty of the owner or agent of the premises where such birth occurs, to report the same within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 8th 90
4. Place of Birth, (Street and Number) 1627 Mosher St.
5. Full Name of Mother, Mary A. ~~Snyder~~ Singleton
6. Mother's Maiden Name, Snyder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, W. H. H. Singleton
9. Father's Occupation, Foreman for Iron Factory
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Thomas Opie M.D

Address, 600 N. Howard St.

Remarks,

890-002790

Every person who shall hereafter perform the rite of circumcision, or shall be present at the performance of such rite, shall within the first and third day of each and every month, at the office of the Commissioner of Health, in case the birth of any child shall occur within the city limits, or at the office of the Clerk of the Orphans' Court, in case the birth shall occur in the counties, make a return in writing, to the best of his knowledge and belief, of the name, color, and parentage of every child upon which he shall have performed the rite of circumcision, and the date of the birth of such child, and the name and residence of the parents or guardian of such child; and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7th 1890
4. Place of Birth, (Street and Number) Baltimore 41st school 58
5. Full Name of Mother, Mary Johanna Leary
6. Mother's Maiden Name, Mary [illegible] Lynch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Thomas Leary
9. Father's Occupation, News dealer
10. Father's Birthplace, Frederick

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter

Address, 23 N. Pappelton St

Remarks,

1890 002791

shall occur without the attendance of a physician or practitioner of midwifery, or about the birth of any child attendance upon the mother, the midwife shall report it. If it shall become the duty of the person to report its birth to the Commissioner of Health, he may require the name and address of such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 18 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 8th
4. *Place of Birth, (Street and Number)* 827 Harford av
5. *Full Name of Mother,* Virginia Mitchell
6. *Mother's Maiden Name,* Virginia Carroll
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* George W Mitchell
9. *Father's Occupation,* Cab driver
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Francis Mitchell

Address, 916 N. Gay st

Remarks,

890-002792

Sec. 3. Be it further enacted, That it shall be the duty of the physician, midwife or other person in attendance upon any case of birth, to deliver, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur where there is no person in attendance or where the person in attendance is not a practitioner, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22816

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

REGISTERED
JUL 21 90
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 9th 1890
4. *Place of Birth, (Street and Number)*	224 S. Eutaw St
5. *Full Name of Mother,*	Minnie Ingersoll
6. *Mother's Maiden Name,*	Hahn
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Marschl
9. *Father's Occupation,*	Barkeeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	W. H. Gould
Address,	118 W. Lee St.
Remarks,	

890-002793

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

N S. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. B 22817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th July 1890
4. Place of Birth, (Street and Number) 904 Fayette St.
5. Full Name of Mother, Katie Arnolsky
6. Mother's Maiden Name, Katie Mayrowitch
7. Mother's Birthplace, Russia
8. Full Name of Father, Lewis Arnolsky
9. Father's Occupation, Bar-keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 103 Albemarle St.

Remarks, 890002794

Section 3 Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, and shall contain a return of every birth which may have occurred within the city during the preceding month; and in every case where there is no attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person so neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22818.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 10 the 1890
4. Place of Birth, (Street and Number) Baltimore No 16 Holland Alley
5. Full Name of Mother, Bridgett Kelley
6. Mother's Maiden Name, Bridgett Roach
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Kelley
9. Father's Occupation, Labourer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks,

1890 002795

and a certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the mother, and in case she is unable, then the person having charge of the child, to report the birth as required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22814

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) ~~male~~

2. Race or Color, (if not of the white race)

3. Date of Birth. July 12 90

4. Place of Birth, (Street and Number) 717 W Lombard St

5. Full Name of Mother. Pauline

6. Mother's Maiden Name, Marcus

7. Mother's Birthplace, Germany

8. Full Name of Father. Adolphus Cohn

9. Father's Occupation, Clothier

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr Wm Rosenau

Address, 919 Madison Ave.

Remarks,

B 9 0 - 0 0 2 7 9 6

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. G. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12th 1890
4. Place of Birth, (Street and Number) 218 Harrison st.
5. Full Name of Mother, Sarah Goldstein
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis Goldstein
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C Bernstein

Address, 12 S Exeter st.

Remarks, 1890-002797

Physicians shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the second day of each month to the Commissioner of Health. In case the birth of any child is not attended by a physician or midwife, or should no one of the parents of such child be in the city at the time of the birth, the householder or other person who shall have knowledge of the birth shall report the same within the period above required, subject to the penalty hereinafter mentioned. In the manner and with the exceptions of this section should occur upon the mother Commissioner of Health to comply with the provisions of this section shall be subject to the penalty hereinafter mentioned. In the manner and with the exceptions of this section should occur upon the mother Commissioner of Health to comply with other fines and forfeitures are recoverable. Persons who shall have charge of such offense, to be recovered as other fines and forfeitures are recoverable. Persons who shall have charge of such offense, to be recovered as other fines and forfeitures are recoverable. to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT JUL 21 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12th 1890
4. Place of Birth, (Street and Number) No 24 Partin Street
5. Full Name of Mother, Kate Nicholas
6. Mother's Maiden Name, Kate Bond
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Nicholas
9. Father's Occupation, Stone Mason
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Michell

Address, No 848 west Pratt Street Baltimore

Remarks,

1890 - 002798

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be required by this section to report its birth, it shall then become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SHLAGY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 18 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12 1890.
4. Place of Birth, (Street and Number) 2310 Boyland Street
5. Full Name of Mother, Elizabeth Field
6. Mother's Maiden Name, Elizabeth Maiske
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Field
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Hannah E. Knowles

Address, 216 N Patterson Park Avenue

Remarks,

890-002799

Father or mother, householder or agent, having charge of any house in which a birth occurs, shall, within ten days after such occurrence, report to the Commissioner of Health, at his office, the following particulars, which shall be entered in a book to be kept for that purpose, viz.: The name, sex, color, date and place of birth, and full name of parents, their residence, and the name and occupation of the father. Any person having charge of any house in which a birth occurs, who shall neglect or refuse to report such birth as herein required, shall be liable to a penalty of ten dollars for each offense. It shall be the duty of the person or persons in charge of any lying-in asylum, hospital, or other institution, to report to the Commissioner of Health, at his office, the birth of any child born therein, within ten days after such occurrence, and in addition thereto, to report the name, sex, color, date and place of birth of each child, and the name, residence and occupation of its parents, the date and place of birth of the father, and the number of the child of the mother, in the form of a certificate between the first and second pages of this book, which certificate shall be delivered, duly signed, to the person bringing the child to the institution. The attendance of a physician or practitioner of midwifery, or of some other person, at the birth of any child shall be sufficient to render it obligatory upon him or her to report the birth to the Commissioner of Health, at his office, within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1890 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 13th 1890
4. Place of Birth, (Street and Number) 1208 Bank st.
5. Full Name of Mother, Rosa Messino
6. Mother's Maiden Name,
7. Mother's Birthplace, Italy
8. Full Name of Father, John Messino
9. Father's Occupation, Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Bernstein

Address, 122 E. Exeter st.

Remarks, 1890 - 002800

1890 - D

A 27825

RETURN OF A BIRTH

HEALTH DEPARTMENT JUL 19 1890 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 18th 1890
4. Place of Birth, (Street and Number) 130 Hill st.
5. Full Name of Mother, Rachel Kohn
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Rachel Kohn
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks, 1890-002801

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the full name and occupation of each child, if any, and the full name and residence of its parents, the date and place of birth, whether the first and subsequent birth, and if a twin or triplet. In case the birth of any child shall occur without the knowledge of the parents, the date and place of such birth, and every particular required, and every name and residence of a physician or practitioner in the district who may have attended the mother, immediately thereafter, in the manner and within the time prescribed by section [illegible] of this section shall be added to the list of births returned by him. Any midwife or other person who shall neglect or refuse to report the birth to the Commissioner of Health as aforesaid, or shall knowingly make any false report concerning the same, or who shall neglect or refuse to comply with any of the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 22886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 19 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~1032 Front St~~ 13th July 1890
4. Place of Birth, (Street and Number) 1032 Front St.
5. Full Name of Mother, Paulina Friedman
6. Mother's Maiden Name, Oetlak
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Friedman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 183 Albemarle St.

Remarks, 690 - 002802

...Health. This schedule shall contain a list of the births which have occurred under his or her care during the ...month, and shall set forth, as near as can be ascertained the full name of each child born, the sex, color, the full name and occupation of its parents, the date and place of birth, and the ...best current information in the possession of the person required to make this return. In case a certificate between the first and ...third day of each and every month by the physician or practitioner of midwifery, or should no other births of such ...schedule shall be delivered, duly signed by the practitioner as aforesaid, to the Commissioner of Health. In case the birth of any child ...shall occur without the employment of a physician or practitioner of midwifery, it shall become the duty of the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BEN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A2287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 '90 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth July 13th 1890
4. Place of Birth, (Street and Number) 1124 S. Warner St. Balto City
5. Full Name of Mother, Sarah Elizabeth Gross
6. Mother's Maiden Name, Sarah Elizabeth Tyler
7. Mother's Birthplace, Calvert Co Md.
8. Full Name of Father, Edward Gross
9. Father's Occupation, Stevedore
10. Father's Birthplace, Calvert Co Md.

Name of Medical Attendant, or other Person who makes this Return. Marcus Jane Sims

Address, 539 West West St Balto. City.

Remarks, 1890 - 002803

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a record of the name, if any, given to the child, the number of the house and street, and the ward in which the birth occurred, under his or her care during the month, and shall set forth as far as practicable the information of the list of the Births with the name of each child (if any shall have been given), date of birth, sex, color, the parentage in the form of a report of birth as hereinafter required. And every such midwife or other practitioner in the form of a ascertain the date and place of birth, and for each and every month to the Commissioner of midwifery, or should a birth occur in the absence of a midwife or other practitioner, it shall be the duty of the parent or parents, guardian or other person having charge of such child, to certificate between the 1st and 10th of the month following the occurrence of such birth. In case the attendance of a physician or midwife, it shall be the duty of such person to report the date of the birth of any such person be in attendance at the birth of any child, it shall be the duty of the mother, immediately thereafter and within the next ten days, to report the date and place of birth of such child, and the name, sex and color of the same, to the Commissioner of Health, in accordance with the provisions of this section. Any person or persons who shall hereafter fail to report births as herein required, shall be subjected to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 22608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 18 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th and 6th
1. *Sex, (state whether male or female)*	Female twins
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	13th of July
4. *Place of Birth, (Street and Number)*	811 Plowman St.
5. *Full Name of Mother,*	Anna Granitti
6. *Mother's Maiden Name,*	Ruggiero
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	Salvatore Granitti
9. *Father's Occupation,*	Ship - carpenter
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other person who makes this Return.	Mrs. Jenny Turner
Address,	17 N. Eden St.
Remarks,	890 002804

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT JUL 12 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 12 90
4. Place of Birth, (Street and Number)	502 N. Liberty
5. Full Name of Mother,	Mrs. Lula V. Hilton
6. Mother's Maiden Name,	Bunn
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Edward Howard Hilton
9. Father's Occupation,	Driver (Cab)
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Payson St
Remarks,	890-002805

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall state the full name of each child, if it have been named; the sex, color, the full names and residence of its parents, the date of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and at the time directed by the Commissioner of Health. In case the birth of any child shall occur without the guidance of a physician or midwife, the same shall be reported within the period above required, and attention to such birth to the Commissioner of Health, in the manner and at the time directed by the Commissioner of Health. It shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and at the time directed by the Commissioner of Health, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 1890 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, ~~&c.~~)

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15th July 1890
4. *Place of Birth, (Street and Number)* 1807 Druid Hill Ave.
5. *Full Name of Mother,* Annie Nugent
6. *Mother's Maiden Name,* Hartigan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Nugent
9. *Father's Occupation,* Line-Man for Telegraph
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Thomas Opie M.D.

Address, 600 N. Howard St.

Remarks,

8 9 0 - 0 0 2 8 0 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been registered; its sex, color, the full name and occupation of its parents, the date of birth, and the street and number of the house where such birth occurred; and if between the first and tenth day of any month any such birth shall have occurred and no return thereof shall have been made, the attendant shall report the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, and each of them, having charge of such child to report its birth to the Commissioner of Health, and any person or persons neglecting or refusing hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 2280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Con baby

1. Sex, (state whether male or female) Male colored

2. Race or Color, (if not of the white race)

3. Date of Birth, July 15th 1870

4. Place of Birth, (Street and Number) East Eutaw St 1029 bet Hamburg and

5. Full Name of Mother, Annie White

6. Mother's Maiden Name,

7. Mother's Birthplace, Born in Nemanac county Va

8. Full Name of Father, Thomas H. White Born in Calvert county Md

9. Father's Occupation, at Clerk Boundary Driving

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Annie M. Davis

Address, 1021 Peach Alley bet Hamburg and Cross

Remarks, 8 9 0 - 0 0 2 8 0 7

HEALTH DEPARTMENT JUL 21 1890 BALTIMORE

The head of each family, and in his absence the next adult member thereof residing in the house, and in case there be no adult member residing in the house, then the owner of the house, and in his absence the agent of the owner, and every person having charge of any hotel, boarding-house, tenement-house, apartment-house, or other building, and every superintendent, manager, or other person having charge of any manufacturing establishment, asylum, charitable institution, or other institution, and every physician, midwife, or other person in attendance upon any case of birth, shall, within six days after the birth of any child, report to the Commissioner of Health, in the manner and form prescribed by the Commissioner of Health, the full name and occupation of its parents, the full name and sex of such child, the date and place of birth, and the said schedule shall be signed by the practitioner in the form of a certificate, if there be one in attendance, and by the father, mother, or nearest relative present, or by the agent of the owner, or by the occupant of the house, or by the superintendent, manager, or other person in charge of the institution, as the case may be; and every person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 22834

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or Color, (~~if not of~~ the white race)
3. Date of Birth, July 16 90.
4. Place of Birth, (Street and Number), 1312 Clark St.
5. Full Name of Mother. Mrs Louis Zerbst
6. Mother's Maiden Name, Louis Jones
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm. Zerbst
9. Father's Occupation, Mechanic
10. Father's Birthplace. Bavaria.

Name of Medical Attendant, or other Person who makes this Return — Dr Louis F. Kuhn

Address, 1224 Light St.

Remarks.

1890-002808

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEP. JUL 18 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 July
4. Place of Birth, (Street and Number) Mrs Gilson's 912 Clifton Place
5. Full Name of Mother, Mary McCahon
6. Mother's Maiden Name, Mary Gilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bernard McCahon
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Fitz Gillis

Address, 919 Clifton Place.

Remarks,

890-002809

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be certified and returned to the office of the Registrar of Vital Statistics on the first day of each and every month. In case the name of the child cannot be ascertained the full name of each child, if any shall have been omitted, shall be returned, and the name added when ascertained. Place of birth, sex, color, the full name and occupation of its parents, the date and place where the first and said schedule shall be delivered, duly signed by the practitioner in care of Health. In case the birth of any child shall occur upon the immediately thereafter. It shall become the duty of the person herein required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 22836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 16th 1890
4. *Place of Birth, (Street and Number)*	1126 Baltrive avenue
5. *Full Name of Mother,*	Carrie Bell Moon
6. *Mother's Maiden Name,*	Carrie Bell Edwards
7. *Mother's Birthplace,*	Baltimore md
8. *Full Name of Father,*	Robert Peabody Moon
9. *Father's Occupation,*	Seaman
10. *Father's Birthplace,*	Baltimore md
Name of Medical Attendant, or other person who makes this Return.	Eleanora A. anderson
Address,	1434 Patapsco St
Remarks,	Child & mother doing well

1890-002810

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as may be ascertained the full name of each child, if any, and the full name and occupation of its parents, the date of birth, and the number of each child born to the mother, and the interval between the first and second confinements. It shall be delivered, duly signed by the practitioner in the case, to the Registrar of Vital Statistics, at the office of the Board of Health, on or before the third day of each and every month succeeding that in which the births occurred. Such certificate shall be delivered immediately thereafter if the child die before the period above required, and a like certificate shall be made immediately thereafter in the event of a birth occurring after the expiration of the period above required, and such certificate shall in all cases be made in accordance with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 27906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 18 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16th 1890
4. Place of Birth, (Street and Number) 302 South Washington Sted
5. Full Name of Mother, Annie Garrison
6. Mother's Maiden Name, Annie Geraughty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Garrison
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return. Hannah E. Kinnear

Address, 216 N Patterson Park Ave.

Remarks, 890-002811

KODAK SAFETY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 18 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex. (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 16, 1890
4. *Place of Birth, (Street and Number)*	138 Rogers Hill
5. *Full Name of Mother,*	Maggie Spann
6. *Mother's Maiden Name,*	Marx
7. *Mother's Birthplace.*	Balto.
8. *Full Name of Father.*	Chas. Spann
9. *Father's Occupation.*	R. R. Wrecker
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Jas. M. Craighill
Address.	1720 N. Charles.
Remarks,	

890-002812

...PRINT & STN., CITY PRINTERS AND STATIONERS.

...office of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of the child if any name shall have been conferred, its sex, color, the day, city, ward and street in which it was born, the name, place of birth, and age of each parent, the number of children born to the mother, and the number now living, the full date of birth, and the day of each and every month to the Board of Health. In case the parents are unknown, the said schedule shall contain the name and residence of the person in charge of the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, the person in charge of the birth shall forthwith become the physician or practitioner of midwifery in attendance, and shall report the birth as herein required. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. A. 12857

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1900 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (~~state whether~~ male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth. July 17th.

4. Place of Birth, (Street and Number) 216 W. Saratoga St

5. Full Name of Mother. Catherine Elizabeth Shallenberger

6. Mother's Maiden Name, Catherine Hallmar

7. Mother's Birthplace, Balto city

8. Full Name of Father. Henry John Shallenberger

9. Father's Occupation, Bell Hanger

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return Geo W Barkman M.D.

Address. 708 Madison ave

Remarks. Sent in 8 9mo 1900

0 0 2 8 1 3

WM. A. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A228-3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 1950 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) Hilda Merryman

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 17th 1890
4. Place of Birth, (Street and Number) 2012 Charles St. Ave.
5. Full Name of Mother, Mary Merryman
6. Mother's Maiden Name, Gray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Oliver P. Merryman
9. Father's Occupation, Traveling Agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Thomas O'Dee M.D.

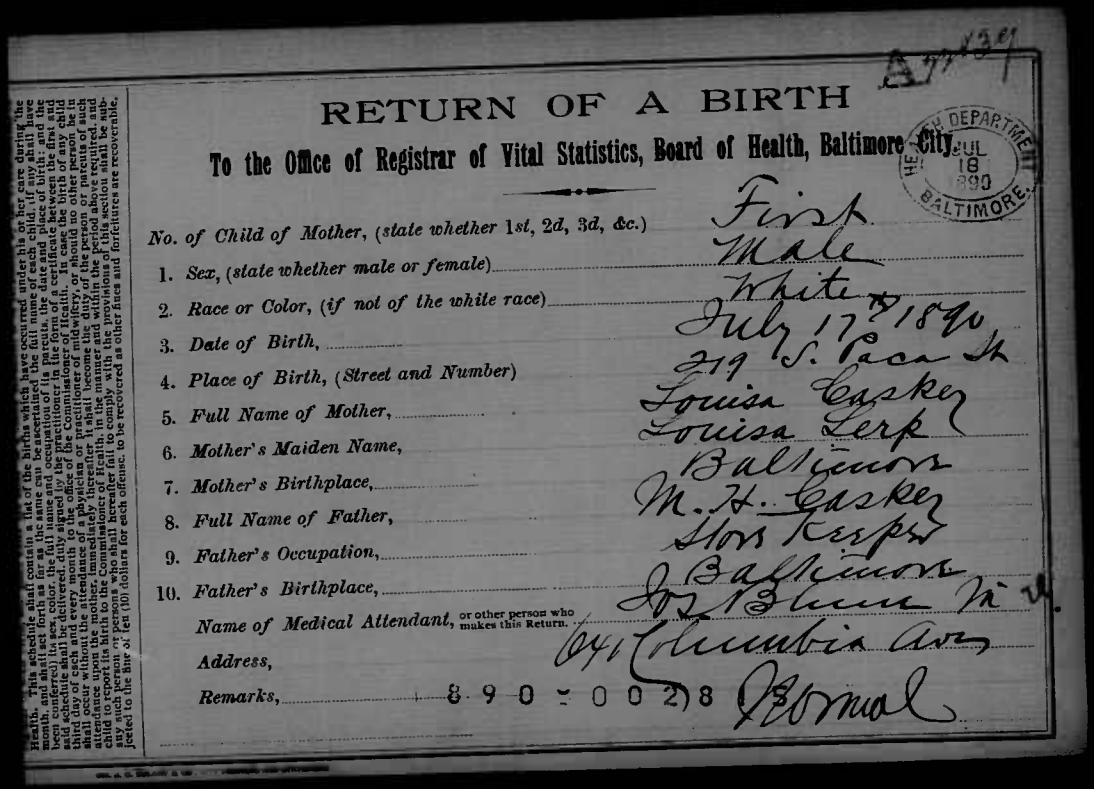
Address, 500 N. Howard St.

Remarks, CHILD DIED 1-27-53

File No. 90-0-002814

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and fifth days of each and every month, to the Commissioner of Health; and in case of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the office of any child attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall forfeit to the county where the birth occurs, the sum of ten dollars, and shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 18 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 17th 1890
4. *Place of Birth, (Street and Number)*	219 S. Paca St
5. *Full Name of Mother,*	Louisa Casker
6. *Mother's Maiden Name,*	Louisa Lerp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	M. H. Casker
9. *Father's Occupation,*	Store Keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. J. Blum M. D.
Address,	647 Columbia Ave
Remarks,	8 9 0 - 0 0 2 8 J. Bonnal

Health. "This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if named, the name and surname of the parents, the sex, color, the full name and occupation of the father, the place of birth; and the date of each birth as near as may be; and the person who shall sign the certificate of the birth of any child been conferred) its sex, color, the full name and occupation of the father, the place of birth; and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child third day of each month, a certificate of the same shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in like manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 22810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 [illegible] BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17 1890
4. Place of Birth, (Street and Number) 1126 E Lombard st
5. Full Name of Mother, Mary ~~Bauchs~~ Bauers
6. Mother's Maiden Name, " " Wöhner
7. Mother's Birthplace, Balt city
8. Full Name of Father, Theadore ~~Bauch~~ Buchsbaume
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Balt city

Name of Medical Attendant, or other person who makes this Return. M A Davenport

Address, 225 S Ann St

Remarks, Baby Premature Seemingly doing Well, Mother doing Well

189 00

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. O. Sulany & Co., City Printers and Stationers

RETURN OF A BIRTH

A 22844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 17th 1890
4. Place of Birth, (Street and Number)	1804 Hanover St
5. Full Name of Mother,	Kattie Loughlin
6. Mother's Maiden Name,	Kattie Letz
7. Mother's Birthplace,	Baltimore md
8. Full Name of Father,	William Loughlin
9. Father's Occupation,	Can maker
10. Father's Birthplace,	Baltimore md
Name of Medical Attendant, or other person who makes this Return.	Ellamore A. Anderson
Address,	1434 Patapsco St
Remarks.	Child & mother doing well

00817

Health. The schedule shall contain a list of the births which have occurred in each family since the date of the last preceding return, and shall set forth as far as the same can be ascertained from the parents, the date and place of birth, and the full name, sex, color, the full name and residence of the physician or midwife in attendance at the birth of any child born alive, and if no physician or midwife was in attendance, the name and residence of the person who has been conferred its sex, color, the full name and residence of the physician or midwife in attendance at the birth of any child born alive, and if no physician or midwife was in attendance, the name and residence of the person who has been conferred its sex, color, the full name and residence of the physician or midwife in the form of a certificate of the birth of any child said schedule shall be delivered, duly signed and verified, to the office of the Commissioner of Health, or should no other person be in the city of Baltimore, within ten days after the birth of any child, it shall become the duty of the person or persons of such third day of each month, it shall become the duty of the person or persons of such family to report its birth to the Commissioner of Health, in the manner and within the period above specified, and if such person or persons shall neglect or refuse to comply with the provisions of this section shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons as shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GILLAWY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 27847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 M. Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	17th of July 1890
4. Place of Birth, (Street and Number)	614 Burke street
5. Full Name of Mother,	Herminna Briney
6. Mother's Maiden Name,	Herminna Madder
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Christ Madder
9. Father's Occupation,	Engeniere
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Cescinta Kunkel
Address,	213 North Chapel A. per Justina Kunkel
Remarks,	Healthy

B 90 - 002818

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 18 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 17/90
4. *Place of Birth, (Street and Number)*	430 Pulaski St
5. *Full Name of Mother,*	Fanny Rosenstein
6. *Mother's Maiden Name,*	Fanny Jeshnarski
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Myer N. Rosenstein
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Joseph Blumenthal
Address,	641 Columbia Ave
Remarks,	Mrs Heller midwife 2 d Version —

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, &c., the full name and occupation of its parents, the date and place of birth and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required by this section to report the same, it shall become the duty of the person occupying the house where such birth occurred, within ten days thereafter, to report the same to the office of the Commissioner of Health, in the manner and with the particulars required of midwives and physicians. Every midwife who shall hereafter fail to report the birth of each child to which her attendance is called, as herein provided, and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. C. GILANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 18th of July 1890.
4. Place of Birth, (Street and Number) 315 South Regester street
5. Full Name of Mother, Mary Knap.
6. Mother's Maiden Name, Mary Crampton
7. Mother's Birthplace, Germany
8. Full Name of Father, John T. Crampton
9. Father's Occupation, Chair maker
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St. per Justina Kunkel

Remarks, Healthy. 890-002820

the birth of any child shall occur without the city limits, the physician or practitioner or other person in attendance upon the mother, instead of the person or parents of such child to cause notice of birth to be given to the Commissioner of Health, as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DELAS VO. CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 228 417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Last
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 18th 1890
4. *Place of Birth, (Street and Number)*	301 S Calhoun St
5. *Full Name of Mother,*	Katie Sieglied
6. *Mother's Maiden Name,*	Katie Sieglied
7. *Mother's Birthplace,*	Germania
8. *Full Name of Father,*	Otto Sieglied
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germania
Name of Medical Attendant, or other Person who makes this Return.	Mrs Thorne
Address,	1316 West Pratt St
Remarks,	890-002821

HEALTH DEPT. JUL 19 1890 BALTIMORE

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or midwife, or should no other person be in attendance, the parent or parents of such child, if they reside in the house where such birth occurs, shall immediately thereafter, and within the period above required, and any person or persons who shall have knowledge of its birth, in the house where such birth occurs, shall immediately thereafter, and within the period above required, and any person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & Co., City Printers and Stationers.

RETURN OF A BIRTH A 22818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) African Origin. Black.
3. Date of Birth, July 19. 1890.
4. Place of Birth, (Street and Number) Montgomery St. No. 311. Balt.
5. Full Name of Mother, Anna Howes.
6. Mother's Maiden Name, Anna Semple.
7. Mother's Birthplace, Accomac County. Virginia.
8. Full Name of Father, John Wesley Howes.
9. Father's Occupation, White-washer
10. Father's Birthplace, Cambridge. Maryland.

Name of Medical Attendant, or other person who makes this Return, August F. Volkmann M. D.

Address, No. 626 S. Eutaw Street Balt.

Remarks, 1890 - 002822

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the name and occupation of its parents, the date and place of their marriage, and the number of children of the mother now living and the number born before the birth of any child; and every such certificate shall be signed by the practitioner in the form of a certificate before mentioned; and said schedule shall be delivered to the Commissioner of Health, in case there be such officer, and if there be no such officer, to the office of the Commissioner of Lunacy, or should no other person be in said city or county authorized to receive the same, then to the Clerk of the Superior Court of Baltimore City, within ten days after the birth occurs without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report, in writing, the particulars required to be reported by physicians or midwives in attendance upon the mother, to the Commissioner of Health, in the manner and within the period above specified; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 12847

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT JUL 1890 BALTIMORE.

HEALTH DEPARTMENT JUL 21 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 19th. 90-
4. Place of Birth, (Street and Number) 313 S. Poppleton St
5. Full Name of Mother, Margaret A. O'Connor
6. Mother's Maiden Name, Margaret A Coogan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick J. O'Connor
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. K. C. Tice M.D.

Address, 113 W. Fayette St

Remarks, 1890 - 002823

Sec. 14. And be it further enacted, That the full name and occupation of its parents, the date and place of birth, and the color of each child born alive in the city of Baltimore, after the passage of this act, shall be registered in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be required by this act to register such birth, it shall become the duty of the person occupying the house in which such birth occurs, to register the same with the Commissioner of Health, within the first and third day of each and every month to the office of the Commissioner of Health, and in case the parents of such child are unable to give the information required by this section, it shall be the duty of the physician, midwife or other person in attendance upon the mother immediately thereafter. It shall become the duty of the person required to register such birth to report the same to the Commissioner of Health, in the manner and within the time prescribed by this section, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 228416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19 July
4. Place of Birth, (Street and Number) 442 Patterson Park Ave
5. Full Name of Mother, Kate Foster
6. Mother's Maiden Name, Kate Conaway
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Foster
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Walter

Address, 503 N. Carlton St

Remarks, 1890 002824

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month next preceding the date of the return, and the date of each birth, and if any shall have occurred within the month for which no return has been made, a certificate to that effect shall be given. Every person required by this section to report births shall, for each birth at which he shall be present, or which shall occur under his care, make a certificate between the first and third day of each month, and deliver the same to the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance of a physician or practitioner of midwifery, or should no other person, be in attendance upon the mother, immediately thereafter it shall become the duty of the nurse or woman who shall be in attendance upon the mother, immediately thereafter to make the return within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 19th 1890.
4. Place of Birth, (Street and Number)	822 E. Baltimore St
5. Full Name of Mother,	Mary Konig
6. Mother's Maiden Name,	" Schneider
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Henry D Konig
9. Father's Occupation,	Proprietor of Shoe Store
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	D. W. Cathell M.D
Address,	1308 N Eutaw St
Remarks,	

1890 - 00 - 825

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, date and place of birth; and the full name, residence and said occupation of its parents. In case a certificate between the first and second days of the month is required by the practitioner of Health. In case the said person be in said schedule shall be delivered every month to the office of the Registrar of Vital Statistics, or to such person as he may designate for the purpose, and in case the said person shall neglect to make such return within the period above required, such person shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable. attendance upon the mother, the midwife or nurse shall comply with the provisions of this section. child to report its birth as herein required, or shall make a false report thereof, within the time and in the manner required by this section, every physician who shall have been in attendance at the birth of any child, and who shall fail to report such birth as herein required, shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. BULANY & SO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 22850

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 19
4. *Place of Birth, (Street and Number)* No 311 S. Wolf St.
5. *Full Name of Mother,* Sallie Stevens
6. *Mother's Maiden Name,* Hinden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father.* Samuel Stevens
9. *Father's Occupation.* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louis Kraft

Address, No 405 S. Washington St.

Remarks, 890-002826

J. C. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 22851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 19th
4. *Place of Birth, (Street and Number)* No 405 S. Washington Ave
5. *Full Name of Mother,* Lisbeth Mangold
6. *Mother's Maiden Name,* Labes
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernhard Mangold
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Statt

Address, No 405 S. Washington Ave

Remarks, 6 9 0 - 0 0 2 8 2 7

month, and shall set forth as far as the same can be ascertained, the full name of each child of such female who shall have been born alive, or shall be born alive, the full name and occupation of its parents, the date and place of birth, the first and last names of the attending physician or midwife, and such other particulars as may be required by the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be required by this section to report such birth, the occupier of the house in which such birth shall occur shall report the same to the office of the Commissioner of Health, in the manner and with the particulars required as aforesaid, within the first ten days of each and every month; and every person who shall neglect or refuse to report such birth as aforesaid, immediately thereafter shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 6/90

4. Place of Birth, (Street and Number) No 1619 Lancaster St

5. Full Name of Mother, Emilie Gutzki

6. Mother's Maiden Name, Ronnie

7. Mother's Birthplace, Germany

8. Full Name of Father, Edward Gutzki

9. Father's Occupation, Laborer

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return. Dr. Louise Kraft

Address, No 405 E. Washington St.

Remarks, 890-002328

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE

month, and shall set forth as far as the same can be ascertained [illegible] of the child, the full name, sex, color, the full names and occupation of its parents, the date of birth; and the place where born, and the residence of the parents at the time of birth. In case the first and said notice shall be delivered by the attendant or practitioner or midwife, or should no other person or parents of such child report its birth within the time above specified, then the attendant or practitioner or midwife, if any there be, shall become the duty of the person or parents of such child to report its birth, immediately after the expiration of the time above specified, in the manner and within the time required, and such person or persons shall forfeit and pay for each offense, to be recovered in the manner provided by law for the recovery of debts of like amount, the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* July 4 – 1890
4. *Place of Birth,* (*Street and Number*) 885 W. Lombard St.
5. *Full Name of Mother,* Clara Bottomer
6. *Mother's Maiden Name,* Spicer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Bottomer
9. *Father's Occupation,* Shoe dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 708 W. Carrollton Ave

Remarks, 1890-00283

... have occurred under his or her care during the ... as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 90 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female), female.
2. Race or Color (if not of the white race). White. Marie Anita O'Connor
3. Date of Birth, July 5/90
4. Place of Birth (Street and Number), 1001. Forest Place.
5. Full Name of Mother, Mary A. O'Connor.
6. Mother's Maiden Name, Mary A. Galvin.
7. Mother's Birthplace, Balto City.
8. Full Name of Father, James P. A. O'Connor
9. Father's Occupation, Hotel Clerk.
10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other person who makes this Return. J. W. Schaumberg

Address, 609 N. Gilmor St

Remarks, Full name of child added by Bureau when applying for transcript 11-22-26. 2 3 1 3 0

shall be delivered, duly signed by the practitioner in the form of a certificate of the same, to the City Registrar of Vital Statistics, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of medicine or midwifery, or should no other person be in attendance with the mother, immediately thereafter it shall be the duty of the person or persons with whom the child shall be, to report such birth to the Commissioner of Health, in the manner and within the time prescribed in this section. And any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

A 22853.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Nicholas Frank Dorn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 3 90

4. Place of Birth, (Street and Number) No 14 W. Wolf St

5. Full Name of Mother, Barbara Dorn

6. Mother's Maiden Name, Kimet

7. Mother's Birthplace, Germany

8. Full Name of Father, George Dorn

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, No 905 E. Washington St.

Remarks, 890-002831

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, the sex, color, the date of birth, and the full name, residence and occupation of its parents, the date and place of marriage, and the number of children of such parents now living and the number (if any) that have been previously born dead. Such certificate shall be signed by the practitioner in the case of a birth attended by a practitioner, and in every other case by the householder of the house in which such birth occurs, or by the nurse in attendance, or if there be no nurse in attendance upon the mother, by the mother herself, if able to do so. In case the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person required, and hereinafter designated, to report the birth of such child to the Commissioner of Health, in the manner and within the time prescribed by the preceding section of this article. Any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A22856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 6/20
4. Place of Birth, (Street and Number) No 6027 Fountain St
5. Full Name of Mother, Caroline Ackland
6. Mother's Maiden Name, Gernetta
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georg Ackland
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St

Remarks, 690-002832

[illegible] the name and occupation of its parents, the date and place of birth; and the best information [illegible] the name and address of the attending physician or midwife, if any, in the form of a certificate between the first and third days of each month to the Commissioner of Health, in case the birth of any child said schedule shall be delivered, duly signed and verified, at the office of the Commissioner of Health. In case the attendance of a physician or practitioner of medicine or midwife be [illegible] such attendance within the first ten days of the life of the child, or [illegible] the city, or if the person or parents of such child [illegible] within the city, or if the parents shall [illegible] the manner and within the period above required, and [illegible] upon the mother, immediately thereafter, [illegible] shall [illegible] such child to report its birth to the Commissioner of Health [illegible] shall comply with the provisions of this section shall [illegible] any such person or persons [illegible] shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 22857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 6/98
4. Place of Birth, (Street and Number) No 613 S. Chester St
5. Full Name of Mother, Kate McDicky
6. Mother's Maiden Name, Musdock
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles McDicky
9. Father's Occupation. Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, No 405 S. Washington St

Remarks, 1 8 9 0 - 0 0 2 3 3 3

HEALTH DEPARTMENT JUL 22 1898 BALTIMORE

Sec. 3. And be it further enacted, That it shall be the duty of the physician, midwife or other person in attendance upon any birth occurring after the passage of this act, to report the same to the office of the Commissioner of Health within ten days after the occurrence thereof, and in default thereof, such physician, midwife or other person shall forfeit and pay the sum of ten dollars for each and every birth not reported as aforesaid, to be recovered as other fines and forfeitures are recoverable.

Sec. 4. And be it further enacted, That it shall be the duty of the parent or parents, guardian or other person having control of the child, to report the name, sex, color, date and place of birth, and the parentage of such child, within ten days after the occurrence of such birth; and the said schedule shall be delivered, duly signed by the parent or parents, guardian or other person having control of the child, to the physician or practitioner in attendance upon the birth, or midwife, within ten days after the occurrence of such birth; and the physician or practitioner in attendance upon the birth, or midwife, shall deliver the said schedule, duly signed by the parent or parents, guardian or other person having control of the child, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the parent or parents, guardian or other person having control of the child shall report its birth to the Commissioner of Health. It shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

698. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22858.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 June
4. Place of Birth, (Street and Number) 1527 Pelham Place
5. Full Name of Mother, Rosa Johnson
6. Mother's Maiden Name, Rosa Metzger
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, John Henry Johnson
9. Father's Occupation, Grocer
10. Father's Birthplace, Westmoreland County Va.

Name of Medical Attendant, or other person who makes this Return.

Address, Thos. F. Mackey

Remarks, 921 Cumberland St.

1890-002834

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, and the date of birth; and the said return shall be verified by the oath of the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons last in attendance upon the mother, to make such return, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEPARTMENT OF HEALTH JUL 23 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th July
4. *Place of Birth, (Street and Number)* 1326 E. Fremont
5. *Full Name of Mother,* Annie Brandt
6. *Mother's Maiden Name,* " Helmrich
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wm. Brandt
9. *Father's Occupation,* Shoe - maker
10. *Father's Birthplace,* Richmond. Va

Name of Medical Attendant, or other person who makes this Return, C. L. Broadus

Address, 218 S. Paca st

Remarks,

1890 - 002835

Month, and shall set forth as far as the same can be ascertained the full name of each child, if one shall have been considered, its sex, color, the full name and occupation of its parents, the date and place of birth, and shall have said certificate ready to deliver to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery; and the parents or other person be in charge upon the third day of each and every month to make and sign a certificate in the form of a certificate between the first and the mother, immediately thereafter. It shall become the duty of the person or persons so in charge of such house to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 122360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), female.
2. Race or Color (if not of the white race), White
3. Date of Birth, July 7, 1890
4. Place of Birth (Street and Number), 341 Courtland St.
5. Full Name of Mother, Laura Carter
6. Mother's Maiden Name, Laura Hess.
7. Mother's Birthplace, Virginia.
8. Full Name of Father, John Carter
9. Father's Occupation, R.R. Conductor.
10. Father's Birthplace, Virginia.

Name of Medical Attendant, or other person who makes this Return. J. W. Chambers

Address, 309 N. Eutaw

Remarks, 1890-002836

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 22861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8th
4. Place of Birth, (Street and Number) 218 S. Fulton ave
5. Full Name of Mother, Maria Speer
6. Mother's Maiden Name, " Bott
7. Mother's Birthplace, Germany
8. Full Name of Father, William A. Speer
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return? Louis L. Broadbelt

Address, 418 S. Paca st

Remarks,

1890 - 002837

From and after the first day of July, 1890, the name of each child, if any shall have been ordered by the parents, and the full name and occupation of the parents, the date and place of birth, the sex and color of the child, and the number of the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall make return of such birth, it shall become the duty of the owner or occupier of such premises where such birth occurs to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 8th 1890
4. *Place of Birth (Street and Number),* # 402 Arlington Avenue
5. *Full Name of Mother.* Ida SeBron
6. *Mother's Maiden Name,* Ida Strasbaugh
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* J. Frank SeBron
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Saml E. Powell MD

Address, # 217 Fremont Street

Remarks,

8 9 0 - 0 0 2 8 3 8

Penalties, &c. [illegible] Registration Act.

The Physician, Midwife or other person required by the provisions of this section to report the birth of any child, who shall refuse or neglect to report such birth as required by this section, shall forfeit for each offence, to be recovered as other fines and forfeitures are recoverable.

A 22863

HEALTH DEPARTMENT JUL 22 '90 TIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 8/90

4. Place of Birth, (Street and Number) N° 1024 Eastern Ave

5. Full Name of Mother, Mary Beck

6. Mother's Maiden Name, Desshinger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Beck

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Krafft

Address, N° 405 S. Washington st

Remarks, 890-00 2339

...been entered with the Registrar of Vital Statistics, Board of Health, Baltimore City, and the said Registrar shall thereupon issue a certificate of birth, which certificate shall be delivered, duly filled out, to the person who shall have reported the birth. In case the birth of such child shall occur without the attendance of a physician or midwife, or should no other person be in attendance at the birth, the parent or parents of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and shall comply with the provisions of this section. Any person who shall wilfully violate any of the provisions of this section shall, on conviction thereof, be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 72861

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 8 1900
4. *Place of Birth, (Street and Number)* No 964 Canton St Canton
5. *Full Name of Mother,* Minnie Dufraino
6. *Mother's Maiden Name,* Sylvester
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Dufraino
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Traffo

Address, No 705 S. Washington St.

Remarks, 1 8 9 0 - 0 0 0 3 4 0

Every person required by this section to report a birth shall state the full name and occupation of its parents, the date and place of birth, and the name sex, color, and such other information as may be required by the blank schedule which shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 22865

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8th 1890
4. Place of Birth, (Street and Number) 315 S. Washington St
5. Full Name of Mother, Maggie Miller
6. Mother's Maiden Name, Maggie Miller
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Unknown
9. Father's Occupation, Supposed to be Clerk
10. Father's Birthplace, Unknown

Name of Medical Attendant, or other Person who makes this Return James Bacon M.D.

Address, 1100 Lafayette Ave

Remarks,

1890-002841

...ET & CO., CITY PRINTERS AND STATIONERS.

DATA NAME ABOVE 6-2-55

RETURN OF A BIRTH A 22866

HEALTH DEPARTMENT JUL 23 '90 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Agnes Crook

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 9th 1890
4. Place of Birth, (Street and Number) Frederick St. Locust Point
5. Full Name of Mother, Kate Crook
6. Mother's Maiden Name, Kate Runnings
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Thomas W. Crook
9. Father's Occupation, Grocery & Provision Dealer
10. Father's Birthplace, Prince Georges County Md.

Name of Medical Attendant, or other person who makes this Return, Wm. Schaefer

Address, 731 Cumberland St

Remarks,

1890 002842

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the day, month and year of its birth, and the name, residence and occupation of its parents, the date and place of their marriage, and the said schedule shall be delivered monthly to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child born in said city or county without the attendance of a physician or Midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. C. HILLERY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 9/90
4. Place of Birth, (Street and Number) W. 9th Mr. Stiffendoner
5. Full Name of Mother, Lisbeth Emke
6. Mother's Maiden Name, Wenke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Emke
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, W. 405 S. Washington Ave

Remarks, 890-002843

GEO. J. C. DUCANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 2 1900
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, July 7 1900
4. Place of Birth, (Street and Number) 1916 O. Donnell St Canton
5. Full Name of Mother, Jennie Freund
6. Mother's Maiden Name, Hilbert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Freund
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, 1405 E. Washington St

Remarks, 6900-002844

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, by the attending physician or midwife, if there be one in attendance, or if there be none, by the person in charge of the premises where the birth occurred, to the office of the Commissioner of Health, in case the other person be in third day of each month. In case a birth occurs when there is no attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother. Immediately thereafter, the said schedule shall be filled out as far as practicable, by any such person or parents, who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 2285

RETURN OF BIRTH.

GIVEN NAME ADDED 10-28-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Gertrude Garner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 12 90
4. Place of Birth, (Street and Number) N° 1125 Alice Ann St
5. Full Name of Mother, Pauline Garner
6. Mother's Maiden Name, Baum
7. Mother's Birthplace, Germany
8. Full Name of Father, Daniel Garner
9. Father's Occupation, Storekeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, N° 405 S. Washington St.

Remarks, + 6 9 0 - 0 0 2 3 4 5

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE

Every child born alive in the City of Baltimore, after the first day of January, 1875, shall be registered, and the parent or parents, or in default thereof, the occupier of the house in which any child shall be born, shall, within the first ten days after the birth of such child, cause the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of the parents, the date and place of birth, and the number (if any) of such child in the order of birth of children born to the mother, (if twins, triplets, &c., born at the same birth, the fact shall be stated,) to be entered in a book to be kept for that purpose by the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of a certificate between the first and third days of each month, which certificate shall be signed by the parent or other person who shall have been in attendance upon the mother, immediately thereafter. If such birth occurs without the presence of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-20-55

RETURN OF A BIRTH. 22870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE

Maude E. Bennett

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 17 90
4. Place of Birth, (Street and Number) 2116 Linton Ave
5. Full Name of Mother, Annie Bennett
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Bennett
9. Father's Occupation, Grocer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, 0 N. 405 S. Washington St

Remarks, 1890-002846

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person giving the information, to the Commissioner of Health. In case the first child shall occur within the city limits, and no other person be in attendance, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the form of a certificate between the first and third day of each and every month. In case a physician or practitioner of midwifery is in attendance, it shall be the duty of such physician or practitioner to make such report in the manner and within the period above required, and shall occur within the limits of the city, it shall be the duty of the mother, immediately thereafter, if able, and if not able, then the physician or midwife in attendance, to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

... contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 7th

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* July 13th 1890
4. *Place of Birth,* (*Street and Number*) 2436 Vine St.
5. *Full Name of Mother.* Catherine Berry
6. *Mother's Maiden Name,* Burke
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Alexander C. Berry
9. *Father's Occupation,* Tinsmith
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 701 N. Carrollton ave

Remarks, 890-002847

J. C. Dulan & Co., City Printers and Stationers

RETURN OF A BIRTH A 22872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 15th 1890
4. *Place of Birth, (Street and Number)*	# 1839. W. Pratt Str
5. *Full Name of Mother,*	Mrs Bertha Ebermann
6. *Mother's Maiden Name,*	Miss " Rokel
7. *Mother's Birthplace,*	Dirschau Germany
8. *Full Name of Father,*	Mr Henry Ebermann
9. *Father's Occupation,*	Brewer
10. *Father's Birthplace,*	Dirschau Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 W. Pratt Str
Remarks,	1890 - 002848

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the informer in the form of a certificate between the first and third days of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the same immediately thereafter. It shall become and within the period above required, said attendance upon the birth to the Commissioner of Health, to comply with the provisions of this section are recoverable, and such person or persons who shall neglect or refuse to comply with the provisions of this section are recoverable, jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Children
1. *Sex, (state whether male or female)*	2 females
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15th
4. *Place of Birth, (Street and Number)*	871 Greenmount ave
5. *Full Name of Mother,*	Ella Burk
6. *Mother's Maiden Name,*	Ella Tully
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Edward L. P. Burk
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Mrs Worden
Address,	936 Greenmount Ave
Remarks,	1890 - 002849

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, and its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or, should no other person be in attendance, or neglect or refuse to perform the duty, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section will be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 22874

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & 5th

1. Sex, (state whether male or female) Male & female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15 1890
4. Place of Birth, (Street and Number) 1321 Holbrook st Balto
5. Full Name of Mother, Katie Haggerty
6. Mother's Maiden Name, Katie Bahn
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, James F Haggerty
9. Father's Occupation, Iron moulder
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, Mrs Wooters

Address, 936 Greenmount Ave,

Remarks, 1890-002850

month, and will be void unless filled up and delivered to the Registrar within ten days after the birth. Any person who shall have been conferred with at the birth of any child, and who shall neglect to make a certificate and return of the birth of such child within the time and in the manner above required, shall be liable to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~ (&c.) 4th

1. ~~Sex~~, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth. July 15th 1890
4. Place of Birth. (Street and Number) 523 N. Chester st
5. Full Name of Mother. Cate E. Bruff
6. Mother's Maiden Name. " " Rapp
7. Mother's Birthplace. Baltimore
8. Full Name of Father. Joshua D. Bruff
9. Father's Occupation. Tailor
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm. L. Rundell

Address. 800 N. Broadway

Remarks.

JUL 22 90 BALTIMORE

890-002351

...CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	Wht.
3. *Date of Birth*	July 15 1890
4. *Place of Birth (Street and Number)*	No 141 Madison Ave
5. *Full Name of Mother*	Elizie A Lettel
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Henry Soloman
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ann E Ball
Address	No 2035 Fairmount Ave
Remarks	

890 - 002852

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 23 1900
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 ct

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 17, 1900

4. Place of Birth, (Street and Number) 337 S. Paca St.

5. Full Name of Mother, Mary Dowling

6. Mother's Maiden Name, Bridea

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Patrick Dowling

9. Father's Occupation, machinist

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. D. Cummings

Address, 139 W. Lafayette St

Remarks, 1890-002853

Murphy & Co., City Printers and Stationers.

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the attendance at it, and shall deliver a certificate of the same to the person who shall be in attendance at the birth of any child shall be the mother, immediately after the birth, and within the space of ten days thereafter, report the same to the Commissioner of Health, with the particulars required by this section; and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-10-53

A 23 816

RETURN OF A BIRTH

DEPARTMENT OF HEALTH
JUL 23
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Alma Frances Frizzell

1. Sex. (state whether male or female) Female
2. Race or Color. (if not of the white race) White
3. Date of Birth. July 17th 1890
4. Place of Birth. (Street and Number) 1014 E. Preston St.
5. Full Name of Mother, Sarah F. Frizzell
6. Mother's Maiden Name, Sarah F. Nelson
7. Mother's Birthplace. Baltimore Md
8. Full Name of Father. Samuel H. Frizzell
9. Father's Occupation, Foreman
10. Father's Birthplace. Carroll Co. Md.

Name of Medical Attendant, or other Person who makes this Return A. G. Watson

Address, 1301 N. Central Ave

Remarks, 1890-002854

...ALL PENALTIES ARE REMOVABLE.

RETURN OF A BIRTH A 27879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 18th July 1890
4. Place of Birth, (Street and Number) 1320 Holbrook Street
5. Full Name of Mother, Ann Mark Steiner
6. Mother's Maiden Name, Anna Trethan
7. Mother's Birthplace, Seppenbach Germany
8. Full Name of Father, Fred Markenstainer
9. Father's Occupation, House Carpenter
10. Father's Birthplace, Seppenbach Germany

Name of Medical Attendant, or other person who makes this Return, Miss A Woodson

Address, 930 Brenmount Ave

Remarks,

1890 - 002855

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said child or such fact be delivered, duly signed by the practitioner in the form of a certificate hereto annexed, and shall appear without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any neglect or refusal on the part of either of them to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A72880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 '90 BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1. Child
1. *Sex*, (*state whether male or female*)	Boy
2. *Race or Color*, (*if not of the white race*)	White Race
3. *Date of Birth*,	Born July 19a 1890
4. *Place of Birth*, (*Street and Number*)	# 2016 Lemmon St
5. *Full Name of Mother*,	Mrs Theresa Washmuth
6. *Mother's Maiden Name*,	Miss " Mann
7. *Mother's Birthplace*,	Bayern Germany
8. *Full Name of Father*,	Mr Daniel Washmuth
9. *Father's Occupation*,	Labor
10. *Father's Birthplace*,	Hessen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hilder
Address,	227 W Pratt St
Remarks,	1890 2 0028 56

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth, to the Commissioner of Health, or such person as he may designate, within ten days after the birth of any child and every month to the office of the Commissioner of midwifery, or should no other person be in attendance, then the midwife or person who shall officiate as midwife at the birth of any child shall occur without the attendance of a physician or midwife, the father or mother of such child shall within ten days after the birth of such child report the same to the Commissioner of Health, in the manner and with the particulars hereinbefore required, and every person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 7n 884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female child first
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 19 July 1890
4. Place of Birth, (Street and Number) 27 E Durham Alley Baltimore
5. Full Name of Mother, Mrs Isabella Campbell
6. Mother's Maiden Name, Isabella Lewis
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Abraham Campbell
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return. Mrs Susan Hooper

Address, 122 E Durham St

Remarks, 1890 - 002857

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinbefore required, to the Registrar of the district in which the birth occurred, within ten days after the occurrence thereof. And said Registrar shall keep a register of births, and every month to the office of the Commissioner of Health, in the manner and within the time prescribed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the occurrence of such birth, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time prescribed by the Commissioner of Health, and the provisions of this section shall be subject to the penalties hereinafter provided. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SALADA CITY PRINTER AND STATIONER

RETURN OF A BIRTH A 22887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20th 1890
4. Place of Birth, (Street and Number) 844 Gruenmount Ave
5. Full Name of Mother, Eva Filbert
6. Mother's Maiden Name, Eva Wagner
7. Mother's Birthplace, Adams Co. Pa
8. Full Name of Father, William Filbert
9. Father's Occupation, Grocer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Dr. Woodall

Address, 936 Gruenmount Ave

Remarks, 1890 - 002858

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be filled out and signed by the practitioner in the form of a certificate between 1st and 5th days of each month in the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of such child, the father or mother, as the case may be, shall become the duty of the person or parents of such child to report the particulars required to be entered in said schedule, within the period above mentioned, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. S. GELARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A22883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20 1890
4. Place of Birth, (Street and Number) E Pratt St, 1531
5. Full Name of Mother, Katie Miller
6. Mother's Maiden Name, Glace
7. Mother's Birthplace, Hagerstown Md
8. Full Name of Father, George A Miller
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, M A Donovan 225 S Ann St

Remarks, all doing well

plans Exact Residence of Mother is on slip

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...month, and if not so made up the sum due shall become due and payable on the first day of the month next succeeding. Every such return shall be signed by the practitioner in the form of a certificate between the first and last lines of the text, stating the date of the birth to which it relates, and the name and residence of the mother; and if the child be not the first child born to the mother, the certificate shall further state the number of the child. Every such return shall be made within the period above required and in the manner and form above prescribed, and shall contain all the information required to be given by the person or parents of such child to the Commissioner of Health, in the manner and within the period above required and shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required and attendance upon the mother. Any practitioner who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 27892

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1890 BALTIMORE

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 27th 1890
4. *Place of Birth, (Street and Number)*	Bradley st Waverly Avenue
5. *Full Name of Mother,*	Josephine M Coggins
6. *Mother's Maiden Name,*	" Schweelzer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward R Coggins
9. *Father's Occupation,*	Typefounder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	R G Rankin M D
Address,	N 811 Jefferson Ave Baltimore Md.
Remarks,	

1890 - 002960

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

A 22883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	22
4. *Place of Birth, (Street and Number)*	214 York St Balto
5. *Full Name of Mother,*	Lucy Thomas
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Bonsbe Va
8. *Full Name of Father,*	No father
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Mary Walker
Address,	128 York St
Remarks,	

1890 - 002861

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a person authorized by law to register it, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A22886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1. 1890
4. Place of Birth, (Street and Number) 314 Bloombare St.
5. Full Name of Mother, Mollie Hooper
6. Mother's Maiden Name, Mollie Preston
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David Hooper
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. R. Tagsley

Address, 210 E. Fells St

Remarks, Long Fell

1890 002862

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of such child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE JUL 29 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3 1890
4. Place of Birth, (Street and Number) 102 Johnson St.
5. Full Name of Mother, Katy Lopez
6. Mother's Maiden Name, Katy Street
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Lions
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. R. Easley

Address, 213 E. Heath St

Remarks, Doing Well

1890 - 002863

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the attending physician or midwife, and a certificate between the first and second days of each month to the office of the Commissioner of Health. In case the birth of any child shall not be delivered, and a certificate signed by the practitioner in the form above required, and said schedule shall be delivered within ten days after the birth, the said certificate and schedule shall be delivered to the office of the Commissioner of midwifery, or should no other person be present at the birth, then the parents or guardians of such child shall report its birth to the Commissioner of Health. If such report be not made within the third day of each month, the attendance of a physician or midwife shall become the duty of the person required, and shall be reported within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject upon the mother, immediately upon the birth of the child, to report its birth to the Commissioners of Health. In the manner required by this section, shall be subject to the same penalties as other fines and forfeitures are recoverable.

GEO. J. O. DELANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 22888.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 24 '90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 10 — 1890
4. Place of Birth, (Street and Number) 616 Hanover st.
5. Full Name of Mother, Annie Hudson
6. Mother's Maiden Name, Hospel
7. Mother's Birthplace, America
8. Full Name of Father, Robert Hudson
9. Father's Occupation, Carpenter
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. J. Schwaaber midwife

Address, 1032 Hanover st.

Remarks,

1890 OD 28 64

...to be filled, duly signed by the practitioner, in the form of a certificate between the first and second births, and delivered to the Commissioner of Health. In case the birth of any child shall be delayed more than one month after the date of its occurrence, the said practitioner shall be required to state in his certificate the reason for such delay, and in every month to the office of the Commissioner of Health, or should there be no such practitioner, the certificate of midwifery, or should there be no midwife or parents of such child to report its birth within the first month, then the certificate of the person or parents of such child to report its birth who shall hereafter fail to comply with the provisions of this section shall, for each offense, be subject to a fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22859

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 '90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female). male
2. Race or Color, (if not of the white race) colored (african)
3. Date of Birth, June 10 - 1890
4. Place of Birth, (Street and Number) 2105 Hargrove alley
5. Full Name of Mother, Mary Connor
6. Mother's Maiden Name,
7. Mother's Birthplace, City
8. Full Name of Father, Benjamin Connor
9. Father's Occupation, Coachman
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. W. B. Canfield M D

Address, 1010 N. Charles St

Remarks,

890002865

born, its or their physical condition, whether still-born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STA[illegible] BALT.

RETURN OF A BIRTH A 22890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1920 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 to

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 13. 1920
4. *Place of Birth (Street and Number),* 421 Cathedral St
5. *Full Name of Mother,* Laura Lee Wells
6. *Mother's Maiden Name,* Laura Lee White
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Lee Wells
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Charles Jones

Address, 101 E Chase St. apt 2d

Remarks,

C 2 0 - 0 0 2 8 6 6

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month. Such certificate shall be prepared in accordance with the rules and regulations of the Commissioner of Health. In case the parent or parents of any child shall neglect or refuse to report the birth of such child, or should no other person be present at the birth of such child to report it as aforesaid, the mother of such child shall immediately thereafter if she shall become able to do so, report to the Registrar of Vital Statistics, in the manner and within the time above required, the particulars required to be reported in relation to the birth of such child, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 27891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 14th 1890

4. Place of Birth, (Street and Number) 1419 William st.

5. Full Name of Mother, Albary Ebele

6. Mother's Maiden Name, Broseske

7. Mother's Birthplace, America

8. Full Name of Father, George Ebele

9. Father's Occupation, Cabenet maker

10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. Jr. Lohmeyer midwife

Address, 1032 Hanover st.

Remarks,

1890 002867

...ACT, CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 1-15-55

RETURN OF A BIRTH. A 22847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 24 1890 BALTIMORE.

Leopold Emanuel Jirsa

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 18th 1890
4. Place of Birth, (Street and Number) 1228 Marshall av
5. Full Name of Mother, Mary Jirsa
6. Mother's Maiden Name, Wanek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Emanuar Jirsa
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser midwife

Address, 1032 Hanover st.

Remarks,

6900 002568

been conferred) its sex, color, the full name and occupation of the parents, and the date of birth, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each month the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of the house in which the birth occurs or resides at the time of the birth of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. K. BOYLE & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 22893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1920 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	colored not white
3. Date of Birth,	July 18
4. Place of Birth (Street and Number),	211 Ivy Alley
5. Full Name of Mother,	Anna Johnson
6. Mother's Maiden Name,	Anna catherine Wilson Co
7. Mother's Birthplace,	Clar Clarksville howard
8. Full Name of Father,	Lewis Miller
9. Father's Occupation,	Job Work
10. Father's Birthplace,	Princess ann Somerset Co
Name of Medical Attendant, or other person who makes this Return.	[illegible]
Address,	211 Ivy Alley Baltimore Md
Remarks,	Dr Talley Jones

101 6 mulatto 2502869

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Board of Health. It shall be the duty of any child shall occur without the attendance of a practitioner, midwife or nurse, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

GIVEN NAME ADDED 1-28-60

RETURN OF A BIRTH A 22870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Mae Hall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 19th 1890
4. *Place of Birth, (Street and Number)* 200 Gorsuch Ave
5. *Full Name of Mother,* Amy E. Hall
6. *Mother's Maiden Name,* Shortt
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Robert E. L. Hall M.D.
9. *Father's Occupation,* Pharmacist
10. *Father's Birthplace,* Missouri

Name of Medical Attendant, or other person who makes this Return. L. Monmonier M.D.

Address, 634 Gorsuch Av.

Remarks,

1890-002870

HEALTH DEPARTMENT BALTIMORE JUL 28 1890

Sec. 1. In each case of birth hereafter occurring in the city of Baltimore, it shall be the duty of the physician or midwife in attendance upon the mother, immediately after the birth, or in case there be no physician or midwife in attendance, then the father or mother of the child, or the householder or owner of the premises where the birth occurs, to report the birth to the Commissioner of Health, which report shall be made within the period above prescribed, and shall contain, in addition to the name and occupation of the parents, the date and place of birth, and the sex, color, and name (if any) of the child. Blanks for the purpose of making such report shall be delivered only signed by the Commissioner of Health, or his authorized agent, to the physician, midwife, householder or owner of the premises aforesaid, on the first day of each and every month, on application therefor at the office of the Commissioner of Health, and the same shall be returned to the office of the Commissioner of Health, on the third day of each and every month thereafter, duly filled out and signed by the person to whom they were delivered, under the penalties hereinafter provided.

Sec. 2. In case the birth of any child shall occur without the attendance upon the mother immediately after the birth of any physician or practitioner of midwifery, or in case there be no physician or midwife in attendance, then the father or mother of the child, or the householder or owner of the premises where the birth occurs, shall be jointly and severally liable for the duty of the physician or midwife in attendance, and any such person shall be subject to the penalties of this section, and shall be required to report the birth to the Commissioner of Health, which report shall be made within the period above prescribed, and shall contain the name and occupation of the parents, the date and place of birth, and the sex, color, and name (if any) of the child. Blanks for the purpose of making such report shall be delivered only signed by the Commissioner of Health, or his authorized agent, to the physician, midwife, householder or owner of the premises aforesaid, on the first day of each and every month, on application therefor at the office of the Commissioner of Health, and the same shall be returned to the office of the Commissioner of Health, on the third day of each and every month thereafter, duly filled out and signed by the person to whom they were delivered, under the penalties hereinafter provided.

Sec. 3. In case the birth of any child shall occur without the attendance upon the mother immediately after the birth of any physician or practitioner of midwifery, or in case there be no physician or midwife in attendance, then the father or mother of the child, or the householder or owner of the premises where the birth occurs, shall be jointly and severally liable for the duty of the physician or midwife in attendance, and any such person shall be subject to the penalties of this section, and shall be required to report the birth to the Commissioner of Health, which report shall be made within the period above prescribed, and shall contain, in addition to the name and occupation of the parents, the date and place of birth, and the sex, color, and name (if any) of the child. Blanks for the purpose of making such report shall be delivered only signed by the Commissioner of Health, or his authorized agent, to the physician, midwife, householder or owner of the premises aforesaid, on the first day of each and every month, on application therefor at the office of the Commissioner of Health, and the same shall be returned to the office of the Commissioner of Health, on the third day of each and every month thereafter, duly filled out and signed by the person to whom they were delivered, under the penalties hereinafter provided.

Sec. 4. And be it further ordained, That any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. BULLY & CO., CITY PRINTERS AND STATIONERS

NAME CHANGED BY COURT ORDER 3-26-41 Over

RETURN OF A BIRTH. A 22895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 24 1890 BALTIMORE

Frederick Lewis Sachs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 19 — 1890
4. Place of Birth, (Street and Number) 106 Burgundy alley
5. Full Name of Mother, Louisa Kuphkramkith
6. Mother's Maiden Name, Rudolph
7. Mother's Birthplace, America
8. Full Name of Father, Friedrich Kuphersmith
9. Father's Occupation, Cabinetmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. A. Lohnasser midwife

Address, 1032 Hanover st.

Remarks, Full name of child - Frederick Lewis Sachs

890-002871

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. Such certificate shall be delivered, duly signed by the practitioner in attendance, or by the midwife, to the parent or other person having charge of such child, within three days after the birth occurs, and before the burial or removal of the body of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the office of the Commissioner of Health, and before the burial or removal of the body of any such person or parents shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 22896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 19 1890
4. Place of Birth, (Street and Number) No. 230 South Washington St.
5. Full Name of Mother, Mrs. Mary Adelaide Gibson
6. Mother's Maiden Name, Miss Mary A. Booth
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. James McCord Gibson
9. Father's Occupation, Rigger
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Wm H Clendinen, M. D.

Address, 201 N. Broadway

Remarks, 1890-002872

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 22897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 26 1890
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th Child
1. *Sex*, (state whether male or female)	female
2. *Race or Color*, (if not of the white race)	
3. *Date of Birth*,	July 20 — 1890
4. *Place of Birth*, (Street and Number)	121 Wamburg st
5. *Full Name of Mother*,	Louisa Waked Tiemeyer
6. *Mother's Maiden Name*,	
7. *Mother's Birthplace*,	America
8. *Full Name of Father*,	Herrmann Waker
9. *Father's Occupation*,	Piano maker
10. *Father's Birthplace*,	America
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser midwife
Address,	1032 Hanover st
Remarks,	

1690 00 23873

Every Physician, Midwife or other person who shall hereafter attend upon any birth, shall report the same to the Commissioner of Health, giving the full name and occupation of its parents, the date and place of birth; and the sex and color of the child, and every undertaker or other person who shall bury the dead body of any child for which a certificate of birth has not been returned, shall report the same to the Commissioner of Health, giving the name, sex, color, date of death, and last residence of such child, if known. In case the birth or death occurs in a hospital, almshouse, or other institution, the superintendent or other officer thereof shall be deemed the person in charge, and required to report the birth or death as above provided. Every certificate of birth shall be delivered within ten days after the birth to the Commissioner of Health, duly signed by the Commissioner of midwifery, or should no one of parents of such child be living, by the physician or midwife in attendance, and if there be no physician or midwife present, by the person who shall become the duty of the parents to report the birth as above required. Every certificate of death shall be delivered within ten days after the death to the Commissioner of Health, duly signed by the attending physician, or if there be none, by the undertaker or person who shall have charge of the body, and shall state the cause of death, as near as can be ascertained, the age, color, sex, and last residence of the deceased, and the time when and the place where the death occurred. Every certificate of birth or death shall be made out in the manner and with the particulars required by the Commissioner of Health, and every midwife, physician, undertaker or other person who shall neglect or refuse to comply with the provisions of this section shall forfeit and pay a sum not exceeding ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 20th 1890
4. *Place of Birth, (Street and Number)*	336 Wilkes St.
5. *Full Name of Mother,*	Mary Jacops
6. *Mother's Maiden Name,*	Mary Lase
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Zecharia A Jacops
9. *Father's Occupation,*	House Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M R Cosby
Address,	218 E. Heath St.
Remarks,	Louis Hall

690-002874

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife shall report the same to the Commissioner of Health, in the manner and within the time above specified; and the said midwife shall also report to the Commissioner of Health, in the manner and within the time above specified, every instance upon the mother, immediately thereafter, it shall have come to the knowledge of such midwife that the child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and duly attended by such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 22879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether male or female),	F
2. Race or Color (if not of the white race),	W
3. Date of Birth,	July 20th 1890
4. Place of Birth (Street and Number),	1227 Druid Hill Ave
5. Full Name of Mother,	Emma Harris
6. Mother's Maiden Name,	Lile
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Scott Harris
9. Father's Occupation,	Grocer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	R. Winslow M.D
Address,	1 Mt Royal Terrace
Remarks,	

HEALTH DEPARTMENT JUL 23 90 BALTIMORE

690-002875

...shall be delivered, duly signed by the practitioner in charge, or by the midwife or other person in attendance, to the office of the County registrar, or shall be mailed to the Board of Health, in the form of a certificate prescribed by the Board of Health. In case no physician or midwife was in attendance between the first and third days of the birth of any child, the parent or parents of such child shall cause a certificate upon the form prescribed by the Board of Health to be signed by some other person so to report the birth as soon as practicable after the expiration of the third day, and in default thereof each and every such parent or parents shall be liable to a penalty of ten dollars for each and every day that such certificate shall be delayed after the expiration of the third day. In case the mother of any child born alive shall die without the attendance immediately thereafter of a physician or midwife, it shall be the duty of the person with whom she lived at the time of her death, or in whose house she died, to report the birth of such child to the Commissioner of Health, in the manner and within the time prescribed in this section, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...Publishing Co., City Printers and Stationers

GIVEN NAME ADDED 6-7-55

RETURN OF A BIRTH A 99900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1890 BALTIMORE

Edwin Columbus Hill

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W. Color
3. Date of Birth, July 21st 1890
4. Place of Birth, (Street and Number) 923 N. Charles St.
5. Full Name of Mother, Sofie Hill
6. Mother's Maiden Name, Sofie Dean
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hill
9. Father's Occupation, Weldiger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. P. Carter

Address, 1138 Guilford Ave

Remarks, Living Well

B 90 - 00287 6

Sec. 2. Be it further enacted, That the full name and occupation of the parents, the date and place of birth; and the name, sex and color of each child born alive after the passage of this act, shall be entered in the said schedule by the midwife or person in attendance upon the mother, immediately after the birth of each child; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall be delivered within ten days thereafter to the Commissioner of Health, or to such person as he may appoint to receive the same; and the midwife or person in attendance upon the mother, immediately thereafter is shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 22"
4. Place of Birth, (Street and Number) #551 N. Townsend St
5. Full Name of Mother, Ena Seipe
6. Mother's Maiden Name, " Lappe
7. Mother's Birthplace, Balto City
8. Full Name of Father, Butler Seipe
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Dr Lus E. Huck

Address, # 647 N. Townsend St.

Remarks, 1890-002877

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the person appointed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one of the persons required to report such birth be in attendance upon the mother, immediately thereafter, it shall become and shall within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 22 1890
4. Place of Birth, (Street and Number) 1617 William St.
5. Full Name of Mother, Annie Lloyd
6. Mother's Maiden Name, Annie Throckmorton Lloyd
7. Mother's Birthplace, Somerset County
8. Full Name of Futher, Harman Lloyd
9. Father's Occupation, Laborer.
10. Futher's Birthplace, Somerset County

Name of Medical Attendant, or other person who makes this Return. M. R. Carey

Address, 2 1/2 E Carey St.

Remarks, O K.

1890-002878

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Each and every Physician, Midwife, or other person in attendance upon any birth, shall, within ten days after the birth, report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the full name and occupation of its parents, the date and place of birth, and the sex of the child. Such report shall be delivered, duly signed by the practitioner in the form of a certificate which will be furnished by the Registrar, at the office of the Commissioner of Health, or shall be mailed to the address of such practitioner on the first day of each and every month to the office of the Commissioner of Health, in the manner and within the period above specified. Any practitioner of midwifery, or should no other person be in attendance upon the birth of any child, who shall neglect or refuse to report such birth as herein required, shall be subject to a penalty of five dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Section 2. And be it further enacted, That it shall be the duty of the person or parents of such child, where the birth occurs without the attendance of a physician or midwife, to report such birth as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 22903

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1890 BALTIMORE.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c*) . 10. th

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*) colord
3. *Date of Birth*, 22. end
4. *Place of Birth*, (*Street and Number*) 13 houses courtt
5. *Full Name of Mother*, mary j. anderson
6. *Mother's Maiden Name*, mary j. hollead
7. *Mother's Birthplace*, pittsburgh. pa.
8. *Full Name of Father*, Elijah Anderson
9. *Father's Occupation*, laborer
10. *Father's Birthplace*, Baltimore

Name of Medical Attendent, or other person who makes this Return. Mrs. angline Willson

Address, 1049 cross. St

Remarks, dropsey

1890-002879

been conferred) its sex, color, the full name and occupation of its parents, [illegible] between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, or parent, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.) First (1st)

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 22nd 1890
4. Place of Birth, (Street and Number) No 202 North Ann St
5. Full Name of Mother, Mrs. Elizabeth Louisa Armiger
6. Mother's Maiden Name, Miss E. L. Hillebrand
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Frank H. Armiger
9. Father's Occupation, Cutter (Tailor)
10. Father's Birthplace, Bristol Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this return. Wm H. Clendinen M.D.

Address, 201 N. Broadway

Remarks, 890-002880

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in charge of the mother, the householder in whose house such birth occurs or next of kin present shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B 27905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 24 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 23 — 1890
4. Place of Birth, (Street and Number) 1031 Aisquith st.
5. Full Name of Mother, Jennie Wagner
6. Mother's Maiden Name, Schmith
7. Mother's Birthplace, America
8. Full Name of Father, William Wagner
9. Father's Occupation, Bookbinder
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. J. Schwaaser midwife

Address, 1032 Hanover st.

Remarks,

1890-002881

PUBL. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 22906

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st 90
4. Place of Birth, (Street and Number) 1604 Eutaw St.
5. Full Name of Mother, Mrs Emma Johnson Williams
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo Williams
9. Father's Occupation, R. R.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. S. S. Welch M.D.

Address, Pratt & Fremont Sts.

Remarks,

1890 002882

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JOS. J. SELLERY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B 22407

HEALTH DEPARTMENT JUL 24 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 4/90

4. Place of Birth, (Street and Number) 222 Parish St

5. Full Name of Mother, Lucinda Mack

6. Mother's Maiden Name, Lucinda Goss

7. Mother's Birthplace, Va

8. Full Name of Father, Wm Mack

9. Father's Occupation. Mason

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. John Woodland

Address,

Remarks, 890-002883

(Section 1. That hereafter in the city of Baltimore every child born alive or dead within the limits of said city shall be registered by the Commissioner of Health, or other person authorized by him, and the certificate of registry shall state the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of the attending physician or midwife, if there be one present at the birth, and if there be no physician or midwife present at the birth of any child, then the certificate of registry shall be signed by the householder of the district in which such child was born, and in default of there being a householder in such district, then by the nearest adult person present at the birth, or by the father or mother of such child, if present at its birth, which certificate shall be delivered within one month to the office or to the officer or practitioner of the city of the person authorized by the Commissioner of Health to receive the same, and if no person be present at the birth of such child, or if present shall refuse or neglect to perform the duty required, and the father or mother of such child shall refuse or neglect to perform the duty required, and such child be found dead or alive without a name, then the person finding such child shall report its birth to the Commissioner of Health, who shall thereupon register the same as provided in this section, and the Commissioner of Health shall have power to appoint such person or persons as he may deem necessary to carry into effect the provisions of this section, and to remove the same at his pleasure. Sec. 2. That any person who shall hereafter neglect or refuse to comply with the provisions of section one of this act shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.)

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

A2290

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	July 5 1890
4. *Place of Birth, (Street and Number)*	838 Pearce street
5. *Full Name of Mother,*	Laura Jungnoll
6. *Mother's Maiden Name,*	L Schulz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Teodula Jungnoll
9. *Father's Occupation,*	cook
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Marie E. Kalwitzer M. D.
Address,	725 Hulburd st
Remarks,	

1890-002884

...ed by the practitioner in the form of a ...to the Office of the Commissioner of Health. In case the ...ce of a physician or practitioner of midwifery, or should no other person ...with the particulars required by this section, the parent or nurse of such child so ...report its birth to the Commissioner of Health, in the manner and within the time ...or persons who shall hereafter fail to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...d Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 3-4-57

RETURN OF A BIRTH A 29909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 24 '90 BALTIMORE.

Joseph Wilson Starling

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7/90
4. Place of Birth, (Street and Number) 1625 Mulberry
5. Full Name of Mother, Nellie Starling
6. Mother's Maiden Name, Nellie Jones
7. Mother's Birthplace, Md
8. Full Name of Father, Grant Starling
9. Father's Occupation. Police Officer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. James Markland

Address,

Remarks, 1890-002685

Given under the hand of the person making this return, this 24th day of July 1890

Witness

Each contagious disease to be reported, and all names and occupations of its parents, the date and place of birth; and the said schedule shall be delivered to the physician or midwife, or other person in attendance upon the mother, at the time of the birth of any child and every month to the office of the Commissioner of Health, in the manner and within the period above specified. No midwife or other person shall assist at the birth of any child after the first which shall occur without the attendance of a physician, or shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above specified. And attendance upon the mother aforesaid within the period above specified, every midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 229410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 24 90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, Aug 6/90
4. Place of Birth, (Street and Number) 27 Bruce
5. Full Name of Mother, Martha Brown
6. Mother's Maiden Name, Martha Woodland
7. Mother's Birthplace, Md
8. Full Name of Father, Alfred Brown
9. Father's Occupation. Lab
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

690-0023886

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That the duty of every physician, midwife, or other person having charge of any case of child-birth shall be delivered, duly signed by the physician or midwife in attendance, or by the father or mother of the child, if there be no physician or midwife in attendance, a certificate of such birth, in the form of a certificate between the first and tenth day of each and every month, to the office of the Commissioner of Health, and in case the birth of any child shall occur without the attendance of a physician or midwife, or should the midwife or other person be unable to certify to the particulars required, the father or mother of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and failure on the part of persons who shall hereafter fail to comply with the terms and provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

Argyll

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd "
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 8 " 90
4. *Place of Birth, (Street and Number)*	517 11 " Pratt St.
5. *Full Name of Mother,*	Mrs Emma Hardy Hutchison
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Fredrick Hutchison
9. *Father's Occupation,*	Engineer B&O R.R.
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	E. E. Cullenbine M.D
Address,	Pratt & Strieker Sts
Remarks,	

1890 - 002887

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any physician or practitioner of the healing art, or should no other person be required by law to report the same, the father, mother, nurse, householder or other person present at such birth or attendance upon the mother, shall severally be required to report the same in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A22912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 18 1890
4. Place of Birth, (Street and Number) Duncal alley 20 c
5. Full Name of Mother, Saphia Rozemek
6. Mother's Maiden Name, Dvorak
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Dvorak
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koplitz

Address, 20 Wagner

Remarks, 8908

Any person who shall make any false statement in the above certificate, or who shall refuse or neglect to register the birth of any child as required by the foregoing provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 22913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 10 1890
4. Place of Birth, (Street and Number) Bryden st 524
5. Full Name of Mother, Alice Haase
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred Haase
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address, Washington 205

Remarks,

1890 00 2889

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health, at least the birth of any child shall occur without the attendance of a physician or midwife, the birth of any child shall be reported by the parent or parents, or in case of the death, absence or inability of both parents, then by the nearest relative present at the time, or by the person or persons in charge of the house in which the birth occurs, or by the midwife or physician in attendance upon the mother, immediately thereafter, and in the event of the birth of any child to any such person or persons as shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

888, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 10 1900
4. Place of Birth, (Street and Number) Poort Alley 618
5. Full Name of Mother, Annie Burkhalt
6. Mother's Maiden Name,
7. Mother's Birthplace, Saarmen
8. Full Name of Father, Michael Burkhalt
9. Father's Occupation, tailor
10. Father's Birthplace, Saarmen

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address, Westfield 205

Remarks, 1890-002890

Said certificate shall be delivered to the person in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22915.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, Eastern ave 1837
4. Place of Birth, (Street and Number) July 12 1890
5. Full Name of Mother, Mary Krejci
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Krejci
9. Father's Occupation, Tailor
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. Mary Krejci

Address, Eastern ave 205

Remarks,

1890 - 002891

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall be the duty of the person in charge of said mother, immediately thereafter to report in writing to the said officer the particulars required to be reported in the case of births occurring in the presence of a physician or practitioner, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A7716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 12 1890
4. Place of Birth, (Street and Number) Eargeon Place 220
5. Full Name of Mother, Leonora Springer
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Frank Springer
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return. Mary Whitten

Address, Washington 205

Remarks, 1890 - 002892

said schedule, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person named in this section attend upon the mother, it shall become the duty of the person above required, and attendance upon the mother, it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 39417.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex,* (*state whether male or female*) boy
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* July 12 1890
4. *Place of Birth,* (*Street and Number*) Bond st 743
5. *Full Name of Mother,* Magie Keeling
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Seaman
8. *Full Name of Father,* Adam Keeling
9. *Father's Occupation,* tailor
10. *Father's Birthplace,* Seaman

Name of Medical Attendant, or other person who makes this Return. Mary A. Fitz

Address, Washington Co

Remarks, 890-002893

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or person appointed to receive the same, as aforesaid, and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge or assistance upon the mother immediately thereafter it shall become the duty of the person other person being present, then the nearest relative present, or the person occupying the house in which such child or children shall be born, to report the same to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1930 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 12 1880
4. Place of Birth, (Street and Number) Madiera Court 2273
5. Full Name of Mother, Ethel Hohman
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Al Lohmer
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Ruppe

Address, 1 Capt Trentington 10 S

Remarks, 8 9 0 - 0 0 2 8 9 4

Every midwife shall be registered by the Health Officer of the district in which she resides, and shall report to the Health Officer of the district in which she practices, the birth of every child she shall attend, within twenty-four hours after the occurrence of such birth, and shall keep a record of all births attended by her, and shall report to the Commissioner of Health, at the end of each month, the births attended by her during the month, and shall comply with the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 24 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 12/90
4. Place of Birth, (Street and Number) 424 Pleasant al
5. Full Name of Mother, Mary ~~Thomas~~ Smith
6. Mother's Maiden Name, Mary Thomas
7. Mother's Birthplace, Va
8. Full Name of Father, Jno Smith
9. Father's Occupation, Waiter
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks, 1890 002895

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person present at such birth to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. W. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 22930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 18" 90
4. Place of Birth, (Street and Number) 1818 [illegible] St
5. Full Name of Mother, Mrs Anna Bucklinger
6. Mother's Maiden Name, " Henning
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank Bucklinger
9. Father's Occupation, Hair Tacking
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S. S. Ullrich M.D.

Address, Pratt & Stricker Sts

Remarks, [illegible]

890-002896

... its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1900 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 19 1900
4. Place of Birth, (Street and Number) Pond st 617
5. Full Name of Mother, Cecilie Krupa
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemien
8. Full Name of Father, Joseph Krupa
9. Father's Occupation. tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address, Washington 205

Remarks, 190-002897

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BEM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 6-24-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 18th 90
4. Place of Birth, (Street and Number) 1840 Mc Henry St.
5. Full Name of Mother, Mrs Francis Carroll ~~Harris~~ Lilly
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank ~~Harris~~ Lilly
9. Father's Occupation, Moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return. Dr. Ellwich M

Address, Pratt & Stricker

Remarks,

1890-002898

The sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the medical attendant or other person who may be present at the birth of any child shall be delivered, within ten days after such birth, to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and in case neither the medical attendant nor other person shall be present at the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, any such person or persons so shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 77923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 14 1890
4. Place of Birth, (Street and Number) Durham st 1029
5. Full Name of Mother, Mary Lenhart
6. Mother's Maiden Name, Sulaptra
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis Sulaptra
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Butler

Address, Washington

Remarks, 890-002899

Sec. 6. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the city to be divided into districts, and to appoint a competent person to act as registrar of births and deaths in each district, who shall be sworn to the faithful performance of his duties, and who shall hold his office during the pleasure of the Commissioner of Health. The registrar shall receive from the Commissioner of Health a certificate of appointment, and shall keep his office at such place in the district as the Commissioner of Health may direct. He shall be provided with a seal, and with such blank books and forms as may be required for the registration of births and deaths, and for the issuing of certificates and burial permits. He shall also be provided with a sufficient number of blank certificates of birth, which shall be in the form hereinafter prescribed, and shall state the sex, color, date and place of birth, the name and residence of the parents, the name of the child, and such other information as may be required by the Commissioner of Health. He shall duly sign the certificate in the presence of the person making the return, and shall enter a record of the same in a book to be kept for that purpose. He shall also enter in a book to be kept for that purpose a record of all burial permits issued by him, stating the name, age, sex, color, and cause of death of the person for whom the permit is issued, and the name and residence of the undertaker to whom the permit is issued. He shall make a return of all births and deaths registered by him to the Commissioner of Health on the first and third day of each and every month, or as often as required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person above required to make return of such birth to the Commissioner of Health, to make such return within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 14 1890
4. Place of Birth, (Street and Number) Durham
5. Full Name of Mother, Annie Vasek
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohaimen
8. Full Name of Father, Raired Vasek
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohaimen

Name of Medical Attendant, or other person who makes this Return. Mary Kupfer

Address, Washington 205

Remarks, 1890 002900

said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the occupant of the house or tenement in which such birth occurs shall within the period above required, and child born, notify the Health Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22936.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 15 1910
4. Place of Birth, (Street and Number) Orleans st ~~208~~ 2035
5. Full Name of Mother, Mary Sachs
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Sachs
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Sachs

Address, Washington ave

Remarks, 1690002901

Every birth shall be registered, and a certificate thereof shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Births, or should no other person shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of such child, or should the child be still born, then the certificate shall be delivered to the Registrar of Births within five days after the birth of any child as aforesaid. And the father, if present at the birth, or in case of his absence, the mother, immediately thereafter it shall become the duty of the person or parents of such child, and in case of the absence of both father and mother, then the owner or occupier of the house in which any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 229476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 15 1900
4. Place of Birth, (Street and Number) Washington St 228
5. Full Name of Mother, Elisabeth Koenig
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Adolph Koenig
9. Father's Occupation, tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Foster

Address, Washington 205

Remarks, 890-002902

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month next after the date of the occurrence of each birth. In case the birth of any child shall occur without the attendance of a physician or midwife, or should either of the persons required to be in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons so attending to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 322927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 15 1890
4. Place of Birth, (Street and Number) Eger st 1917
5. Full Name of Mother, Sophia Sott
6. Mother's Maiden Name, Piver
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Piver
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Dr Wm J Kraft

Address, Wilson St 200

Remarks, 890002903

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the same within twenty-four hours after the birth, stating the time, place and particulars required by this section to be stated by the practitioner, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 23978

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 17 1890
4. Place of Birth, (Street and Number) Fayett st 1917
5. Full Name of Mother, Annie Rockenmyer
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Rockenmyer
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kupfer

Address, Washington 205

Remarks, 1890-002904

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, with the return of births for the preceding month; and in case the birth of such child occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, as above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ORR. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 00479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 17 1890
4. *Place of Birth, (Street and Number)* Chapple st 205
5. *Full Name of Mother,* Annie Captain
6. *Mother's Maiden Name,* Fundemann
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Lewis Hundemann
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. Mary Kyles

Address, Washington 205

Remarks, 1890-002905

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 22430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 BALTIMORE

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 1

1. *Sex,* (*state whether male or female*) boy
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* July 18 1890
4. *Place of Birth,* (*Street and Number*) Ludor st 211
5. *Full Name of Mother,* Mary Dvorah
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohimen
8. *Full Name of Father,* Joseph Dvorak
9. *Father's Occupation,* Talor
10. *Father's Birthplace,* Bohimer

Name of Medical Attendant, or other person who makes this Return. Mary Kep[illegible]

Washington 100

Address,

Remarks, 8 9 0 - 0 0 0 2 9 0 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 38931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) mulatto
3. Date of Birth, July 18 1900
4. Place of Birth, (Street and Number) Fayette st 1988
5. Full Name of Mother, Annie Blair
6. Mother's Maiden Name, Perina
7. Mother's Birthplace, Bohiamen
8. Full Name of Father, Adahi Perino
9. Father's Occupation, Tobr
10. Father's Birthplace, Bohiemen

Name of Medical Attendant, or other person who makes this Return. Mercy Hospital

Address, Washington 20 s

Remarks, 690-002907

shall schedule shall be delivered. duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in attendance upon the mother, or the parent or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

690. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 29937

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 24 1903
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, Aug 18 1903
4. Place of Birth, (Street and Number) 222 Parish St
5. Full Name of Mother, Vinie Thomas
6. Mother's Maiden Name, Vinie Thomas
7. Mother's Birthplace, Va
8. Fult Name of Father, Lil Ferguson
9. Father's Occupation, Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks, 690-002908

Every midwife shall be active and duly attended by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in writing to the Commissioner of Health the birth of such child within ten days after the occurrence of such birth. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A.m

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 te

1. Sex, (state whether male or female) Maetchen
2. Race or Color, (if not of the white race) Weiße
3. Date of Birth, 17 Jun Juli 1890
4. Place of Birth, (Street and Number) Elisbeth Alle No 13
5. Full Name of Mother, Lise Stroltmax
6. Mother's Maiden Name, Fanemiel
7. Mother's Birthplace, Germany
8. Full Name of Father, Heinrich Stroltman
9. Father's Occupation, Mal Mann
10. Father's Birthplace, Germanien

Name of Medical Attendant, or other person who makes this return.

Address, Karoline Shway Fort Stret No 427

Remarks,

1890 002909

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the mother herself, and in case she is unable, the parent with whom the child resides, shall within the period above required, and in the manner and with the form required by the Board of Health, make the return of such birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

ISAAC J. G. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 2793 S.A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 4

1. *Sex*, (*state whether male or female*) girl
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, July 19 1890
4. *Place of Birth*, (*Street and Number*) Sohlemer alley 203
5. *Full Name of Mother*, Kate Kremer
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, Gearmen
8. *Full Name of Father*, Fred Kremer
9. *Father's Occupation*, Tailor
10. *Father's Birthplace*, Geormen

Name of Medical Attendant, or other person who makes this Return. Mere Kopetis

Address, Washington 205

Remarks, 1890-002910

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 99436.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 19 1890
4. Place of Birth, (Street and Number) Dunal alley 422
5. Full Name of Mother, Annie Klima
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Haube
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Koltin

Address, Westminster 2021

Remarks, 1890 - 002911

The undertaker shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health; in case the birth of any child shall occur without the attendance of a physician or practitioner of the city, or the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

ORL. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

A. 77426

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 19 of July 1890

4. Place of Birth, (Street and Number) No 1727 N Gilmor St

5. Full Name of Mother, Maggie Schmidt

6. Mother's Maiden Name, Maggie Feldstein

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Schmidt

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Jno Chas Lauer

Address, No 1957 Harford Ave

Remarks, 890-00291 1890

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section will be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. May 37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 19 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 20 1870
4. Place of Birth, (Street and Number) Eger st 1819
5. Full Name of Mother, Ann Luhrs
6. Mother's Maiden Name, Fetter
7. Mother's Birthplace, Bohemia
8. Full Name of Father, H Frank Fetter
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kapple

Address, Washington Co

Remarks, 690-002913

f

(Section 1. That hereafter it shall be the duty of the physician or midwife in attendance upon any case of birth occurring within the limits of Baltimore City, to make a certificate, which shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the mother is in attendance upon the mother, immediately after the occurrence of such birth, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 177 38

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1938 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 20th

4. Place of Birth, (Street and Number) 902 Russell

5. Full Name of Mother, Lulu Bangel

6. Mother's Maiden Name, Lulu Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Daniel Bangel

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Heathyonda Bayless

Address, 641 Lombard St

Remarks, 890-002914

(Its sex, color, the full name and occupation of its parents, the date and place of birth; and the age and residence of the mother at the time of birth. Such certificate between the first and third day of each and every month, signed by the practitioner in the form of affidavit. In case the birth of any child shall occur without the assistance of a physician or midwife, then it shall become the duty of the person in attendance upon the mother, immediately after the birth, to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 22954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 24 1930 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, Aug 20/90
4. Place of Birth, (Street and Number) 262 Druid Ln
5. Full Name of Mother, Ella Tappins
6. Mother's Maiden Name, Ella Tappins
7. Mother's Birthplace, Md
8. Full Name of Father, Jno Brown
9. Father's Occupation. Lab'
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

0 9 0 - 0 0 2 9 1 5

said schedule shall be delivered. Duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no birth shall occur within the time herein specified, the attendant or midwife, or should no other person be in attendance within the time specified, then the mother or father of such child, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within one week after the birth shall occur, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 33420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1900 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 21st
4. Place of Birth, (Street and Number) 607 Little Green
5. Full Name of Mother, Annie Rice
6. Mother's Maiden Name, Annie Redlich
7. Mother's Birthplace, Germany
8. Full Name of Father, John Rice
9. Father's Occupation, Cooper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wellington Alexis

Address,

Remarks, C#0 - 00 2916

mouth, and shall not forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said school he shall be delivered, duly signed by the person in charge of said school, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or inmate of such child to report its birth to the Commissioner of Health, in writing, within the time above mentioned, and with the particulars required of physicians. Failure to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. B 339411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 19 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 21 1890
4. Place of Birth, (Street and Number) 1414 Pierce St
5. Full Name of Mother, Lillie Bogue
6. Mother's Maiden Name, Reed
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Augustus Bogue
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 605 Walbert St.

Remarks,

890-002917

...een concurred) to sex, color, the full name and occupation of its parents, the date and place of birth; and the ...and scheduled shall be delivered by the physician, midwife or other person in charge of the case, or in his ...office every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons with ...whom the mother resides to report the birth to the Registrar and within the period above required, and ...child to report the birth to the Registrar and within the period above required, and ...any person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...ject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

490. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 2-4-19

RETURN OF A BIRTH A 779 27

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

Name: Albert C. Groves

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Babe - Boy
2. Race or Color, (if not of the white race) White White
3. Date of Birth, 22 Jan July 1890
4. Place of Birth, (Street and Number) Boone Street No 1528
5. Full Name of Mother, Virginia (Jennie) Groves
6. Mother's Maiden Name, " Younger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James (John) Groves
9. Father's Occupation, Bricklayer Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

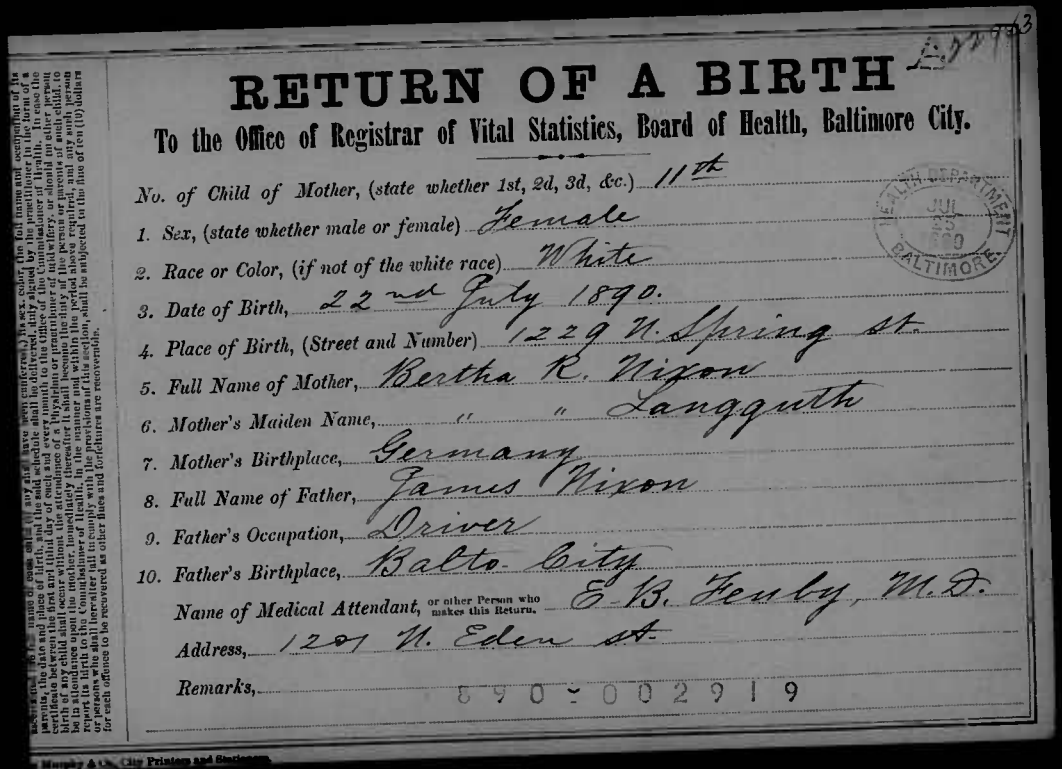
Address, Caroline Schwarz Fort Street No 734

Remarks, Caroline Schwarz

1890 002918

And said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the householder or the owner or agent of the premises where such child is born shall report the birth to the Commissioner of Health, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22nd July 1890.
4. *Place of Birth, (Street and Number)* 1229 N. Spring st.
5. *Full Name of Mother,* Bertha R. Nixon
6. *Mother's Maiden Name,* " " Langguth
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* James Nixon
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby, M.D.

Address, 1201 N. Eden st.

Remarks, 8902002919

Every person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 22941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 24 90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Col
3. *Date of Birth,*	Aug 22/90
4. *Place of Birth, (Street and Number)*	502 Parish
5. *Full Name of Mother,*	Mary Lee
6. *Mother's Maiden Name,*	Mahn Green
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Wesley
9. *Father's Occupation,*	Lab
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Jane Woodland
Address,	
Remarks,	890002920

SEC. [illegible] Every birth shall be registered, and a certificate thereof shall be delivered, duly signed by the attendant physician or midwife, or by the undertaker in the form of a certificate to be given by the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the birth, the father or mother of such child, if able, and every person having charge of such child, shall report the birth to the Commissioner of Health, in the form of a certificate to be given by the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the father or mother of such child, if able, and every person having charge of such child, shall report the birth to the Commissioner of Health, within the period of ten days after the birth shall occur, and in such manner and within the period herein required, and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 729 W.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 23 1890
4. Place of Birth, (Street and Number) Shaper st 1423
5. Full Name of Mother, Annie Whitmuflin
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Will Whitmuflin
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Wall

Address, Washington 2nd

Remarks, 1890-002921

Every person having charge of any child born in Baltimore City, shall, within ten days after the birth of such child, deliver, duly signed by the practitioner in the case or midwife, a certificate between the first and second editions of the Directory, stating the sex, color, date and place of birth of such child, and the full name, birthplace and occupation of its parents, and the full name and residence of the practitioner or midwife, if any, in attendance upon the mother. In case the birth of any child shall occur without the attendance of a physician or midwife, the occupier of the premises where the mother resides shall become the duty of the person above required, and shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898.J.C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 32976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth. 22nd of July 1890
4. Place of Birth, (Street and Number) 2330 East Monument St.
5. Full Name of Mother, Katie Weingam
6. Mother's Maiden Name, Katie Ginnie
7. Mother's Birthplace, Germany
8. Full Name of Father, George Ginnie
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Cresentia Junkel

Address, 213 North Chapel St. per Justina Junkel

Remarks, Healthy. 890-002922

WM. J. C. DULANY CO., CITY PRINTERS AND STATIONERS

A. 2294

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother herself shall within the time above required, and in the manner and form above prescribed, make such return to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child of
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 23 of July 1890
4. *Place of Birth, (Street and Number)*	No 1023 Cooper Ave
5. *Full Name of Mother,*	Annie Braunholtz
6. *Mother's Maiden Name,*	Annie Sullivan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Braunholtz
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Miss C. Lucas
Address,	No 1057 Harford Ave
Remarks,	1890 No 2923 1890

A 22748.

HEALTH DEPARTMENT JUL 28 1890 BALTIMORE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5th Child

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, 23 of July 1890

4. *Place of Birth*, (*Street and Number*) No 1609 Jefferson St

5. *Full Name of Mother*, Catherine Emma Luckas

6. *Mother's Maiden Name*, Catherine Emma Luckas

7. *Mother's Birthplace*, Baltimore

8. *Full Name of Father*, George Adam Luckas

9. *Father's Occupation*, Grain moulder

10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. Ch. Lauer

Address, No 1034 E. Lanvale Ave

Remarks, Balto. Md.

1890 - 002952 1890

And be it enacted, That the Commissioner of Health shall cause to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the attendance of a physician or midwife, or the person or persons in charge of any child shall occur within the mother, immediately after the birth of such child, it shall become the duty of such person to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

A 17849

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race)

3. Date of Birth, July 23rd 70

4. Place of Birth, (Street and Number) 417 North ave

5. Full Name of Mother, Mary Bowley

6. Mother's Maiden Name, Mary Hunter

7. Mother's Birthplace, Pa

8. Full Name of Father, Louis Bowley

9. Father's Occupation, merchant

10. Father's Birthplace, Pa

Name of Medical Attendant, or other Person who makes this Return J. M. Hundley

Address, 1002 Madison ave

Remarks, 890-002925

BALTIMORE

... CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 7945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 24 1918 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2?
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 24
4. *Place of Birth, (Street and Number)*	1825 Linden Ave
5. *Full Name of Mother,*	Minnie King Brommel
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Chas King
9. *Father's Occupation,*	Ensign in Navy
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other person who makes this Return.	H M Wilson
Address,	1008 Madison Ave
Remarks,	C90-002926

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...tenth days, to the Office of the Commissioner of Health, stating the birth of any child ...shall occur without the attendance of a physician or practitioner, the person or persons required, and ...attendance upon the birth to the Commissioner of Health, in the manner and within the period ...child's every such person or persons who shall neglect or refuse to comply with the provisions of this section shall be ...subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 2951

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 1900 BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex. (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1601 John St.
4. Place of Birth. (Street and Number) 1601 John St.
5. Full Name of Mother, Mrs Larner
6. Mother's Maiden Name, Lizzie Larner
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm Larner
9. Father's Occupation, Machinist
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other Person who makes this Return: Jas. M. Craighill

Address, 1720 N. Charles St.

Remarks, 8 9 0 - 0 0 2 9 2 7

Rules of the Board of Health.

Rules of the Board of Health, relative to the Registration of Births and Deaths.

Rule 1. The Registration of Births and Deaths shall be enforced, duly signed by the practitioner, in the form of the certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should the father, parent, nurse or other person in attendance, immediately thereafter, it shall then become the duty of the father, parent, nurse or other person in attendance, to report the birth to the Registrar within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

A. HUN, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 379837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 1890 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 10. 1890
4. Place of Birth, (Street and Number) Holman & Lafayette Sts
5. Full Name of Mother, Annie Connelly
6. Mother's Maiden Name, Annie Bosley
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, David Connelly
9. Father's Occupation, Telegraph Op.
10. Father's Birthplace, Balto. Co. Md

Name of Medical Attendant, or other Person who makes this Return. E. G. Peterson M.D.

Address, 705 Lafayette Av

Remarks,

1890 - 002928

...parents, the date and place of birth, and such other particulars as may be required, duly signed by the practitioner in the form of a certificate between the first and fifth day of each month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner, or should no other person report its birth within the time specified, it shall become the duty of the person in charge of such child, or in the absence of such person, the master and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...on Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A. 92958

HEALTH DEPARTMENT JUL 26 1900 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth
State whether male or female)	Female
Color (if not of the white race)	White
Date of Birth	July Twelve
Place of Birth (Street and Number)	Baltimore No. 1032 W. Pratt St
Name of Mother	Sallie Child
Maiden Name	Sallie Ward
Birthplace	Pennsylvania County
Name of Father	Samuel Child
Occupation	Car Conductor
Birthplace	Anne Arundel county
Medical Attendant, or other Person who makes this Return.	Geo Rulle M.D.
	No. 206 W. Pratt St
	1890 - 092929

RETURN OF A BIRTH A229311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. Sex, (state whether male or female) Colored
2. Race or Color, (if not of the white race) July 17 1890
3. Date of Birth, Baltimore China St 808
4. Place of Birth, (Street and Number) Margaret J Jennings
5. Full Name of Mother, Margaret J Jennings
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Unknown
8. Full Name of Father, Unknown
9. Father's Occupation, Unknown
10. Father's Birthplace, Sarah Brown

Name of Medical Attendant, or other person who makes this Return.

Address, 827 China St

Remarks, 1890-002930

best conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said physician or midwife shall duly signed by the practitioner, transmit to the Commissioner of Health. In case the latter person be in said schedule and return every month to the office of the Commissioner of Health. In case the latter person be in third day or without the attendance of any physician or midwife, such father or mother shall report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, the father or mother of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and child to report the same as above required, and shall furnish to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 522918

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1890 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 17th 1890
4. Place of Birth (Street and Number)	517 N. Eutaw St.
5. Full Name of Mother	Mrs. C. Kinsler.
6. Mother's Maiden Name	Susan C. Engel.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Chas. K. Kinsler
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	F. C. Kibler M.D.
Address	611 W. Fayette St
Remarks	

890-002931

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 22956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 19 of July 1890

4. Place of Birth, (Street and Number) Baltimor Baltimor #922 city

5. Full Name of Mother, Emmer Gross

6. Mother's Maiden Name, Emmer Tipping

7. Mother's Birthplace, howard county - md -

8. Full Name of Father, Robert Gross

9. Father's Occupation, Tinner

10. Father's Birthplace, st mary con

Name of Medical Attendant, or other Person who makes this Return. Doc Tom Hill

Address, and Lucy Charnes

Remarks,

1890 - 002932

parents, the date and place of birth, and the name, if delivered, duly signed by the practitioner in attendance, or in case of a birth unattended by a practitioner, then by the parent or householder, within ten days after the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person or parents of such child to report the birth within the time aforesaid. If the mother, during her confinement, or should no other person be in attendance upon the mother, then the parent or householder, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible] City Printers and Stationers.

RETURN OF A BIRTH, Army 7.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 22nd July 1890
4. *Place of Birth, (Street and Number)* 1258 Johnson st
5. *Full Name of Mother* Annie C. McCauley
6. *Mother's Maiden Name* Annie C Welch
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John H. Whalen
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Conway

Address

Remarks

890 - 002933

Thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 779[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT JUL 26 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Dark Brown
3. *Date of Birth,* July 24th 18[illegible]
4. *Place of Birth, (Street and Number)* # 64 [illegible]
5. *Full Name of Mother,* Annie [illegible]
6. *Mother's Maiden Name,* Allen
7. *Mother's Birthplace,* Eastern Shore Va.
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

1890-002934

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible] CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. my 09

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

July 24. 1890

HEALTH DEPARTMENT JUL 26 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White
3. Date of Birth, Balto July 24, 1890
4. Place of Birth, (Street and Number) 514 S. Collington ave.
5. Full Name of Mother, Henrietta Schweiger
6. Mother's Maiden Name, Henrietta Brown
7. Mother's Birthplace, America
8. Full Name of Father, Matthew Schweiger
9. Father's Occupation, Stevedorework
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Amend

Address, 410 S Wolfe St

Remarks,

1890 - 002935

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be required to report the same, then it shall become the duty of the owner or occupier of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 20 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 24. 90
4. Place of Birth, (Street and Number) 329 N. Chester St.
5. Full Name of Mother Mrs. Annie Belle Hedges Reading Suckle
6. Mother's Maiden Name, Miss Annie Belle Hedges Reading
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, Ferdinand Suckle
9. Father's Occupation, Travelling Salesman
10. Father's Birthplace, Hanover, Germany

Name of Medical Attendant, or other person who makes this Return, G. C. Lusk M.D.

Address, 2000 E. Balt St.

Remarks, Forceps delivery

890-002936

been registered in sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the employment of a physician or practitioner, the duty of registering the birth of any child shall devolve upon the mother, and in default of such registry, or should no other person be in attendance upon the mother, the duty of such registry shall devolve upon the father or parent of such child. Every person who shall hereafter fail to register the birth of any child in the manner and within the time herein required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 77961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

Name of Child: Anna Mettee Alvey

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) F.
2. Race or Color, (if not of the white race) W
3. Date of Birth July 25-90
4. Place of Birth, (Street and Number) 1107 N Carlin
5. Full Name of Mother, Nannie Alvey
6. Mother's Maiden Name, Remicker
7. Mother's Birthplace, Bc
8. Full Name of Father, J Cornelius Alvey
9. Father's Occupation, Farmer
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. Dr Engelbrecht

Address, 1107 E Monument St

Remarks, 890-002937

...shall be the duty of each and every Physician or Midwife, or other person in attendance upon any birth, to report to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, the full name of each child (if any shall have been conferred), its sex, color, the full name and residence of its parents, the date of birth, and the said schedule shall be delivered to the Registrar of Vital Statistics, or to such person as he may authorize to receive the same, within the first and third day of each and every month thereafter. It shall become the duty of the person who shall sign the certificate of birth, to be in attendance upon the mother during the period of her confinement, and any such person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murray & Co., City Printers and Stationers.

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 26 1890 BALTIMORE

Name of Child: Henry E Rosenthal

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (State whether male or female)
2. *Race or color*, (if not of the white race)
3. *Date of Birth*,
4. *Place of Birth*, (Street and Number)
5. *Full Name of Mother*,
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*,
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1890 002938

been conferred. Its sex, color, the full name and occupation of its parents, &c. &c. &c. as far as the same can be ascertained, shall be delivered, duly signed by the practitioner in the form of a certificate, to the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time required by this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

J. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS.

GIVE NAME ABOVE 7-21-58

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 26, 1890
4. Place of Birth, (Street and Number) 219 S. Washington St.
5. Full Name of Mother, Mrs. Mary Elizabeth Hoch Wagner
6. Mother's Maiden Name, Miss " " Hoch
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Charles Edwin Wagner
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, C. C. Peck M. D.

Address, 2000 E. Balt. St.

Remarks, Forceps delivery

1890 - 002939

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 179647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 2 th 1890

4. Place of Birth, (Street and Number) Barney St 121

5. Full Name of Mother, Blanche Snyder

6. Mother's Maiden Name, Blanche Hames

7. Mother's Birthplace, Prince Geo Co Md

8. Full Name of Father, John Snyder

9. Father's Occupation, Brakeman B&O R R

10. Father's Birthplace, Prince Geo Co Md

Name of Medical Attendant, or other person who makes this Return. C C J Tully

Address, 1828 Light St

Remarks, Doing Well

1890-002940

The contents is sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the physician or midwife in attendance, if there was such attendance; and the said schedule shall be delivered, duly filled out, at the office of the Commissioner of Health, or should no other person be in this city, within the third day of each and every month, by the physician or midwife in attendance, or the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period herein provided, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT JUL 28 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 4th 1890
4. *Place of Birth, (Street and Number)*	2023 Hanover St
5. *Full Name of Mother,*	Hetlena Tyler
6. *Mother's Maiden Name,*	Hetlena Stein
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Harman Tyler
9. *Father's Occupation,*	Brkeman B&O R R
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	C A Tully
Address,	1828 Light St
Remarks,	Doing Well

1890 - 002941

Said Certificate shall state the name in full, occupation of parents, the date and place of birth, and the name of each child delivered; and it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, and to procure a certificate thereof, before the first child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and to procure a certificate thereof, before the first child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and to procure a certificate thereof, and the person or persons so neglecting or failing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 77906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 dt
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 5 th 1890
4. *Place of Birth, (Street and Number)*	Light St 1301
5. *Full Name of Mother,*	Sarah Caiman
6. *Mother's Maiden Name,*	Sarah Philips
7. *Mother's Birthplace,*	Elcott City
8. *Full Name of Father,*	Wesley Caiman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	West Virginia
Name of Medical Attendant, or other person who makes this Return.	C A Tully
Address,	1328 Light St
Remarks,	Druge Well

1890 - 002942

GEO. J. B. BULADY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1899 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col'd

3. Date of Birth, July 26th 99

4. Place of Birth, (Street and Number) 1125 Hall St

5. Full Name of Mother, Louise Gorman

6. Mother's Maiden Name, Coates

7. Mother's Birthplace, Balto. Md

8. Full Name of Father, Calvin Garman

9. Father's Occupation, Laborer

10. Father's Birthplace, Harford Co. Md

Name of Medical Attendant, or other person who makes this Return. Mrs Fannie Billingsley

Address, 1116 E. Monument St

Remarks,

1890-002943

Jeetel to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

MD. J. D. ELIGATY & CO., CITY PRINTERS AND STATIONERS

NAME ADDED 5-27-55

RETURN OF A BIRTH

A 39468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Seamon

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 8 1890

4. Place of Birth, (Street and Number) 1526 N Mount

5. Full Name of Mother, Elizabeth Seamon

6. Mother's Maiden Name, Moyle

7. Mother's Birthplace, Md

8. Full Name of Father, Michael Seamon

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Dr. J. Fetter

Address, 705 N Eutaw St

Remarks,

890-002944

parents, the date and place of birth, and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of Vital Statistics, Board of Health. In case the child is still-born, such certificate shall be delivered as aforesaid, stating the cause of death, if known. In case the midwife shall become aware that the mother shall become the day of the person or parents of such child to be in attendance shall neglect to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 33969.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, July 4th 1890
4. Place of Birth, (Street and Number) 1106 Lee St
5. Full Name of Mother, Hana Stuke
6. Mother's Maiden Name, Hymans
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Charles Stuke
9. Father's Occupation, Painter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Dr. Hilpert

Address, 1103 Eutaw near Lee St

Remarks,

1890 - 002945

SEC. 2. Be it further enacted, That it shall be the duty of the parent, guardian, or other person having charge of any child born in the City of Baltimore, to cause the birth of such child to be registered, and to make return thereof to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time and in the manner prescribed by the rules and regulations of the Board of Health; and in default thereof, the person or persons so offending shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEC. 3. Be it further enacted, That it shall be the duty of the physician or midwife in attendance upon the mother, immediately thereafter, to make return of the birth of such child in the manner and within the period above specified; and in default thereof, the person or persons so offending shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEC. 4. Be it further enacted, That it shall be the duty of the physician or midwife in attendance upon the mother, immediately thereafter, to make return of the birth of such child in the manner and within the period above specified; and in default thereof, the person or persons so offending shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 28 1890
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10th 1890

4. Place of Birth, (Street and Number) Barney St 126

5. Full Name of Mother, Julia Brannan

6. Mother's Maiden Name, Julia Brannan

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Brannan

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. C A Tully

Address, 1828 Eight St

Remarks, Doing Well

1890 002946

Every physician or midwife in attendance upon a birth shall report to the Commissioner of Health, in the form of a certificate between the date and place of birth; and the sex, color, name and occupation of its parents, the date and place of birth; and the name and residence of any physician or midwife present at the birth of any child which may be born alive, or of the Commissioner of Health. In case no other person be in attendance, the parent or parents of such child shall make such report. The certificate shall be delivered, duly signed by the person or parents of such child, to the Commissioner of Health, in like manner and within the period above required. In all cases where the duty of making such report shall devolve upon a physician or midwife, a failure to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. SLADEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 77971.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11th 1890
4. Place of Birth, (Street and Number) 121 N. Greene St.
5. Full Name of Mother, Ellen Rickel
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Robert Rickel
9. Father's Occupation, Waiter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Dr. Geo. Hellmuth

Address, 1703 E. Monument St.

Remarks, 1890-002947

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children to the mother, including the child last born, which return shall be signed by the practitioner in the form of a certificate hereinbefore provided, and the said certificate shall be delivered month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, the person who shall become the duty of the person or parents of such child to report its birth as aforesaid, and the said certificate shall be delivered to the Commissioner of Health, in the manner and within the time prescribed in this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 22497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11th 1890
4. Place of Birth, (Street and Number) 1230 North St
5. Full Name of Mother, Mrs. Emma Bennett
6. Mother's Maiden Name, Hatt
7. Mother's Birthplace, Md
8. Full Name of Father, Charles Bennett
9. Father's Occupation, Barber
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Wm. Geo. Kilbourne

Address, 1038 Monument St

Remarks,

1890 - 002948

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above specified and shall occur without the attendance of any person or practitioner of midwifery, or should no other person be in attendance within the aforesaid period, then the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above specified and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 27473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 '90 BALTIMORE

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	11th
1. *Sex.* (*State whether male or female*)	Female
2. *Race or color,* (*if not of the white race*)	Col
3. *Date of Birth,*	13th July 1890
4. *Place of Birth,* (*Street and Number*)	56 W. Mt. St
5. *Full Name of Mother,*	Ellen Gemmill
6. *Mother's Maiden Name,*	Ellen Foster
7. *Mother's Birthplace,*	Taylor Island
8. *Full Name of Father,*	Emerson Gemmill
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Annapolis
Name of Medical Attendant, or other person who makes this Return.	Caroline Moore
Address,	No 49 W. Mt. St
Remarks,	

1890-002949

J. C. PULLEN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 7947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 14 th 1890
4. Place of Birth, (Street and Number)	Charles St 1712
5. Full Name of Mother,	Pauline Trust
6. Mother's Maiden Name,	Pauline Lelin
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	John Trust
9. Father's Occupation,	Colector
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	C A Dulley
Address,	1828 Light St
Remarks,	Tonzi Well

1890 - 002950

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 11975.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 July 1890
4. Place of Birth, (Street and Number) No 203 Fayette & City
5. Full Name of Mother, Barbara Reuver
6. Mother's Maiden Name, Neuberger
7. Mother's Birthplace, Eichenbuhl Bavarian
8. Full Name of Father, Theodore Reuver
9. Father's Occupation, Butcher
10. Father's Birthplace, Baden Germany

Name of Medical Attendant, or other person who makes this Return, Geo Hunter

Address, 23 N Poppleton St

Remarks,

1890 - 002951

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been committed, its sex, color, the full name and occupation of its parents, the date and place of birth
until after the child has been delivered, duly signed by the practitioner in the form of a certificate between the fifth
and fifteenth days of each month, with the cause of the death of each child reported during the preceding month. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or in case the child shall die before any such
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report the birth to the Commissioner of Health, in the manner and within the period above required, and
any such person who shall neglect or refuse to comply with the requirements of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 7776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 15th 1890

4. Place of Birth, (Street and Number) 1603 Light St

5. Full Name of Mother, Mary Garrity

6. Mother's Maiden Name, Mary Gilbert

7. Mother's Birthplace, Baltimore Co

8. Full Name of Father, James Garrity

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C A Tuttle

Address, 1828 Light St

Remarks, Dowze Well

1890-002952

been conferred in the case of color, the full name and occupation of its Parents, the date and place of birth; and the name and residence of the person by whom the child was delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the commissioner of health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the birth of such child, the parents or inmates of the house in which such child was born shall within ten days after the occurrence of such birth report the same to the Commissioner of Health. In the event of the failure to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 22977.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 16th 1890

4. Place of Birth, (Street and Number) 1024½ Broadway

5. Full Name of Mother, Harriet E. Wright

6. Mother's Maiden Name, " " Daniels

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William E. Wright

9. Father's Occupation, Carpenter

10. Father's Birthplace, Pittsburg Pa

Name of Medical Attendant, or other person who made the return, Dr. Chas. A. Chew M.D.

Address, 919 ½ Gough Street

Remarks,

1890 002953

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the midwife or attendant before a certificate between the first and third days of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, within the period above required, and child to report its birth to the Commissioner of Health, in the manner prescribed by this section. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 33478.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1903 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6 1903
4. Place of Birth, (Street and Number) 1196 Madison St.
5. Full Name of Mother, Mary Coffey
6. Mother's Maiden Name, Lilly
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Coffey
9. Father's Occupation, Cotton Spinner
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Emma Hilbert 1131 E. Monument St.

Address,

Remarks, 1903 002954

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner at the house, or in case no other person shall attend upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GILSON & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 239779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17
4. Place of Birth, (Street and Number) Hull St 1457
5. Full Name of Mother, Mary Bangs
6. Mother's Maiden Name, Coyne
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry W. Bangs
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ettel

Address, 1619 Cuba St

Remarks, 1590-002955

...ion 274. If sex, color, the full name and occupation of its parents, the date and place of birth, and the ...said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health, and the ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and ...any such person or persons who shall hereafter fail to report such birth within the time prescribed in this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...A. S. ABLANY & SON, CITY PRINTERS AND STATIONERS

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 17980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1890 BALTIMORE

No. of Child of Mother, (*state whether* ~~1st, 2d, 3d,~~ &c.) Forth Child

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* July 18th 1890
4. *Place of Birth,* (*Street and Number*) #13 S. Calhoun St.
5. *Full Name of Mother,* Ellen Newman
6. *Mother's Maiden Name,* Ellen Sondheimer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Julian Newman
9. *Father's Occupation,* Ins Agent
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Theodore Cook. MD

Address, 914 N. Charles

Remarks,

1890-00089 56

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1890 BALTIMORE

Name of child: Henry Louis Grimmel,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th
4. Place of Birth, (Street and Number) 1729 Linden ave.
5. Full Name of Mother, Hannie G. Grimmel
6. Mother's Maiden Name, " " Kiall
7. Mother's Birthplace, Balto.
8. Full Name of Father, H. G. Grimmel
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. C. L. Brodderson

Address, 418 S. Paca st

Remarks,

1890 - 002957

being conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Board of Health, if such birth occurs in a city where such officer resides, or to the practitioner of midwifery, or should no other person be in attendance within the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 77987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 19 1890
4. Place of Birth, (Street and Number) 1246 E Biddle St
5. Full Name of Mother, Mary Pierce
6. Mother's Maiden Name, Mary Pierce
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustav Pierce
9. Father's Occupation, Porter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr Geo. Hellmuth

Address, 1103 E Monument St

Remarks, 1890 - 002958

(Is sex, color, the full name and occupation of its parents, the date and place of birth, and the age of each parent correctly stated?) The form of a certificate of the birth of any child who shall hereafter be born within the limits of Baltimore City, and the manner in which information concerning the birth of any child shall be registered, shall be prescribed by the practitioner of medicine, midwife or other person in attendance upon such birth, and it shall be the duty of the practitioner of midwife or other person in attendance upon such birth to the Board of Health, or such person as may be appointed by the Board of Health, to make a return of such birth to the office of the Registrar of Vital Statistics, in the manner and within the period of time required, and said duty of each and every attendant of a physician or midwife as aforesaid shall become and within the meaning of this section shall be considered a continuing one, and no physician or midwife shall cease to attend upon any case of birth after the first day, without notifying the Registrar of Vital Statistics, in the manner required by this section, unless the duty of such attendance upon such birth shall have been performed by some other physician or midwife. Any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law. Any such person or persons who shall hereafter fail to make a return of the birth of any child, as required by this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

5-16-57

RETURN OF A BIRTH A 22983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert William Ehlason

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20 - 1890
4. Place of Birth, (Street and Number) Jubbart 1243
5. Full Name of Mother, Mary Ehlason
6. Mother's Maiden Name, Mary Wood
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Ehlason
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Ettel

Address, 1619 Cuba St

Remarks,

T 8 9 0 - 0 0 2 9 5 9

HEALTH DEPARTMENT JUL 28 1890 BALTIMORE.

...work collected its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and whether living or dead, and within the first week after said schedule shall be delivered, duly signed by the practitioner or midwife, or in case the birth of any child attended by a physician or midwife, or in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the first week after such birth occurs, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20 1890
4. Place of Birth, (Street and Number) Barney St No 5
5. Full Name of Mother, Henretta Faith Wohle
6. Mother's Maiden Name, Henretta Faith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Wohle
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. C A Tully
Address, 1828 East St
Remarks, Dongle Well

1890 - 002960

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the certificate shall be signed by the practitioner in the case of a birth occurring in the practice of such person, and in every other case by the father or mother of such child, if either be living in the city of Baltimore at the time of the birth, or if neither be living, then by the householder in whose house the birth occurred, or by the person in charge of any institution in which the birth occurred, or by the midwife or nurse in attendance upon the mother, or by the undertaker who shall have been employed to bury the child, if the birth occurred elsewhere than in a house or institution, and no certificate of such birth shall have been previously filed with the Commissioner of Health. In case the birth of any child shall not have been registered within the period above required, and any person required by this section to register such birth shall fail to do so within ten days after the expiration of the time above required, he shall be deemed guilty of a misdemeanor. It shall become the duty of the attendance of a physician or midwife at any birth occurring after the expiration of the period above required, and before the registration of such birth, to report such birth to the Commissioner of Health, in the manner provided by this section for the registration of births within the period above required, and any such physician or midwife who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 9-27-54

RETURN OF A BIRTH A 17985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 '30 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Charles Felix Boggy Little 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 21 1890
4. Place of Birth, (Street and Number) 832 N. Ann St.
5. Full Name of Mother Mrs. Edith Hopper Little
6. Mother's Maiden Name, Wife of Hopper
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, William George Little
9. Father's Occupation, Baker
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, G. C. Rizer M. D.

Address, 2000 E. Balt. St.

Remarks, Forceps delivery

1890-002961

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Board hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. BALAMY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 '90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 21st 1890

4. Place of Birth, (Street and Number) 925 Hanover St.

5. Full Name of Mother, Sarah Rosenstein

6. Mother's Maiden Name, Sarah Blumenthal

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Adolph Rosenstein

9. Father's Occupation, Cloather

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return: Theodore Cook M.D

Address, 914 N. Charles

Remarks,

1890 - 02962

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, and within six days after the birth of any child for which a certificate has not been filed, a certificate setting forth the fact, date and place of birth, sex and color of such child, and the full name, residence and occupation of its parents, as far as can be ascertained, duly signed and sworn to by the attending physician or midwife, or in case there was no such attendant, by the father or mother of such child, or the householder in the house where such child was born, or the undertaker who buried it, if it shall become the duty of such undertaker to bury the body of such child before the expiration of said six days, shall be entitled to receive from the Commissioner of Health a certificate setting forth the facts required to be reported as aforesaid, which certificate shall be signed by the Commissioner of Health, or such other person as he may designate for the purpose, and shall be sufficient evidence of the facts therein stated. It shall be the duty of the person or parties in charge of each and every house in which a birth occurs, and of the attending physician or midwife, within the period above mentioned, to report such birth to the Commissioner of Health, in the manner and subject to the penalties provided in the preceding section. It shall be the duty of the Commissioner of Health to furnish blank forms of certificates, and to prepare a suitable record book, in which he shall enter the facts stated in each certificate received by him, and to index the same alphabetically, and he shall make a report to the Board of Health, at the end of each month, of the births registered during the month. It shall be the duty of the attending physician or midwife, within thirty days after the birth, to report to the Commissioner of Health the facts required to be reported in certificates of births, and for each neglect or refusal to make such report, he shall be liable to a penalty of ten dollars, to be sued for and recovered in the name of the Board of Health, before any justice of the peace of Baltimore City. It shall be the duty of every householder, or owner of every tenement house, to report all births which occur in his house, or tenement house, and for each neglect or refusal to make such report, he shall be liable to a penalty of ten dollars, to be sued for and recovered in the name of the Board of Health, before any justice of the peace of Baltimore City. It shall be the duty of every undertaker who shall bury the body of any child for which a certificate of birth has not been filed, before burying such body, to demand and receive a certificate of birth, and for each neglect or refusal to do so, he shall be liable to a penalty of ten dollars, to be sued for and recovered in the name of the Board of Health, before any justice of the peace of Baltimore City. It shall be the duty of every undertaker who shall bury the body of any child for which a certificate of birth has not been filed, before burying such body, to demand and receive a certificate of birth, and for each neglect or refusal to do so, he shall be liable to a penalty of ten dollars, to be sued for and recovered in the name of the Board of Health, before any justice of the peace of Baltimore City. It shall be the duty of every undertaker who shall bury the body of any child for which a certificate of birth has not been filed, before burying such body, to demand and receive a certificate of birth, and for each neglect or refusal to do so, he shall be liable to a penalty of ten dollars, to be sued for and recovered in the name of the Board of Health, before any justice of the peace of Baltimore City. It shall be the duty of every undertaker who shall bury the body of any child for which a certificate of birth has not been filed, before burying such body, to demand and receive a certificate of birth, and for each neglect or refusal to do so, he shall be liable to a penalty of ten dollars, to be sued for and recovered in the name of the Board of Health, before any justice of the peace of Baltimore City.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 11-18-54

To the Office of Registrar of [illegible] Board of Health,

HEALTH DEPARTMENT JUL 26 1890 BALTIMORE

BALTIMORE CITY.

Name: William Henry Danz 6th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 21 1890
4. Place of Birth, (Street and Number)	911 Giles St
5. Full Name of Mother,	Annie A Danz
6. Mother's Maiden Name,	Schroder
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Danz
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Dr. Thomas M. [illegible]
Address,	1006 E Baltimore St
Remarks,	890-002963

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 22988

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 29
BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 21 1890
4. *Place of Birth, (Street and Number)*	No 636 W. Saratoga St.
5. *Full Name of Mother,*	Martha Shaw Mewshaw
6. *Mother's Maiden Name,*	Martha Shaw
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father.*	Wm A Mewshaw
9. *Father's Occupation,*	Engineer Balto City Fire Dept
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	R. W. Mifflin
Address,	321 N Paca St.
Remarks,	

8-9 0-0 0 2 9 6 4

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1890 BALTIMORE.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, *&c.*) 2d

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 22d July 1890
4. *Place of Birth,* (*Street and Number*) 628 Dover st
5. *Full Name of Mother,* Sophia Meyers
6. *Mother's Maiden Name,* Sophia Krauslich
7. *Mother's Birthplace,* [illegible] Lancaster Pa.
8. *Full Name of Father,* Charles Meyers
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore M.D

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppelton st

Remarks, 1890-002965

[illegible] the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1890 BALTIMORE.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 3 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 22 d 1810
4. *Place of Birth, (Street and Number)* Barney No 6
5. *Full Name of Mother,* Mollie Shifler
6. *Mother's Maiden Name,* Mollie Shepard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Shifler
9. *Father's Occupation,* Butter Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E A Tully

Address, 1828 Light St

Remarks, Jounge Will

1890-002966

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Geo. J. S. Cleary & Co., City Printers and Stationers

RETURN OF A BIRTH

August

HEALTH DEPARTMENT JUL 29 1890 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore No 2

1. Sex. (State whether male or female) female
2. Race or color. (if not of the white race) Colord
3. Date of Birth, July 29 1890
4. Place of Birth, (Street and Number) 90 E Hardern Court
5. Full Name of Mother, Eyssy Eatchery
6. Mother's Maiden Name, Queen
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, Under Leather berry
9. Father's Occupation, oyster Shucker
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return. Henrtta Whitehead

Address, 726 Hanover Street

Remarks,

690-002767

Each child born alive in the City of Baltimore, after the 1st day of July, 1875, the name and occupation of its parents, &c., the sex, color, &c., of each child, and the date of birth, must be duly signed by the practitioner in the 24 hours next after the birth, and a certificate thereof forthwith sent to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, then the duty of making the return required, and of giving the information and certificate required, shall devolve upon the mother, immediately after the period above required, and shall be performed in every such case by the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately after the birth, then by the mother herself. It shall become the duty of the Commissioner of Health, in the manner and with the powers of police officers, to enforce the provisions of this section shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. SULLIVAN & SO., CITY PRINTERS AND STATIONERS

[illegible] name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 22992 One

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1890 BALTIMORE

Name of child William Henry Gallagher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 22nd 1890
4. *Place of Birth, (Street and Number)* 1865 Light St
5. *Full Name of Mother,* Mary M Gallagher
6. *Mother's Maiden Name,* Mary M (Stevens) Stevens
7. *Mother's Birthplace,* Phila Pa
8. *Full Name of Father,* James J. Gallagher
9. *Father's Occupation,* Wife Business
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Theodore Cook Md

Address, 914 S. Charles St.

Remarks,

1890-002963

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 8-19-58

RETURN OF A BIRTH. A 22.993

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 19 BALTIMORE MD.

Edna Balthis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether male or female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 23 1898
4. *Place of Birth* (Street and Number) 1414 N. Stallings
5. *Full Name of Mother* Mary E. Boothe Balthis
6. *Mother's Maiden Name* Mary E. Shad Schad
7. *Mother's Birthplace* Georgetown D.C.
8. *Full Name of Father* Wm L Bootheby Balthis
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Robt K Kinsey

Address 1205 W Baltimore St

Remarks

690-002969

In the event of any child or children born to the mother aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 22991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1890 BALTIMORE.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 5

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Color
3. *Date of Birth,* 23 of July 1890.
4. *Place of Birth,* (*Street and Number*) 511 Duncan alley. Baltimore
5. *Full Name of Mother,* Charllet Summerville
6. *Mother's Maiden Name,* Charllet Hame
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John B Summerville
9. *Father's Occupation,* Brick yards and Oyster house
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Elizabeth Mcdowrington

Address, 1102 Mulligan Street

Remarks,

1890-002970

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 72995

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	July 23rd 190
4. *Place of Birth, (Street and Number)*	121 Hare, Canton.
5. *Full Name of Mother,*	Lina Christensen.
6. *Mother's Maiden Name,*	Yeast
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Christensen
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Denmark.
Name of Medical Attendant, or other person who makes this Return.	Ulrich Goetzke
Address,	114 S. Bond St.
Remarks,	690-002971

been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child should occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall enter upon the mother. Immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 22996

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23 1890
4. Place of Birth, (Street and Number) 102 Asquith
5. Full Name of Mother, Ella Cozzi
6. Mother's Maiden Name, Ella Kline
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm J. Cozzi
9. Father's Occupation, Harness Maker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Thos Cooke M.D.

Address, 914 N Chas

Remarks,

6-0-0-0-0-7-2

ROBT. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every midwife, physician or practitioner of midwifery, or other person in attendance upon the birth of a child, shall, within the period above required, subscribe and deliver, or cause to be delivered, duly signed by the person in attendance upon such birth, to the Commissioner of Health, in case the father or mother of such child shall occur without the city, or in case there be no such attendance upon such birth, then by the father or mother of such child, if living in the city, or by the occupier of the house in which such birth shall occur, if not living in the city, or by the undertaker who shall be employed to bury such child, a certificate in the form of a certificate between the first and third day of each and every month of the year, containing the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the full address of the person signing the same; and every person who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CHILD'S NAME ADDED 2-22-36

RETURN OF A BIRTH

A 22977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Elizabeth Thomas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24 - 1890
4. Place of Birth, (Street and Number) South St 1453
5. Full Name of Mother, Mary E Thomas
6. Mother's Maiden Name, " Booth
7. Mother's Birthplace, Chesapeake City
8. Full Name of Father, William T Thomas
9. Father's Occupation, Stationary Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E Tth

Address, 1619 Lewis

Remarks,

1890 - 002973

HEALTH DEPARTMENT JUL 23 1890 BALTIMORE

been conferred; its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the same be in attendance upon the mother immediately before the birth of the child, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 99998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th day of July, 1890.
4. Place of Birth, (Street and Number) No. 845 Ramsay St. Balto.
5. Full Name of Mother, Martha A. E. Montley
6. Mother's Maiden Name, Martha A. E. Hurlock
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Montley
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N. Payne Ellen St.

Remarks, 890002974

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

months, and fully the sex, color, the full name and residence of the parents, the date and place of birth, and the name of the physician or midwife present at the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person of such third day of each and every month, the duty of the person above required, and shall occur within the city, to the office of the Commissioner of Health, in the manner and within the time prescribed in the preceding sections of this section shall be subject to the fine of five (5) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 22997.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* July 24-1890
4. *Place of Birth (Street and Number),* 1921 Fawn St
5. *Full Name of Mother,* Bridget Agnes Green
6. *Mother's Maiden Name,* " " Fleming
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Taylor Green
9. *Father's Occupation,* Sergeant Police
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. P. G. Dauschund

Address, 1729 E Balto St

Remarks,

1890 00 22975

(ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case no such birth occur in any month, the said schedule shall be returned with the words "no birth" written across the face thereof. In case of the death of the mother, immediately after the birth of a child, the physician or practitioner of midwifery, or should no other person be in attendance, then the undertaker employed to bury the mother, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 23009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Meith
3. Date of Birth, Julie 24th
4. Place of Birth, (Street and Number) 1603 Wyrenoot
5. Full Name of Mother, Anna Linsel Kramer
6. Mother's Maiden Name, ...
7. Mother's Birthplace, Germany Z.
8. Full Name of Father, Wilhelm Linsel
9. Father's Occupation, Laberer
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return. Wm Schumann

Address, 327 S. Bondst

Remarks, 890-002976

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name, if any, given to the child, and shall sign his name and add his residence in the form of a certificate to be delivered to the father or mother of such child. Such certificate shall be delivered, duly signed by the attendant, at the time of the birth of any child said attendant shall attend, and every month to the Commissioner of Health, or such other person as the Commissioner of Health may designate to receive the same. Any physician or practitioner of midwifery who shall neglect or refuse to perform the duty of the person or practitioner next above named, or should no other person be in attendance, shall, within ten days after the birth of any child he shall attend, deliver to the Commissioner of Health, or such other person as he may designate to receive the same, a certificate of birth in the manner and within the period above required, and shall observe all the directions of the Commissioner of Health to comply with the provisions of this section. Any person or persons who shall have charge of any child to report, as required by this section, and who shall neglect or refuse to make such report, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-1-56 A 2300

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Edna Amanda Ray 3rd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 24, 1890.

4. Place of Birth, (Street and Number) 703 Baker st-

5. Full Name of Mother, Jennie Ray.

6. Mother's Maiden Name, Hekman

7. Mother's Birthplace, Md.

8. Full Name of Father, John L. Ray

9. Father's Occupation, Clerk,

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dr Edward Janney, M.D.

Address, 887 N. Eutaw st-

Remarks,

1890-002977

Murphy & Co., City Printers and Stationers.

ascertained the full name of each child (if any shall have been unnamed,) its sex, color, the full names and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person filling it, to the person in charge of the institution, or to the midwife or nurse in attendance at such birth, or to the father or mother of such child, or to the householder, or to the owner or agent of the premises where such birth occurs. A certificate stating the fact and time of delivery of such schedule shall be signed by the person receiving the same, and a duplicate of such certificate between the first and third day of each and every month to the Commissioner of Health, or to such other person as he may designate to receive the same; and in default of such delivery, or of such certificate being made, every person required to report the birth of any child shall incur a penalty of ten dollars; and in default of the return of the schedule to the person giving the certificate, as aforesaid, every person required to report the birth of any child shall incur a like penalty thereafter; and it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like penalty for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 7300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 25th 1890
4. *Place of Birth, (Street and Number)*	1121 Dust alley - alley
5. *Full Name of Mother,*	Margret ann Booth
6. *Mother's Maiden Name,*	Margret ann Philips
7. *Mother's Birthplace,*	Dorchester - co. md
8. *Full Name of Father,*	Samuel henry Booth
9. *Father's Occupation,*	Stevedor
10. *Father's Birthplace,*	Chesapeake city. cecil - co. md
Name of Medical Attendant, or other person who makes this Return.	Ellennora. A. anderson
Address,	1434 Patapsco - St
Remarks,	Child healthy

0 6 2 7 8

month, and shall set forth as far as the same can be ascertained, the full name of each child so born, and the date of birth, the name and occupation of its parents, the date and place of their marriage, and the number of children of such parents born previously, and living at the time of making such return, and whether the first and only child or twin children, triplets, &c., born at one birth, and the exact date of each birth, which certificate shall be duly signed by the practitioner in the form of return. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child or children shall report the birth within the period above required, and shall make return of the particulars required, and in the manner and form as above provided, to the Commissioner of Health, or such person as he may appoint for the purpose, and every month to the office of the Commissioner of Health. In the manner and form as above provided, to the Commissioner of midwifery, or should no other person or persons be in attendance upon the mother, then it shall become the duty of the parent or parents of such child to report the birth within the period above required, and in the manner and form as above provided, to the Commissioner of Health. In the manner and form as above provided, to the Commissioner of midwifery, or should no other person or persons be in attendance upon the mother, then it shall become the duty of the parent or parents of such child to report the birth within the period above required, and in the manner and form as above provided, to the Commissioner of Health, and every month thereafter to the office of the Commissioner of Health. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offender, to be recovered as other fines and forfeitures are recoverable by law.

THE J. B. BURAW & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 9-30-37

RETURN OF A BIRTH A 23003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Friday, July 25, 1890
4. Place of Birth, (Street and Number) 22½ Park Ave
5. Full Name of Mother, Mrs Emma Dennis
6. Mother's Maiden Name, Emma Riser
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Francis Dennis
9. Father's Occupation, Flagman on railroad
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return. Mrs Harriet Simmons

Address, Between Sycamore and Division St.

Remarks, 890-002979

every person conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall be left at such office within that time; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 33001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether mate or femute)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 25th/90
4. *Ptace of Birth, (Street and Number)*	243 Register St.
5. *Futt Name of Mother,*	Kate Ostsman.
6. *Mother's Maiden Name,*	" Baumfeld.
7. *Mother's Birthplace,*	Baltimore
8. *Futl Name of Father,*	John Ostsman
9. *Father's Occupation,*	Laborer
10. *Father's Birthptace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Silvia Zeigler
Address,	114 S. Bond St
Remarks,	1890-002980

Every child born within the limits of this State shall be registered, and the name of each child shall have conferred (as soon as practicable) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, or by the father or mother, or in their absence by the householder, within the period above required, and a certificate shall be given by the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, or should no other person be present, the mother, immediately thereafter, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SULLIVAN & BRO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 23000.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 25 1890
4. *Place of Birth, (Street and Number)* 809 Newbury St
5. *Full Name of Mother,* Florence V. Hopper
6. *Mother's Maiden Name,* Florence V. Carter
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Louis P. Hopper
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.

Address, 914 N Charles

Remarks,

890-003961

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

2306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEPARTMENT OF HEALTH
AUG 29
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 25 1890

4. Place of Birth, (Street and Number) 1324 N. Eutaw St

5. Full Name of Mother, Bella L. Krumb

6. Mother's Maiden Name, Muir

7. Mother's Birthplace, Md

8. Full Name of Father, John H. L. Krumb

9. Father's Occupation, Plumber

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Jno L Fetterhoff M.D.

Address, 905 N Eutaw

Remarks, 1890-002982

ascertained the full name of each child (if any shall have been omitted), its sex, color, the full name and occupation of its parents, whether the first and third Tuesday of each month, and the said officer shall be in attendance upon the Commissioner of Health, in the office of the Board of Health, on the first and third Tuesday of each month, to receive such returns as may be made to him; and every such child born within the period aforesaid, whose birth shall not have been returned as aforesaid, shall be returned to the said officer by the person or persons in attendance upon the mother at the birth of such child, or by the father of such child, or by the householder in whose house such child was born, within ten days after the birth of such child, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 23807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth.*	July 26 1890
4. *Place of Birth, (Street and Number)*	Brunt St 1820 Balto
5. *Full Name of Mother.*	Lunard V Garason
6. *Mother's Maiden Name,*	Lunard V Hopkins
7. *Mother's Birthplace,*	St Marys Co.
8. *Full Name of Father.*	Charles E Garason
9. *Father's Occupation,*	Black Smith
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Downey
Address,	1635 Walsh St
Remarks,	None

B 9 0 - 0 0 2 9 8 3

HEALTH DEPARTMENT JUL 28 90 BALTIMORE

been conferred its sex, either the full name and occupation of its parents the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate hereafter the first child and certificate shall be delivered, duly signed by the practitioner in the form of a certificate hereafter the first child born of each and every month to the office of the Commissioner of Health, or should no other person be in attendance, then by the mother of such child, or by the householder in whose house such birth shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 73 00

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 —
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	July 26 - 1890
4. Place of Birth (Street and Number),	2220 Orleans st.
5. Full Name of Mother,	Maggie B. Gunselmann
6. Mother's Maiden Name,	" Dietz
7. Mother's Birthplace,	City
8. Full Name of Father,	Jno. Geo. Gunselmann
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	P. G. Jauschns
Address,	1729 E. Balto. st.
Remarks,	890-002784

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ralph Gildea Bittle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 26, 1890.

4. Place of Birth, (Street and Number) 1339 N. Gilmor

5. Full Name of Mother, Alice H. Bittle

6. Mother's Maiden Name, " " Gildea

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Boris H. Bittle

9. Father's Occupation, Manufacturer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. O. Edward Janney, M.D.

Address, 837 N. Eutaw St

Remarks, CHILD NAME ADDED. 5-9-52

1890-002 M 5

HEALTH DEPARTMENT JUL 29 1890 BALTIMORE.

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled out, to the Commissioner of Health. In case the certificate between the first and third day of each such a Physician or practitioner of midwifery, or should no other person birth of any child shall become the duty of the person or persons of such family where the birth occurred to report the same to the Commissioner. Immediately thereafter it shall become the duty of the person or persons of each family to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 23010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 1890 BALTIMORE

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colred
3. *Date of Birth,* July the 26
4. *Place of Birth, (Street and Number)* Fleurez street 136
5. *Full Name of Mother,* Chalotte Wilkins
6. *Mother's Maiden Name,* Charlotte Mason
7. *Mother's Birthplace,* Quiner Ans County
8. *Full Name of Father,* Alick Mason
9. *Father's Occupation,* labourer
10. *Father's Birthplace,* dorchester County

Name of Medical Attendant or other person who makes this Return. rarrat Vane Wilkins

Address, Fleurez street 115

Remarks,

1890-002986

[Left margin, printed sideways:] ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the state and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, July the 26
4. Place of Birth, (Street and Number) 916 wanner street
5. Full Name of Mother, lizzy Curtus
6. Mother's Maiden Name, lizzy Matthews
7. Mother's Birthplace, Deemad Virginia
8. Full Name of Father, gurge Matthews
9. Father's Occupation, labour
10. Father's Birthplace, Deemad Virginia

Name of Medical Attendant, or other person who makes this Return, rans & Sara Wilson

Address, No 115 Hurly street

Remarks, 1890-002987

said schedule shall be delivered, duly signed by the practitioner in the first or certificate between the first and third day of each and every month to the office of the registrar of births, deaths and marriages in the district in which such birth shall occur without the alteration or omission of any of the particulars required to be inserted therein. In case the birth of any child shall not be reported immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health; in the manner and within the time prescribed in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DALANY & CO., CITY PRINTERS AND STATIONERS

A. 23012

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 90 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 26th 90.
4. Place of Birth, (Street and Number) Howard & Hamburg st.
5. Full Name of Mother. Amelia Winter
6. Mother's Maiden Name, Amelia Weber
7. Mother's Birthplace, Germany
8. Full Name of Father, Bernhard Winter
9. Father's Occupation. Saloon keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. W. C. Sandrock

Address, Broadway & Chase st.

Remarks, 890-002988

... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 23013

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 170 Lancaster St.
4. Place of Birth, (Street and Number) July 27th 90.
5. Full Name of Mother, Carrie Walter.
6. Mother's Maiden Name, " Wheeler
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Carl Walter.
9. Father's Occupation, Barber.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Utica Goethe

Address, 114 S. Bond St.

Remarks, 1890 0 0 2 9 8 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...more, at the time of the birth of the same can be ascertained, the full name of such child, it any shall have been conferred, its sex, color, the time and place of birth, and the occupation of its parents, the date and place of birth; and the said Return shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, or either of the parents, it shall become the duty of the person or parents of such child to report as herein required. And such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 23014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1890 BALTIMORE.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and residence of its parents, the date and place of birth; and the third day of each month be delivered, duly signed by the practitioner in person or mailed, a certificate between the first and shall occur without the attendance of any practitioner or midwifery, or should no other person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or parents who shall neglect fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	July 27th/90.
4. *Place of Birth, (Street and Number)*	128 S. Ann St.
5. *Full Name of Mother,*	Sallie Scotch.
6. *Mother's Maiden Name,*	" Sommers.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Frank Scotch.
9. *Father's Occupation,*	Book-keeper.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Marcus Gotch
Address,	114 S. Bond St.
Remarks,	

1890 - 002990

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 73016

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Cold
3. *Date of Birth,*	July 28th 1890 ~~Saratoga St~~
4. *Place of Birth, (Street and Number)*	Saratoga St
5. *Full Name of Mother.*	Florence Jackson
6. *Mother's Maiden Name.*	Florence Jackson
7. *Mother's Birthplace.*	Baltimore
8. *Full Name of Father,*	Walter Laurence
9. *Father's Occupation,*	Driver
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Minty Taylor
Address,	762 Sarah Lane
Remarks.	

C 90 - 00299 1

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

A. CRUTY, PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 13016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 '90 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 28. 90
4. Place of Birth, (Street and Number) 1214 N. Gay St.
5. Full Name of Mother, Ida Collins
6. Mother's Maiden Name, Ida Bufenstein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Collins
9. Father's Occupation, Owner of Odorless Excavating Apparatus
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. W. C. Sandrock

Address, Broadway & Chase St.

Remarks, 1890 - 002992

...heir conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by the Commissioner of Health. In case the birth of any child third day of each and every month, a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so child to report its birth to the Commissioner of Health, and to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 4301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 29 1890
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4th 1890
4. Place of Birth, (Street and Number) 726 Cumberland St
5. Full Name of Mother, Avis Paper
6. Mother's Maiden Name, Burr
7. Mother's Birthplace, Balto
8. Full Name of Father, Augustus Paper
9. Father's Occupation, Lawyer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Sadler

Address, 2100 Druid Hill Ave

Remarks, B 90 - 002993

month, and shall set forth as far as the same can be ascertained the full name of such child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the physician or midwife in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons required to report such birth as aforesaid to cause a similar return to be made and delivered to the Commissioner of Health within the third day of each and every month. In case no physician or midwife was in attendance upon the mother, it shall become the duty of the person or persons required to report the birth of any child to report its birth to the Commissioner of Health as aforesaid, and to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 73018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 9th 1890

4. Place of Birth, (Street and Number) 419 Calvin Ave Waverly

5. Full Name of Mother, Theresa V Smith

6. Mother's Maiden Name, Helmcamp

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Isaac N Smith

9. Father's Occupation, Lineman

10. Father's Birthplace, West Va

Name of Medical Attendant, or other person who makes this Return. S H Seldner M.D.

Address, 1301 E Eager St

Remarks, 890002994

Every birth shall be registered as above, and the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attendant, to the parent or person having charge of the child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other certificate be obtained within the third day of such birth, it shall be the duty of the parent or person having charge of such child to report its birth to the Commissioner of Health, and obtain a certificate between the first and shall occur upon the mother, immediately thereafter it shall become the duty of the person in the last above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH B 23017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 11th 1890
4. *Place of Birth, (Street and Number)*	10 Winslow Terrace
5. *Full Name of Mother,*	Clara Mitchell
6. *Mother's Maiden Name,*	Schmatzbaugh
7. *Mother's Birthplace,*	Balto Co
8. *Full Name of Father,*	Chas Mitchell
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Balto Co
Name of Medical Attendant, or other person who makes this Return.	Chas E Pratt
Address,	
Remarks,	1890-002995

month, and shall set forth as far as the same can be ascertained the full name of such child, if any shall have been given, its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. The first and second schedule shall be delivered, duly signed by the practitioner in charge of the case, to the parent or parents of such child, or in case there be no parent, to the person in charge of the house in which the birth occurs within thirty days after the birth of any child. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance within the time above specified, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

230 20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). Third

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 13 of July

4. Place of Birth, (Street and Number) 41 S Monroe st

5. Full Name of Mother, Mrs Annie M Davis

6. Mother's Maiden Name, Annie M Safran

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chesterfield Davis

9. Father's Occupation, Laborer

10. Father's Birthplace, Annarundle Co

Name of Medical Attendant, or other Person who makes this Return. Mrs May Davis

Address,

Remarks, 890-002996

HEALTH DEPT. JUL 30 1890 BALTIMORE

ascertained the full name of each child. If any shall have been concealed, it is to be so stated. The name and occupation of the person making the return must be given in the space provided for the purpose. A separate schedule shall be delivered to the physician in attendance upon each birth, or to the parent or other person having charge of the child, and no other person is permitted to make the return without the consent of the Commissioner of Health. In case the birth occurs without the attendance of a physician or midwife, it shall become the duty of the parent or person having charge of such child to report the same within the time above required, and any such person neglecting or refusing to comply with the provisions of this section, shall be subject to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 23021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, July 13th
4. Place of Birth, (Street and Number) 2012 Division St
5. Full Name of Mother, Lydia Watts
6. Mother's Maiden Name, Rodgers
7. Mother's Birthplace, Balto Co
8. Full Name of Father, B. Frank Watts
9. Father's Occupation, Letter Carrier
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Chas E Tadlock

Address, 2100 Druid Hill Ave

Remarks,

B 70 - 002997

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said child shall be delivered duly signed by the practitioner in the form of a certificate between the first and third days of each month to the registrar of the district in which it was born. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such report to the Commissioner of Health shall be made in accordance with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 23072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th July
4. Place of Birth, (Street and Number) 1016 E. Biddle st
5. Full Name of Mother, Annie Hawthorne
6. Mother's Maiden Name, " Stevenson
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Hawthorne
9. Father's Occupation. Painter
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Mrs Gabia Greene

Address, 926 N. Gay st

Remarks, 8902002998

JUL 30 1902

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. L 23023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16th 1890
4. Place of Birth, (Street and Number) Marshall St 1512
5. Full Name of Mother, Carrie Walker
6. Mother's Maiden Name, Carrie Norsighe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Walker
9. Father's Occupation, Glass Blower
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C A Tully

Address, 1528 Light St

Remarks, Darius Hall

1890-002999

month, and shall set forth as far as the same can be ascertained the full name of each child (if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. The certificate herein required to be given by the physician or midwife in attendance upon the mother at the birth of her child, shall be delivered, duly signed, to the person or persons required to make the return of such birth within thirty days after the birth shall occur, and the certificate herein required to be given by the undertaker or other person who shall bury the dead body of any child without a certificate of a physician or midwife as aforesaid, shall be delivered by such undertaker or other person to the Commissioner of Health within thirty days after such burial. Any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall become liable to a penalty of five dollars for each offense, to be recovered, with costs, before any justice of the peace in the manner prescribed by law for the recovery of debts of like amount; and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male / White
2. Race or Color, (if not of the white race)
3. Date of Birth, July 17th 1890
4. Place of Birth, (Street and Number) Charles St 1515
5. Full Name of Mother, Margaret Elizabeth Rosenbrocks
6. Mother's Maiden Name, Margaret Elizabeth Marley
7. Mother's Birthplace, ~~Christian~~ Baltimore
8. Full Name of Father, Christian Rosenbrocks
9. Father's Occupation, Cigar Manufacturer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C. A. Tully

Address, 20 Eager St

Remarks, Large Well

+ 8 9 0 - 0 0 3 8 0 0

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born), the full name and occupation of its parents, the date and place of birth; and the name and address of the practitioner in the form of certificate hereinafter prescribed. In case the birth of such child shall occur without the attendance of a physician or practitioner, or midwife, or other person required to be in said district, then the mother of such child shall become the duty of the person required, and every month as aforesaid, to make return of the birth of such child, in the manner and subject to the penalties in like manner conferred. And the said Commissioner of Health, in the manner and subject to the penalties in like manner conferred. And the said Commissioner of Health, in the manner and provisions of this section recoverable. shall deliver each and every midwife or other person required to make return of births, a blank form of certificate, and shall require the same to be properly filled up and returned to his office. Any midwife or other person required to make return of births, who shall neglect or refuse to comply with the provisions of this section shall be subject to a penalty not exceeding ten (10) dollars for each offense, to be recovered as a penalty for each offense, to be recovered as aforesaid.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B 23026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 5th 1890
4. *Place of Birth, (Street and Number)*	Patapsco 1604
5. *Full Name of Mother,*	Ida Pickron
6. *Mother's Maiden Name,*	Ida Watson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm Pickron
9. *Father's Occupation.*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr A Tully
Address,	1522 Light St
Remarks,	Boy 890003001

month, and shall set forth as far as the same can be ascertained the full name of each child (if any) that may be born alive, the sex, color, the full name and occupation of its parents, the date of birth, and the street and number where such birth occurred. Upon the receipt of the certificate between the first and tenth of each month, the Commissioner of Health shall issue a permit for the burial of the dead body described in said schedule; and no dead body shall be buried in any burial place within the limits of Baltimore City without such permit. In case the birth of any child shall occur after the return for the month has been rendered, a supplementary return shall be made on the first day of each and every month thereafter, so long as any such births occur. Any physician or practitioner of midwifery, or should no other person be in attendance, then the mother, who shall neglect or refuse to make the return required by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23026.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 July 1890
4. Place of Birth, (Street and Number) 1109 Patapsco
5. Full Name of Mother, Sarah Hooker
6. Mother's Maiden Name, Sarah Schmicke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Virginian Hooker
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C A Jelly

Address, 1828 Light St

Remarks, Doing Well

890-003802

BALTIMORE CITY HEALTH DEPARTMENT JUL 30 1890 RECEIVED

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-11-5-7

RETURN OF A BIRTH A 13027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Wilmer Lorenzo Barber 5th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	18th July 1890
4. Place of Birth, (Street and Number)	1500 E Madison st
5. Full Name of Mother,	Marzolina Barber
6. Mother's Maiden Name,	" Epson
7. Mother's Birthplace,	Dalo
8. Full Name of Father,	Thomas Barber
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Frederick Co.
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Brooms
Address,	710 N. Gay st
Remarks,	6 9 0 - 0 0 3 0 0 3

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive), the sex and color, the date and place of birth, and the full name and occupation of its parents, the date and place of their marriage, and the number of children born to the mother, and the number now living, which certificate shall be delivered, duly signed by the practitioner in the form of an affidavit. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother at the birth of the child, then it shall be the duty of the person in whose house or on whose premises the birth occurs, or the mother of the child, if she be able, to make the return required, and shall neglect or refuse to make such return for the space of ten days after the birth of such child, he or she shall be subject to the five of ten (10) dollars for each and every month the certificate is withheld after the expiration of the ten days. In case the birth occurs in a hospital, almshouse, or other institution, the person in charge thereof shall make the return required, and shall be subject to the penalties of this section for failure to do so. Any person who shall knowingly make a false return of a birth, or who shall refuse to make the return required as aforesaid, shall be subject to the five of ten (10) dollars for each offense. All fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

Over

A 23028

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elmer Lee Meyer

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, July 19th 1890
5. Place of Birth, (Street and Number) 1042 McDonough St
6. Full Name of Mother, Catherine (Meyer) Meyer
   Mother's Maiden Name, Raco
   Baltimore
7. Mother's Birthplace,
8. Full Name of Father, Geo H. (Meyer) Meyer
9. Father's Occupation, Collector
   Baltimore
10. Father's Birthplace, U. S.

Name of Medical Attendant, or other person who makes this Return. Dr. Selmer M. D.

Address, 1501 E. Eager St.

Remarks, 1890-003004

and shall set forth as far as the same can be ascertained the full name of each child of which she shall have been delivered, due to the office of the Commissioner of Health. In case the birth of any such child shall occur without the limits of the city, the person or parties of such attendance, unless the mother, immediately after the expiration of the period above required, and shall report its birth to the Commissioner of Health, in the manner and subject to the penalties of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (~~state whether male~~ or female)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* July 21st 1890
4. *Place of Birth, (Street and Number)* 583 Baker
5. *Fult Name of Mother,* Florence Spence
6. *Mother's Maiden Name,* Packard
7. *Mother's Birthplace,* Balto
8. *Fult Name of Father,* George H Spence
9. *Father's Occupation,* Boiler Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Dr E Tuttle

Address, 2102 Druid Hill Ave

Remarks, 1890-003005

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been born (or there) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a child born with the assistance of such practitioner, and in all other cases by the person in charge of the house in which the birth of any child shall occur within the first ten days of the month, or by the person or practitioner of midwifery or should no other person be in attendance, then by the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 12530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22nd 1890
4. Place of Birth, (State and Number) Clive St 1520
5. Full Name of Mother, Annie Dunn
6. Mother's Maiden Name, Annie Duggan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Dunn
9. Father's Occupation, Boatsman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C A Tully

Address, 1525 Light St

Remarks, Boonze Hill

1890 C 003006

month, and shall set forth in the full name and occupation of each child, if any shall have been conferred) the date of birth, and the full name and occupation of its parents, the date and place of their marriage, the number of children born to the mother, the number of such children now living, and the number born dead; in case the child born be the first child of the mother, the certificate between the first and second child born, and between the last child born and the present birth, and the full name and address of the physician or midwife, if any, present at the birth; and in case there was no physician or midwife present at the birth, then the like information shall be given by the father or mother of such child, or the householder or owner of the premises where such birth occurred, within five days after the birth shall become the duty of the person above required, and shall deliver such certificate, or cause the same to be delivered, to the Commissioner of Health, at his office in the City of Baltimore, and shall make a like return for each and every month to the Commissioner of Health, in the manner and with the particulars of this section shall be recoverable. Any physician or midwife who shall neglect or refuse to make the return required by this section, or to report the birth of each child immediately thereafter, and in the manner and with the particulars of this section shall be recoverable. Any physician or midwife who shall neglect or refuse to make the return required by this section, or to report the birth of each child immediately thereafter, and in the manner and with the particulars of this section shall be recoverable. Any and every person who shall neglect or fail to comply with any of the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 73031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 22 nd 1890
4. *Place of Birth, (Street and Number)*	1423 E Eager St
5. *Full Name of Mother,*	Mary E Seibert
6. *Mother's Maiden Name,*	Maier
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles C H Seibert
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	J H Seibert M D
Address,	1501 E Eager St
Remarks,	690-00-3007

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full names of its parents, the date and place of birth: And the said schedule shall be delivered to the office of the Commissioner of Health, at least once in each week. Every third day of each week every midwife or practitioner in the form of a certificate the birth of any child born with or without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time above required. Any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 230881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 30

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 22nd July
5. Place of Birth, (Street and Number) 912 E. Fulton St
6. Full Name of Mother, Annie L. Brooks
7. Mother's Maiden Name, " Lavery
8. Mother's Birthplace, Baltimore County
9. Father's Occupation, Engineer
10. Father's Birthplace, Maryland
Name of Medical Attendant, or other person who makes this Return. Mrs Julia Thorne
Address, 911 N. Gay St
Remarks, 890-003008

month, and shall set forth as far as the same can be ascertained the full name of each child (of any and shall have been born within the city since the first day of the month next preceding the date and place of birth; and the full name and occupation of its father, the full name and maiden name of its mother, the first and the full name and occupation of the informant, the form of a certificate between the parties and the full name of any child born conferred) its sex, color, duly signed by the practitioner, midwife or other person who shall be in attendance at the birth of such child, or if there shall be no such person, then by the father or mother of such child, or if both parents shall be dead or absent, then by the person or persons having charge of such child, which certificate shall be delivered to the officer of the district in which the birth occurred, or to the person or persons authorized by the Commissioner of Health to receive the same, and shall be sufficient authority for the burial of the dead body therein certified to, and no other person shall be entitled to receive any fee for the burial of such dead body until the certificate required by this section shall have been delivered as aforesaid. Every person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each and every offence, and all fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colo
3. *Date of Birth,* July 23
4. *Place of Birth, (Street and Number)* Baltimore & Jefferson St 1309
5. *Full Name of Mother,* Susie Dorsey
6. *Mother's Maiden Name.* Susie Jail
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Perry H Dorsey
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Kent County md

Name of Medical Attendant, or other Person who makes this Return, gargand meeb

Address, 24 iron alley

Remarks, 1890-003009

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. In case the certificate between the first and fifth day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be so directed upon the mother, immediately thereafter it shall be the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the time prescribed, and every person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are now recovered.

Jos. Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 230036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 24th July
4. Place of Birth, (Street and Number) 1909 E Biddle st
5. Full Name of Mother, Emma Jones
6. Mother's Maiden Name, Gorey
7. Mother's Birthplace, Balto
8. Full Name of Father, Lloyd Jones
9. Father's Occupation, Shoe Cutter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Jones

Address, 940 N. Gay st

Remarks, 1890 00 3010

Health. The schedule shall contain a list of the births which have occurred under his or her care during the month; and shall set forth as to the same and occupation of its parents, the date of birth; and the been entered) its sex, color, etc. the full name of the mother before marriage, the date of birth of any child said schedule shall, and every month to the office of the Registrar of Vital Statistics, a return of all births shall occur without the attendance of a physician, midwife or practitioner of midwifery, or known to the parents of such attendance upon the birth to the Commissioner of Health. In the event of the failure of any person required, and child to report the birth as herein required, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

1890-6

A 130336

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT JUL 29 90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 [illegible]

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 24
4. Place of Birth, (Street and Number) 252 Lackin St
5. Full Name of Mother, Elizabeth Reed
6. Mother's Maiden Name, [illegible] McWilliams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis B. Reed
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 1890 00301 1

Remarks,

KODAK SAFETY

RETURN OF A BIRTH A 730 31

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	23d July
4. *Place of Birth, (Street and Number)*	1617 E St Joseph st
5. *Full Name of Mother,*	Sarah Schmith
6. *Mother's Maiden Name,*	" Wible
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Frank Schmith
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Greany
Address,	940 N. Gay st
Remarks,	1890-003012

...ule shall contain a list of the births which have occurred under his or her care during the ...ch child (if any shall have ...ascertained the full name, date and place of birth, and ...shall set forth as far as the same can be ascertained, the full name and occupation of the parents, and ...ll be in the form of a certificate for the birth of any child ...ch certificate shall be duly signed by the practitioner, or such other person as ...ioner of Health. It shall be the duty of the practitioner in attendance upon ...ery month to the office of the Commissioner of Health, and within the period ...third day of each month, and without the attendance of any practitioner, it shall be ...ttendance upon the mother, immediately after the birth of any child to report ...h birth to the Commissioner of Health, and any such person who shall neglect ...ubject to the fine of ten (10) dollars for each and every such neglect. And ...ons for the recovery of the said forfeitures are recoverable.

...RE, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 23037

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

July 29/90

HEALTH DEPARTMENT JUL 29 90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25th 1890
4. Place of Birth, (Street and Number) No 1717 Byrd Street
5. Full Name of Mother. Ella Kenny
6. Mother's Maiden Name, " Mich
7. Mother's Birthplace. Balt city Md
8. Full Name of Father, John Kenny
9. Father's Occupation, Car Driver
10. Father's Birthplace. Balt city Md

Name of Medical Attendant, or other Person who makes this Return — Mid Wife Mary J Dann

Address, 903 Wash Ave

Remarks,

690 003013

Also at the birth of any child, which may be the 5th or 2nd more, a full report to the Registrar required within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-24-55

RETURN OF A BIRTH A 230-38

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Morton Joseph ~~Hess~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 26 1890
4. Place of Birth, (Street and Number) 1226 N Gay St
5. Full Name of Mother, Clara Hess
6. Mother's Maiden Name, Saphra
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph L Hess
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. S. W. Saltzer M. D.

Address, 501 E Eager St

Remarks, 8 90 - 003014

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the full name of each child, if any shall have been named, its sex, color, the full name and occupation of its parents, the date of birth between the first and last days of the month, and such other information as the Commissioner of Health may require. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by this section to make return of such birth, the mother shall immediately thereafter, if able, make return of the particulars above required, and shall report the sex and color of the child. In the city of Baltimore it shall be the duty of each and every midwife, physician or practitioner of midwifery, and of the parent or parents of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A23059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 26th July

4. Place of Birth, (Street and Number) 1529 E. Madison St

5. Full Name of Mother, Mary E. Schweitzer

6. Mother's Maiden Name, " Carter

7. Mother's Birthplace, Balto

8. Full Name of Father, William Schweitzer

9. Father's Occupation. Taylor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Storey

Address, 1466 Eden St

Remarks, 690-003015

Register of such birth, and shall enter the same on a separate sheet for each district; and the Registrar shall preserve the certificates in the order in which they are received. The certificate shall contain a list of the births which have occurred under his jurisdiction during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth; and the name, residence and occupation of the parents. He shall also enter upon the list the name of every child whose birth has been registered during the month, and the date of registration. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the parent or parents of such child to report the birth to the Commissioner of Health within the period above required, and to comply with the provisions of this section in all other respects as herein required of physicians and midwives who shall have attended upon the mother, immediately before and at the birth of such child. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence and forfeitures are recoverable as herein provided.

JUL 30 1904

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVE NAME ADDED 6-14-52 A 23 MC

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1890 BALTIMORE

Galvia Elizabeth Depkin

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 27th 1890
4. Place of Birth, (Street and Number) 335 Pressman St.
5. Full Name of Mother, Lily Depkin
6. Mother's Maiden Name, Kell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bernard Depkin
9. Father's Occupation, Merchant Tailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Thomas O'Brien M.D.

Address, 600 N. Howard St.

Remarks, 1890-003016

Health. This schedule shall contain a list of the births which have occurred under his care during the month, and shall set forth as to each birth the full name of each child, if any shall have been given, the sex, color, the full name and occupation of the father, the full name and place of birth; and the maiden name of the mother, the street and number of the residence where the birth occurred, and the date of birth. Such list shall be delivered, duly signed by the physician or practitioner of midwifery, or the person or parents of such child, to the Commissioner of Health, at the office of the Commissioner of Health. In case the birth occurs where no physician or practitioner of midwifery is in attendance upon the mother, then the list shall be signed by the person or parents of such child, and delivered to the Commissioner of Health, at the office of the Commissioner of Health, on the third day of each and every month to be counted from the first day of the month next after the passage of this ordinance. Any physician or practitioner of midwifery, or the person or parents of such child as aforesaid, who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	July 4 1880
4. Place of Birth, (Street and Number)	No 1103. Columbia ave
5. Full Name of Mother,	Theresa A Findling
6. Mother's Maiden Name,	Theresa M Zipprian
7. Mother's Birthplace,	Baltimore MD
8. Full Name of Father,	John W. Findling
9. Father's Occupation,	Barber
10. Father's Birthplace,	Baltimore MD
Name of Medical Attendant, or other person who makes this Return.	Miss Bangs
Address,	710 E 22 St
Remarks,	890-003017

register of such birth, and shall enter the same ... Health. This schedule shall contain a list of ... month, and shall set forth the full name, ... been complied with. In case the ... shall be delivered, duly ... third day of each and every month ... shall occur without the notice, ... attendance, or in case the ... child to report its birth to the ... any such person or persons who ... jected to the fine of ten (10) dollars ...

... J. C. BLAND & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 230 #2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child
2. *Sex, (state whether male or female)* male
3. *Race or Color, (if not of the white race)* white race
4. *Date of Birth,* born July 1st 4
5. *Place of Birth, (Street and Number)* Baltimore 836 E. Warner, 2 Hamilton
6. *Full Name of Mother,* Mary Ann Downey
7. *Mother's Maiden Name,* Mary Ann Fanning
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* William Laurenze Downey
10. *Father's Occupation,* Miller Safe and Iron works
11. *Father's Birthplace,* Baltimore
12. *Name of Medical Attendant,* or other person who makes this Return. Mrs. Banga
13. *Address,* Wilkens St
14. *Remarks,*

1890 - 003018

JUL 31 1890

RECEIVED

Register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under each district during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been christened, the sex, color, and condition of its parents, the date and place of birth; and the legal qualification of the person delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. If no birth shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the above requirements, shall be subject to a penalty of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A230 #3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Second
2. Sex, (*state whether male or female*) Female
3. Race or Color, (*if not of the white race*)
4. Date of Birth, July 6, 1890
5. Place of Birth, (*Street and Number*) 647 Dover St.
6. Full Name of Mother, Katie V. Hanson
7. Mother's Maiden Name, " " Eitel
8. Mother's Birthplace, Baltimore Md.
9. Full Name of Father, James N. Hanson
10. Father's Occupation, Clothing Trimmer
11. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, Valeria St

Remarks,

1890 - 003019

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each calendar month, of births which shall occur within the preceding calendar month. If any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall furnish such information as shall be in his power to give, and the person who shall neglect or refuse to report such birth as herein required, shall be liable to the penalty of ten dollars for each offense, to be recovered as other penalties are recoverable.

RECEIVED JUL 31 1890 REGISTRAR'S OFFICE

MD. J. C. MILLER & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	femal
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July. 7
4. *Place of Birth, (Street and Number)*	1807 Eagle Str.
5. *Full Name of Mother,*	Eva Ifter
6. *Mother's Maiden Name,*	Eva Nawak
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Ifter
9. *Father's Occupation,*	Stonecutter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Bungt
Address,	711 Cross St
Remarks,	1890-003020

register of such birth, and shall enter the ... schedule, to be furnished by the Commissioner of Health. This schedule shall contain all the ... as set forth as far as it may be in his power to obtain the same, and the ... born (conferred) its sex, color, the ... said schedule shall be delivered, ... third day of each month the attendance upon the mother, ... child to report its birth to the ... any such person who shall ... jected to the fine of ten (10) dollars ...

BALTIMORE

GEO. J. O. SULLAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
2. Sex, (state whether male or female) Boy
3. Race or Color, (if not of the white race) White
4. Date of Birth, 10 July
5. Place of Birth, (Street and Number) 834 saint Peter st
6. Full Name of Mother, Birtie Elnora Richardson
7. Mother's Maiden Name, B Young
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Joseph summer field Richardson
10. Father's Occupation, Driver
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bangl

Address, 711 Cross St

Remarks, 1890-003021

HEALTH DEPARTMENT

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her supervision for the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been named, the name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant or by a parent, to the Commissioner of Health within the first day of each and every month. In case the mother of any child shall die before the birth of the same, or in case the child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the parent or parents of such child shall report its birth to the office of the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-9-55

RETURN OF A BIRTH

A 230 44

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Elmer Thielbahr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10th of July 1890
4. Place of Birth, (Street and Number) Baltimore City 503 N. Wolfe St
5. Full Name of Mother, Laura Thielbahr
6. Mother's Maiden Name, Laura McGuigg
7. Mother's Birthplace, Millville N.J.
8. Full Name of Father, John Thielbahr
9. Father's Occupation, Cigar
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Nurse Bouge

Address, 711 Cross St.

Remarks, 1890 003022

register of such birth, and shall enter the same in a blank schedule, to be furnished by the Commissioner of Health. Said schedule shall contain a list of the births which have occurred under his or her care during the month, with such particulars as are required by the Commissioner of Health. If no birth shall have occurred during the month, a return to that effect shall be made. Every midwife who shall have attended at the birth of any child shall report the same to the Commissioner of Health, within ten days after the birth, and shall make return of the particulars required by the Commissioner of Health, in the manner and within the period above required, and shall deliver to the mother, immediately thereafter, a certificate in the form of a certificate between the first and third days of each and every month, of the births of which she shall have given notice and returns as aforesaid during the preceding month. Every midwife who shall neglect to report the birth of any child as aforesaid, or who shall neglect or refuse to deliver to the mother a certificate as aforesaid, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FILED DIRECTION

GEO. J. G. BALAMY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 23047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 10/90
4. *Place of Birth, (Street and Number)* 113 S. Exeter
5. *Full Name of Mother,* Ester Miller
6. *Mother's Maiden Name,* " Cohen
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Philip Miller
9. *Father's Occupation,* Segar Maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Fred W Weber MD

Address, 174 Carlton av.

Remarks,

1890-003023

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occu[illegible] of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by [illegible] form of a certificate between the first and third day of each and every month to the [illegible] ealth. In case the birth of any child shall occur without the attendance of a [illegible] or should no other person be in attendance upon the mother, immedia[illegible] of the person or parents of such child to report its birth to the Commis[illegible] the period above required, and any such person or persons who shall [illegible] fail to comply with the [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offence [illegible] be recovered [illegible] other fines and forfeitures are recoverable.

JUL 31 1890

BALTIMORE

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 230 16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 St

1. Sex, (state whether male or female) Female
   Race or Color, (if not of the white race) white
   Date of Birth, 12 st July
   Place of Birth, (Street and Number) Kislgely st
   Full Name of Mother, Bertha Miller
   Mother's Maiden Name, Hartwig
   Mother's Birthplace, Baltimore
8. Full Name of Father, Friedrich Miller
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Bremen Germany
    Name of Medicol Attendant, or other person who makes this Return. Mrs Bangen
    Address, 1238 Ridgely st
    Remarks, 1890 - 008024 Crown St

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and residence of each child, if any, born alive, the date of birth, the sex, color, and parentage of said child, if any shall have been born dead, the cause of death, and the date of burial. Every such physician shall, on the third day of each and every month, forward the said schedule, duly filled out and signed by himself or herself, to the Commissioner of Health, and no other person shall be entitled to receive the fees and allowances provided for the certificate between the first and third days of each month. In case the birth of any child shall occur without the attendance of a physician, it shall be the duty of the midwife or nurse in attendance, or in the absence of such midwife or nurse, of the father, mother, householder or other person having knowledge of the facts, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report as required, shall be subject to the fine of ten (10) dollars for each offense, the proceeds of which fines shall be paid into the City Treasury. The provisions of this section shall be subject to the penalties and forfeitures provided for in section 111 of this article. All fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 12th
4. *Place of Birth, (Street and Number)*	1003 Burgundy Alley
5. *Full Name of Mother,*	Anna Heinemeyer
6. *Mother's Maiden Name,*	Anna Kind
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Heinemeyer
9. *Father's Occupation,*	Barkeeper
10. *Father's Birthplace,*	Philadelphia
Name of Medical Attendant, or other person who makes this Return,	M Lee Benge
Address,	711 Broadway
Remarks,	

1890 003025

JUL 31 1890

register of such birth, and shall enter the same on a blank schedule of the form prescribed by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been named, the sex, color and date of birth of each child, the name, residence and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form in which it certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics. In case there is no practitioner in attendance at the birth, the birth shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within ten days after the occurrence thereof, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each and every offence. Fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 14 / 90
4. Place of Birth, (Street and Number)	1721 Canton av.
5. Full Name of Mother,	Katie Schade
6. Mother's Maiden Name,	" Schmidt
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Edw. Schade
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Fred W. Weber M.D.
Address,	1721 Canton av.
Remarks,	890003026

month, and shall set forth, as far as the same can be ascertained, the full name of each child, of any, shall have been conferred; its sex, color, date and place of birth, the name and occupation of its parents, the date of their marriage, and the said schedule shall be duly signed by the practitioner in the form of certificate required above, and shall be delivered by him to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of any practitioner in midwifery, or should no other person, required by this section to report such birth, hereafter fail to do so, the parent or parents of such child shall be subject to the penalties imposed by this section upon practitioners in midwifery who fail to report births. All penalties recovered for violations of this section shall be paid to the Commissioner of Health, to be used in the manner provided by law. Any practitioner in midwifery or other person who shall hereafter fail to report births as required by this section, shall be subject to the fine of ten (10) dollars for each offence; and all penalties recovered for other fines and forfeitures are recoverable.

GEO. W. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	14th July
4. *Place of Birth, (Street and Number)*	210 Raborg St
5. *Full Name of Mother,*	Anna Taylor
6. *Mother's Maiden Name,*	Anna Skinner
7. *Mother's Birthplace,*	Gloucester Co. Va.
8. *Full Name of Father,*	Frank Taylor
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Baldimore Md.
Name of Medical Attendant, or other person who makes this Return.	Ann Connish
Address,	871 Boyd St
Remarks,	1890-003027

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been registered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereon, to the Registrar of Vital Statistics on the first Tuesday of each month. Every practitioner of midwifery who shall refuse or neglect to make such return, or who shall make a false return, and every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person shall make such return, and shall be subject to the penalties provided for the neglect or refusal to make such return, as if he were the physician or practitioner in attendance, and shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

ENGR. J. D. GULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-11-49

RETURN OF A BIRTH A 230622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Silas Hepburn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, July 16th
4. Place of Birth, (Street and Number) Baltimore. 1219 Scott. steet
5. Full Name of Mother, Nelley Hepburn
6. Mother's Maiden Name, Nelley Fontz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charls. Hepburn
9. Father's Occupation, Labor
10. Father's Birthplace, Philadelphia. Pa

Name of Medical Attendant, or other person who makes this Return. Mrs Bangle

Address, 711 Cross St.

Remarks,

1890 003028

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been born, the name of the parents, the sex, color, occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall, upon conviction, be fined for each offense, to be recovered the other fines and forfeitures are recoverable, jected to the fine of ten (10) dollars for each offense; to be recovered the other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 1

1. (State whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth July 16 th 1890

4. Place of Birth, (Street and Number) No 661 Lee st

5. Full Name of Mother, Mrs Ida Lee Hamilton

6. Mother's Maiden Name, Emilie Hooper

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Ida Lee Hamilton Jr

9. Father's Occupation, Carpenter

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. Mrs. Bang

Address, Millers 8t

Remarks,

1890 - 003029

FILED DEC 31 1890

Health. This schedule shall contain a list of the births which have occurred, during the month, in the family or house, or which have been reported to him or her for care during the month, as far as the same can be ascertained. The full name of each child born shall be given; and if no name has been conferred, its sex, color, and parentage shall be stated. The name, residence, and occupation of the parents, the date and place of birth shall have been carefully ascertained by the person making the return, and the whole shall be delivered, duly signed, by the fourth day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur within four days of the first day of the month, the return shall be delivered on the first day of the following month. The Commissioner of Health shall prescribe the form of a certificate between the first and attendance upon the mother, shall be required to certify to the birth, stating the date when he or she was in attendance; and every physician or practitioner of midwifery, or other person in charge of any lying-in establishment, shall, within ten days after the birth of any child therein, report the birth to the Commissioner of Health. It shall become the duty of the person or other person be in charge of such establishment to furnish the information required by this section. Any physician or midwife who shall neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 230316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as can be ascertained the full name of each child, of any shall have been delivered, duly signed by the practitioner or midwife, or should no other person be in attendance, by the householder, a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the aforesaid certificate being immediately thereafter it shall become the duty of the said householder to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered and forfeitures are recoverable.

1. *Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 st
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* July 18 th 1890
5. *Place of Birth, (Street and Number)* 1031 Barre st A D
6. *Full Name of Mother,* mrs mary Leacy
7. *Mother's Maiden Name,* Mary Dayle
8. *Mother's Birthplace,* Ireland
9. *Full Name of Father,* John Leacy
10. *Father's Occupation,* Labourer
11. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 1716 Orleans St.

Remarks,

1890 - 003030

HEALTH DEPARTMENT BALTIMORE

GEO. W. O. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 230353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19 of May
4. *Place of Birth, (Street and Number)*	1120 Biddle St
5. *Full Name of Mother,*	Elizabeth A. Gerlach
6. *Mother's Maiden Name,*	Elizabeth Maggie Mercer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Gerlach
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Barry
Address,	711 Chase St.
Remarks,	1890-093031

MAY 31 1890 REGISTERED

Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name of the parents, the date and place of birth; and the said schedule shall be delivered, duly filled out by the practitioner in the form of a certificate hereinbefore provided, to the proper registrar of vital statistics, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or parents of such child to report its birth to the registrar of vital statistics in the manner and within the period above specified, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 2300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 19 = July
4. Place of Birth, (Street and Number) 741 Raborg St
5. Full Name of Mother, Lucy Brown
6. Mother's Maiden Name, Lucy Smith
7. Mother's Birthplace, Gloucester Co. Va
8. Full Name of Father, Samuel Brown
9. Father's Occupation. Coal Carrier
10. Father's Birthplace, Anna Arundel Co. Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Ann Connit

Address, 871 Boy Alley

Remarks,

1890-00030 32

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Considered as of the ... [illegible] ... month, and shall set forth as near as the same can be ascertained, the full name of each child of ... [illegible] ... said children (whether 1st, 2d, 3d, &c.), the sex, color, the full name of each child of ... [illegible] ... third day of each month, duly signed and ... [illegible] ... shall occur without the limits of the city ... [illegible] ... after the date of the birth of any child ... [illegible] ... any such person who shall hereafter ... [illegible] ... subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 2305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 22d

4. *Place of Birth, (Street and Number)* Baltimore, No. 1144 Washington Ave

5. *Full Name of Mother,* Anna Arther

6. *Mother's Maiden Name,* Anna Harrick

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* William G. Arther

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 7, Cross St

Remarks, 1890-0030033

RETURN OF A BIRTH A 23064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 209 Henrietta St Balto.

4. Place of Birth, (Street and Number) Born July 23rd

5. Full Name of Mother, Martha A Gross

6. Mother's Maiden Name, Martha A Blackstone

7. Mother's Birthplace, Balto

8. Full Name of Father. David W Gross

9. Father's Occupation, General Laborer

10. Father's Birthplace, Balto. M. D.

Name of Medical Attendant, or other person who makes this Return. Milly Gross

Address, No 229 York St. Balto. Md

Remarks.

1890 - 003034

HEALTH DEPARTMENT JUL 30 1890 BALTIMORE, MD.

Health. "Said schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as to each child, the full name and occupation of its parents, the date and place of birth, and the sex and color of the child; and every such schedule shall be delivered, duly signed by the practitioner in charge, at the office of the Registrar of Vital Statistics, Board of Health, on the third day of each and every month by the officer or practitioner of midwifery, or should no other person be in attendance, then by the mother immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner herein provided, and in default thereof, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 33039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	23rd of July
4. Place of Birth, (Street and Number)	1516 Saratoga St.
5. Full Name of Mother,	Easter Cauthorn
6. Mother's Maiden Name,	Easter Russell
7. Mother's Birthplace,	Essex County Virginia
8. Full Name of Father,	William Cauthorn
9. Father's Occupation,	Stone Mason
10. Father's Birthplace,	Essex County Virginia
Name of Medical Attendant, or other person who makes this Return.	Mrs. Ann Cornish
Address,	871 Boyd Street
Remarks,	1890 00 03035

month, and date set forth as for the same can be ascertained the full name of such child (if any shall have been given), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required. And if any midwife or other person (not being a practitioner of medicine or midwifery, or should no other person be in attendance upon the mother) shall hereafter fail to comply with the requirements of this section, he shall immediately thereafter fail to become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be collected as debts of like amount are recoverable.

GEO. J. C. DEAMY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 23062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 24 1890

4. Place of Birth, (Street and Number) 1906 Jonestown alley

5. Full Name of Mother, Emma Fellows

6. Mother's Maiden Name, Emma Smith

7. Mother's Birthplace, Old Ferry Dorchester County

8. Full Name of Father, Samuel Fellows

9. Father's Occupation, Hard Labor

10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other Person who makes this Return. Emma Connelly

Address, 322 Bond St

Remarks,

1890-003036

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and residence of its parents, and the date of birth; and shall deliver or cause to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each succeeding month to the Registrar or Deputy Registrar of Vital Statistics, a report in writing of the birth of any child shall occur without the attendance of a Physician or practitioner, or should no other person report the birth to the Registrar within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Guy Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 13061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether*~~ 1*st*, ~~2*d*, 3*d*, &c.~~)

1. *Sex,* (~~*State whether male or female*~~)
2. *Race or color,* (~~*If not of the white race*~~)
3. *Date of Birth,* July 25th 1890
4. *Place of Birth,* (*Street and Number*) 344 W Preston St
5. *Full Name of Mother,* Bessie Chapman McCormick
6. *Mother's Maiden Name,* Tucker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Rev John N McCormick
9. *Father's Occupation,* Minister of the Gospel
10. *Father's Birthplace,* Richmond Va.

Name of Medical Attendant, or other person who makes this Return. Elias le Puce

Address, 953 Madison Ave

Remarks, 1890-003037

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month next following the birth, or stillbirth, as the case may be, of any child which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required by law to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MD. A. E. ROLANDI & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 2306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	25th of July
4. Place of Birth, (Street and Number)	1506 E. Vine St. Balto. Md
5. Full Name of Mother,	Sarah Plater
6. Mother's Maiden Name,	Sarah Williams
7. Mother's Birthplace,	Accomac Co. Va.
8. Full Name of Father,	Wm. H. Plater
9. Father's Occupation,	Brick Maker
10. Father's Birthplace,	Prince George Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Ann Cornish
Address,	271 Lloyd St Balto. Md
Remarks,	~~1070 - 00303 8~~

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive since the last preceding return, the sex, color, date and place of birth; and the full name, residence and occupation of its parents, the date of the certificate between the first and last numbers received, duly signed by the practitioner in the case, or by the person who shall have registered said child, if there be no practitioner in attendance, or by the midwife, or should no person as aforesaid be present at the birth, then by the householder or inmate of the house in which such child was born. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no parents of such child reside in the house where it was born, then the undertaker who shall hereafter bury the dead body of such child shall report the same to the Commissioner of Health, in the manner above required, and shall deliver a certificate of burial, stating the name and residence of the parents, if known to him. Any undertaker who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and subject to the fine of ten ($10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 23063.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 27 of July 1890

4. Place of Birth, (Street and Number) No 1051 Harford Ave

5. Full Name of Mother, Mrs. Lizzie Chase

6. Mother's Maiden Name, Lizzie O'Neill

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Warren Chase

9. Father's Occupation, Printer

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. Mrs Ch. Lyons

Address, No 1059 Harford Ave Bal. Md.

Remarks, 0.0. 003 0 1890

... month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery; or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890-003039

J. D. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Etta Berman (Beiport)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), white
3. Date of Birth, 27 July
4. Place of Birth (Street and Number), 105 Broadway Berman
5. Full Name of Mother, ~~(Chena)~~ Grazutis ~~Berman~~
6. Mother's Maiden Name, ~~(Chena)~~ (Grazutes) Grazutes
7. Mother's Birthplace, Russia
8. Full Name of Father, Mendal Berman (Beckwitz)
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Rockey Zagar

Address, #114 Marked St

Remarks,

1890-003040

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A. 730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 2 Child
1. (state whether male or female)	Female
2. or Color, (if not of the white race)	White
3. of Birth,	The 27 of July 1890
4. of Birth, (Street and Number)	No 409 Brunswick Ave
5. Full Name of Mother,	Louise Petri
6. Mother's Maiden Name,	Louise Roesner
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Andrew Petri
9. Father's Occupation,	Varnisher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Ch Gaines
Address,	No 1059 Gaylord Ave
Remarks,	1890 July 30 1890

Filed July 31 1890

...ers concerned) its sex, color, the full name and occupation of its parents, the date and hour of birth, and the ...and schedule shall be delivered, duly filled out, to the Commissioner of Health, or to the office of the Commissioner of Vital Statistics, within ... third day of each and every month. In case the birth of any child ... shall occur within the mother immediately preceding the ... child to report its birth to the Commissioner of Health as ... say such person or persons as shall hereafter ... jected to the fine of ten dollars for each offe... ...ered as aforesaid. All forfeitures are recoverable.

RETURN OF A BIRTH A23066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 4 Child
1. *Sex, (state whether male or female)*	Fem.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 28 of July 1894
4. *Place of Birth, (Street and Number)*	No 9 1/2 E. Eager
5. *Full Name of Mother,*	Annie Lumpus
6. *Mother's Maiden Name,*	Annie Gertrude Gelbach
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph B. Lumpus
9. *Father's Occupation,*	Ice Depot
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Wm. Edw. Lauer
Address,	No 105 E. Garrard Ave
Remarks,	1890-007842

BALTIMORE MAY

...with all set forth as far as the same can be ascertained the full name of each child, (if any shall have been born,) and all the facts required to be stated in relation to the parents, the date and place of birth, and the sex, color, the full name and occupation of the father, as well as the first and said schedule shall be delivered, duly signed by the ... In case the birth of any child ... third day of each and every month to the office of the ... should no other person be in ... shall occur within the ... shall become and ... person or persons required, and ... child to report its birth to the Commissioner ... in comply with the provisions of this section shall be sub- ... any such person or persons who shall ... jected to the fine of ten (10) dollars for each ... ence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 30
4. *Place of Birth, (Street and Number)*	Lanvale St 520 Bale
5. *Full Name of Mother,*	Carrie C Peaslee
6. *Mother's Maiden Name,*	Carrie C Walters
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Joseph Peaslee
9. *Father's Occupation,*	Teamster
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Donnelly
Address,	1635 Walbrook Ave
Remarks,	none

1890 - 003043

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, and the sex and color of such child, and the date and place of birth, and if not the first child of such mother, the number to which such child belongs, and the date of the marriage of such parents; and a certificate shall be delivered, duly signed, to the person required above to make return of each birth, by the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father of such child, if living and residing in the house where such birth occurred within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 13068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 3 - 90
4. Place of Birth, (Street and Number)	1900 E Chase
5. Full Name of Mother,	Rosa. Duff
6. Mother's Maiden Name,	" Reichard
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Chas. M. Duff
9. Father's Occupation,	Truckster
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	912 McDonogh
Remarks,	

1890 - 003044

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and such child to report in like manner as is herein required of the attending physician, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

466. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 33069.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 3 - 1890

4. Place of Birth, (Street and Number) 1436 Block St.

5. Full Name of Mother, Rosanna Robinson

6. Mother's Maiden Name, Stakes

7. Mother's Birthplace, Virginie

8. Full Name of Father, George W. Robinson

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginie

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks, 1890003045

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH A 23070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Boy

Race or Color, (if not of the white race) White

Date of Birth, July 4th 1890

4. Place of Birth, (Street and Number) 417 Warney Ave

5. Full Name of Mother, Annie F. Considine

6. Mother's Maiden Name, Annie F. Kelly

Mother's Birthplace, Balto. Md.

Full Name of Father, James F. Considine

9. Father's Occupation, Telegraph Operator

10. Father's Birthplace, Balto. Co. Md

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton M.D.

Address, Calvert & Pratt Sts.

Remarks,

890-003046

It is hereby made the duty of every person having charge of a child to which a birth has occurred, under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner, to the form of a certificate between the first and fifteenth days of the succeeding month. Every case in which a birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such report to contain all the facts required to be reported in other cases. Any person who shall neglect or refuse to make such report, as herein required, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. TILLETT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23071.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th.
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 6th-1890
4. *Place of Birth, (Street and Number)*	829 Harford ave
5. *Full Name of Mother,*	Mary A. Kelly
6. *Mother's Maiden Name,*	Mary A. Heny
7. *Mother's Birthplace,*	Balto. Md
Full Name of Father,	John Kelly
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton M.D
Address,	Calvert & Preston Sts
Remarks,	

1890-003047

BOARD OF HEALTH BALTIMORE CITY

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered to the Registrar of Vital Statistics, Board of Health, on the first day of the month next following, and shall set forth as far as the same can be ascertained, the full name of each child, if any, that have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the first of a certificate between the first and third day of each and every instance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND

RETURN OF A BIRTH. A 2307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 6 - 90
4. *Place of Birth, (Street and Number)*	813 N. Ann
5. *Full Name of Mother,*	Harriet A. Morgan
6. *Mother's Maiden Name,*	" " Hatton
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas. H. Morgan
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	92 McDonogh
Remarks,	

1890 - 003048

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of each parent, the date and place of birth, and the street and number where born, certified by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid wifery, or should no other person of such attendance upon the mother, immediately hereafter, in the manner and within the period above required, and any such person or persons who shall hereafter, fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 13073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7th July 1890
4. *Place of Birth, (Street and Number)* 8 Bond St
5. *Full Name of Mother,* Cora A. Paul.
6. *Mother's Maiden Name,* Mute
7. *Mother's Birthplace,* A. A. County Md
8. *Full Name of Father,* John H Paul
9. *Father's Occupation,* Captain
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. H. Mute

Address, 807 S. Bond St

Remarks,

1890 - 003049

been conferred its sex, color, the full name and occupation of each parent, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, within five days after the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter fail to report such birth to the Commissioner of Health, in the manner and within the period above prescribed, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten hundred dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23074.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	Eighth
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 7 – 20
4.	*Place of Birth, (Street and Number)*	237 S Chester
	Full Name of Mother,	Eva. A Collison
6.	*Mother's Maiden Name,*	" Gibson
7.	*Mother's Birthplace,*	Md
8.	*Full Name of Father,*	Benj A. Collison
9.	*Father's Occupation,*	Mariner
10.	*Father's Birthplace,*	Md
	Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
	Address,	9 N McDonogh
	Remarks,	1690-000050

month, and shall set forth as far as the same can be ascertained [illegible] each child [illegible] any [illegible] been conferred) the sex, color, the full name and occupation of [illegible] under the direction of the Commissioner of Health, [illegible] the birth of any child shall occur without the attendance of a physician or practi[illegible] midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such family residing nearest to the place where such birth occurred, to report the same to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NO.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 200 15

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 8-90
4. Place of Birth, (Street and Number)	No 2 E Fayette St Ext
5. Full Name of Mother,	Emma J Benner
6. Mother's Maiden Name,	Emma J Waters
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Benjamin D Benner
9. Father's Occupation,	Cow maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	912 McDonogh St
Remarks,	1890 003051

SEC. 3. And be it further enacted, That every birth which may occur hereafter within the limits of Baltimore city, of which a physician or midwife is in attendance, shall be reported to the Registrar of Vital Statistics of Baltimore city by the physician or midwife in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and every child born in Baltimore city, of which a physician or midwife is not in attendance, shall be reported to the Registrar of Vital Statistics of Baltimore city by the parent or parents of such child, or the householder of the house in which such child was born, within ten days after the birth of such child; and the said return shall set forth as far as the same can be ascertained the full name of each child born, the month, and shall set forth as far as the same can be ascertained the full name of each child born, the sex, color, the full name and occupation of the parents, the date and place of birth, and the name of the attending physician or midwife, if there be one in attendance; and the said return shall be made in the form of a certificate between the first and fifteenth day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 230 6.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 9 — 99
4. *Place of Birth, (Street and Number)*	1202 N. Bond
5. *Full Name of Mother,*	Laura L. Berger
6. *Mother's Maiden Name,*	" " White
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Alexander C. Berger
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allard
Address,	912 McDonogh St
Remarks,	1890 003052

month, and shall set forth all the facts required to be ascertained the full name of each child (if any shall have been named) the sex, the color, the name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and no other person be in any case whatever entitled to any fee or reward for the registration of such birth. And if any such child shall occur without the attendance of a physician or midwife, or should no other person be in attendance who shall hereafter make the return required by this section, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23077.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 16 1890
4. Place of Birth, (Street and Number) 1427 E. Chapel St.
5. Full Name of Mother, Charlotte Tiebul
6. Mother's Maiden Name, Kuehl
7. Mother's Birthplace, Germany
8. Futt Name of Father, Anton Tiebul.
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medicat Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Chapel St

Remarks,

1890-003053

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled up, to the [illegible] the form of a certificate between the first child and third day of each and every month, by the [illegible] or Health, or other person in attendance upon the mother, [illegible] any [illegible] or priest of any [illegible] midwifery, or should no other person be in attendance upon the mother, [illegible] any [illegible] the duty of the person or parents of such child to report its birth to the [illegible] Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] A. S. ABLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 73078.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 1 1890 REGISTERED

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Friday July 11 18-1890
5. Place of Birth, (Street and Number) Cor. Bond & Jefferson Sts.
6. Full Name of Mother, Alice J. Chamnel
7. Mother's Maiden Name, Alice J. Godfrey
8. Mother's Birthplace, Balto. Md.
9. Full Name of Father, Wm. F. Chamnel
10. Father's Occupation, Grocer
11. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton M.D.

Address, Calvert & Preston Sts.

Remarks,

1890 - 003054

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health. In case no birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23079.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 11 — 1890
4. Place of Birth, (Street and Number) 503 S. Dallas St.
5. Full Name of Mother, Margretha Hasky
6. Mother's Maiden Name, Lehnert
7. Mother's Birthplace, on the Atlantic Ocean
8. Full Name of Father, Anton Hasky
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Steiner

Address, 1427 E. Pratt St.

Remarks, 1890-003055

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and residence of the parents, the date and place of birth; and the said schedule shall be delivered, with the certificate of the attending physician or midwife, if there be one in attendance upon the mother, immediately after the birth, to the person whose duty it shall be to report the birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person who shall hereafter fail to comply with any of the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense. to which penalties are recoverable.

RETURN OF A BIRTH A 20080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 31 1890

BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Charles William Trentzsch

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 14 1890

4. Place of Birth, (Street and Number) 222 N. Caroline St.

5. Full Name of Mother, Amalie A. ~~Trentzsch~~ Trentzsch

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Germany

8. Full Name of Father, Hermann ~~Trentzsch~~ Trentzsch

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address, 1427 E. Fait St.

Remarks, CERTIFICATE CORRECTED 8-5-53

1890 - 010 - 056

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the registrar of vital statistics, who shall give a certificate of any child whose birth shall occur without the attendance of a physician or practitioner of midwifery, stating the reason for such attendance upon the mother, immediately thereafter. It shall become the duty of the father, or in his absence, the mother, of any child born in a city or county where no registrar is appointed, within five days after the birth of such child to report its birth to the Commissioner of Health, in the manner prescribed by the rules and regulations of the Board of Health, and any person who shall neglect or refuse to make such report as herein required, shall be subjected to the fine of ten dollars for each offense; to be recovered before any court of competent jurisdiction.

RETURN OF A BIRTH. 23081.

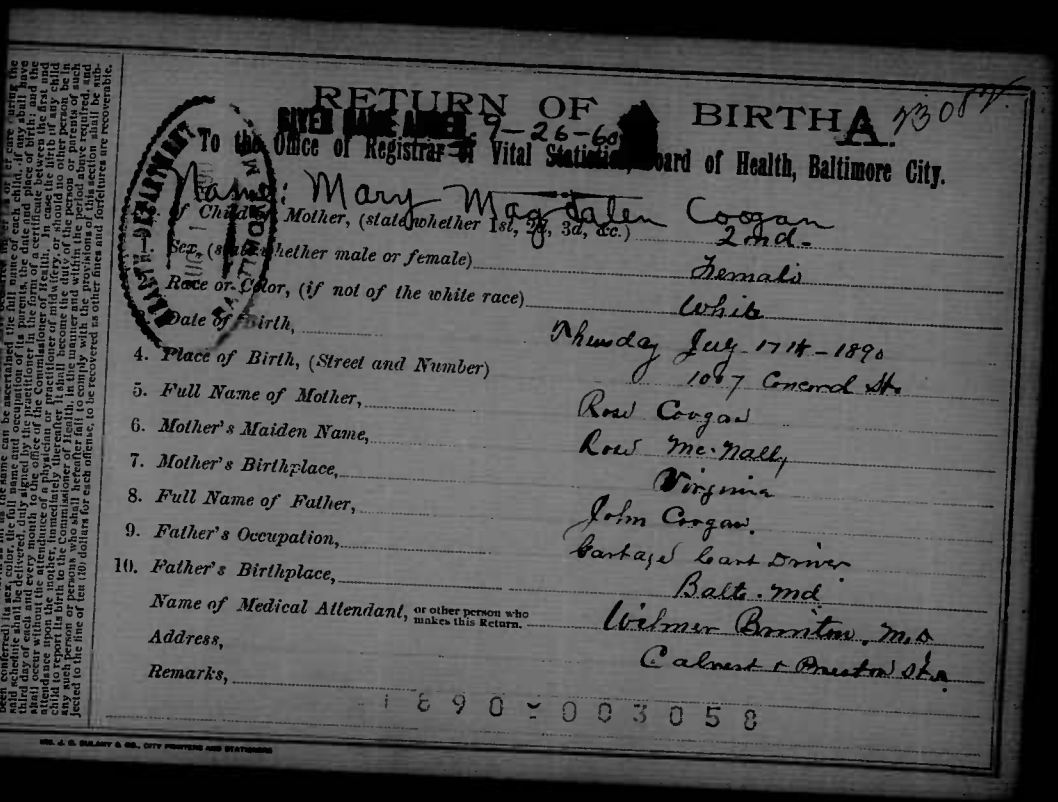
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, 17 July ~~72~~ 90
5. Place of Birth, (Street and Number) 1828 E. Biddle
6. Full Name of Mother, Sophie L. Wissman
7. Mother's Maiden Name, " Bush
8. Mother's Birthplace, Balto
9. Full Name of Father, Joseph J. Wissman
10. Father's Birthplace, Prov Moulder Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Allen
Address, 912 McDonogh
Remarks, 1890 003057

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been previously born) the sex, color, the full name of its parents, the date and place of birth; and the certificate shall be delivered, till to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately after the arrival of such mother in the city, the certificate shall be delivered, till to the office of the Commissioner of midwifery, or should no midwife be in attendance, the parent or parents of such child is required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.



RETURN OF BIRTH A 13087

GIVEN LAKE ALMES 9-26-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child, Mary Magdalen Coogan
2. Mother, (state whether 1st, 2d, 3d, &c.) 2nd
3. Sex, (state whether male or female) Female
4. Race or Color, (if not of the white race) White
5. Date of Birth, Thursday July 17th 1890
6. Place of Birth, (Street and Number) 1007 Concord St.
7. Full Name of Mother, Rose Coogan
8. Mother's Maiden Name, Rose McNally
9. Mother's Birthplace, Virginia
10. Full Name of Father, John Coogan.
11. Father's Occupation, Retired Cart Driver
12. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Wilmer Brenton M.D.

Address, Calvert & Preston Sts.

Remarks,

1890 003058

Month, and shall set forth as far as the same can be ascertained the full name of each child born alive during the month, the sex, color, the full name and residence of its parents, the date and place of birth, and whether it is 1st, 2d, 3d, &c., child born to the parents, the date and place of birth of any child reported dead, and the attendant at the birth of each child, and the cause of death. In case the birth of any child shall occur without the attendance of a physician or midwife, or in case no other person be in charge of the mother, immediately after the birth occurs, it shall become the duty of the person so in charge to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 23083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 18 — 1890

4. Place of Birth, (Street and Number) 1146 Philpot Alley

5. Full Name of Mother, Lizzie Belle Shanz

6. Mother's Maiden Name, Frey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Henry Shanz

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks, 1890-003059

JUL 31 1890

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 730824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child or Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	July 18th 90
Place of Birth, (Street and Number)	1109 Procter St
5. *Full Name of Mother,*	Ellen Hart
6. *Mother's Maiden Name,*	Ellen Clancy
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thos Hart
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Dr Robt T Wilson
Address,	820 Parkview
Remarks,	1890 0003060

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be signed by the attending physician or midwife, if there be one present at the birth, and if not, then by the father or mother of such child, or householder; and every physician or midwife who shall refuse or neglect to make such certificate within the first and third days of each and every month, as herein required, shall forfeit and pay for each and every such offence the sum of ten dollars; and every person required by this section to register the birth of a child who shall neglect or refuse so to do within ten days after the birth of such child shall forfeit and pay the sum of five dollars; and no midwife or other person shall be in attendance upon the mother immediately thereafter (unless the duty of the person or parents of such child, or householder, or physician, or midwife, in any of the cases aforesaid, to make such certificate or to register the birth of such child, shall have been performed, and the certificate required by this section shall be produced to the person in attendance upon the mother immediately thereafter, if such certificate is required to be made by a physician or midwife), under the penalty of forfeiting and paying for each offence the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY HEALTH DEPARTMENT AUG 30 1890 REGISTRAR'S OFFICE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday July 19th 1890
4. Place of Birth, (Street and Number) 616 N. Central Ave.
5. Full Name of Mother, Gussie H. DLaney
6. Mother's Maiden Name, Gussie H. Hartsung.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Thomas A. DLaney
9. Father's Occupation, Paper-Hanger.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Wilmer Barnitz. M.D.

Address, Calvert & Preston Sts.

Remarks,

1890-003061

DAK U SAFETY FILM

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 19–90
4. Place of Birth, (Street and Number)	802 N Wolfe St
5. Full Name of Mother,	Nellie Coleman
6. Mother's Maiden Name,	Wheeler
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Millard F Coleman
9. Father's Occupation,	Paperhanger
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	912 McDonough St
Remarks,	

1890 - 003062

Sec. 5. And be it enacted, That the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered. duly signed by the practitioner or person in charge of the case, at the office of the Commissioner of Health, within the first ten days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 73057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Irene Appel

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Second

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*)

3. *Date of Birth*, July 19 - 90

4. *Place of Birth*, (*Street and Number*) 833 N. Ann

5. *Full Name of Mother*, Emma M. Appel

6. *Mother's Maiden Name*, " " (Bleich) Blaich

7. *Mother's Birthplace*, Balto

8. *Full Name of Father*, Albert Apple

9. *Father's Occupation*, Clothing Cutter

10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary W. Allard

Address, 912 McDonogh

Remarks, 1890-003063

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 7208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

2. Date of Birth, July 20 - 90

3. Place of Birth, (Street and Number) 1724 E. Chase

4. Full Name of Mother, Ida Wilkins

5. Mother's Maiden Name, " Salvage

7. Mother's Birthplace, Balto

8. Full Name of Father, John C. Wilkins

9. Father's Occupation, Artist

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Allwell

Address, 912 McDonogh

Remarks,

1890 003064

month, and shall set forth as far as the same can be ascertained the full name of each child (if any) which shall have been born of such mother, the full name of the father, the color of each child, the date of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of such mother, and in her default, of the person or persons present at the birth, or of the nearest relative of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SUN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 73059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 21 1900
4. Place of Birth, (Street and Number)	1720 E. Baltimore
5. Full Name of Mother,	Lillie Kuestner
6. Mother's Maiden Name,	" Bartholomas
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John. Kuestner
9. Father's Occupation,	Tinner
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Merrill
Address,	42 N Durrough
Remarks,	

1890 - 003065

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the full name and occupation of its parents, the date and place of birth, and the full name and address of the physician or midwife, if any, present at the birth, and the date of the certificate, which certificate shall be delivered, duly signed by the practitioner or midwife, to the parent or person having charge of such child at the time of making such report. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person make such return within the time above required, it shall become the duty of the parent or person having charge of such child to report the particulars of such birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A23090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 21 1890

4. Place of Birth, (Street and Number) 1525 Canton Av.

5. Full Name of Mother, Annie L. Yerscheit

6. Mother's Maiden Name, Michaelies

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter Yerscheit

9. Father's Occupation, Iron - Molder

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Fratt St

Remarks,

1890 2 003066

Penalty for neglect to report birth within the time specified, and for each month thereafter, is ten dollars; and shall set forth as far as the same can be ascertained the full name of each child born alive, and not reported as required by law, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. In the case of twins, triplets, &c., a separate report shall be made for each child. Any person who shall refuse or neglect to report the birth of any child as required by law, shall be guilty of a misdemeanor, and on conviction thereof shall be punished by a fine of not less than ten dollars nor more than fifty dollars for each offense, and each and every month to elapse after the time prescribed by law for reporting such birth shall constitute a separate offense. Any midwife or other person, not a physician or practitioner in the city of Baltimore, who shall attend upon any case of confinement, shall report the birth of any child to the Commissioner of Health, in the manner and within the period of time required by this section of the ordinance, and any midwife or other person who shall refuse or neglect to report such birth as herein required, shall be subjected to the like penalties as are provided in this section of the ordinance. Such penalties may be sued for and recovered as other fines and forfeitures are recoverable.

WM. A. MULRAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 22 - 90.

4. Place of Birth, (Street and Number) 1821 Fairmount Ave

5. Full Name of Mother, Laura V. Nizer

6. Mother's Maiden Name, " " Reever

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm H. Nizer

9. Father's Occupation, Shipping Clerk

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Miss Mary A Atwell

Address, 913 McDonogh

Remarks, 1890-003067

month, and shall set forth as far as the same can be ascertained the full name of each child (if one shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur when the attendance of a physician or practitioner of midwifery, or should no other person, such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons having the first and every succeeding month, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, and in default to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 230977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 22nd 1890
4. Place of Birth, (Street and Number)	1110 Clifton Place
5. Full Name of Mother,	Louise Gaffney
6. Mother's Maiden Name,	Louise Gilbert
7. Mother's Birthplace,	Howard Co. Md
8. Full Name of Father,	John M. Gaffney
9. Father's Occupation,	Fireman in The B. & O.
10. Father's Birthplace,	Washington D.C.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brenton M.D.
Address,	Calvert & Preston Sts.
Remarks,	

1890 003068

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive within said month, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be signed by the attending physician or midwife, if there be one present at the birth, and if not, then by the father or mother of such child, if able to do so, and if neither father nor mother be able to do so, then by the householder or owner of the premises where such birth occurs. It shall be the duty of the undertaker to demand the certificate of birth before burying any dead body, and he shall make a return of all certificates received by him to the office of the Commissioner of Health, within the first five days of each and every month. In case there be no undertaker employed, it shall be the duty of the person or parents of such child to procure the certificate of birth and make return thereof as herein required. And no burial of any human being shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the householder or owner of the premises where such birth occurs shall be required to make oath before the Commissioner of Health that the provisions of this section have been complied with. It shall be the duty of the Commissioner of Health to see that the provisions of this section are strictly complied with, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT AUG 1890 RECEIVED

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, July 22 - 1910
4. Place of Birth, (Street and Number) 122 N. Caroline St.
5. Full Name of Mother, Mary E. Warfield
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. G. Warfield
9. Father's Occupation, Talbot County Md
10. Father's Birthplace, Laborer

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fall St.

Remarks, 1910 0003069

month; and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been (or thereafter be) born, the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the return, to the Commissioner of Health on the third day of each and every month to the office of the Registrar of Vital Statistics. In cases where no physician or midwife was present at the birth, the mother, immediately after becoming able to do so, shall make a return upon the above schedule, and in case the mother shall become incapable, or in case the mother is unmarried, the person or parents of such child to report its birth to the Commissioner of Health, as above provided, within ten days after the expiration of the period above required, and any such person or persons who shall be guilty of a violation of this section shall be subject to the fine of ten dollars for each offense. To recover said penalties fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 250944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 23 — 1890
4. Place of Birth, (Street and Number) 1426 Gramby St.
5. Full Name of Mother, Emma Wilhelm
6. Mother's Maiden Name, Wolf
7. Mother's Birthplace, Germany
8. Full Name of Father, Karl F. Wilhelm
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Germany

Name of Medical Attendant or other person who makes this Return. Mary Stein

Address, 1421 E. Pratt St.

Remarks,

1890-003070

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, its sex, color, the full name and occupation of the parents, the date and place of birth; and the third day of each and every month, immediately thereafter, the physician, midwife or other person in attendance upon the mother, shall deliver, duly signed by the proper officer, the original certificate of birth; and the shall occur without the attendance of a physician or midwife, the person required to make the return of such case the birth of a first and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 220905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Name of Child* or *Mother*, (*state whether 1st, 2d, 3d, &c.*) 9th
2. *Sex*, (*State whether male or female*) Female
3. *Race or color*, (*if not of the white race*) White
4. *Date of Birth*, July 23rd 90
5. *Place of Birth*, (*Street and Number*) 126 Hull Wash.
6. *Full Name of Mother*, Rosa Hemp
7. *Mother's Maiden Name*, Rosa Hardy
8. *Mother's Birthplace*, Maryland
9. *Full Name of Father*, Edward Kemp
10. *Father's Occupation*, Barber Shop
11. *Father's Birthplace*, Kentucky
12. *Name of Medical Attendant*, or other person who makes this Return. Dr. Pendleton
13. *Address*, 410 E. Fayette St.
14. *Remarks*, 6900030714

AUG 1 1890

Section 3. Be it further enacted, That if the name can be ascertained the full name of each child, if any, shall be entered as such; if not, the word "unknown" shall be entered; and the full name and occupation of its parents, the date and place of birth, and the sex and color of each child, as well as the maiden name of the mother, shall be entered, duly signed by the practitioner in the form set forth. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person in whose house or on whose premises the birth occurred, to report the same to the office of the Commissioner of Health, within the first and third days of each and every month, and in case the birth shall occur elsewhere than in a house, the duty of reporting such birth shall devolve upon the parent or parents of such child, if living in the city, and if not living in the city, upon the person in charge of the premises on which the birth occurred; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. ENEANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the [illegible] If any shall have
been conferred) its sex, color, the full name and occupation of its parents, the [illegible] of birth; and the
said schedule shall be delivered, duly signed by the [illegible]ctitioner in the form of a certificate [illegible]een the first and
third day of each and every month to the office of the Commissioner of Health. In case [illegible]rth of any child
shall occur without the attendance of a physician or [illegible]tioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A. 13049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* Negro
3. *Date of Birth,* July 23d
4. *Place of Birth, (Street and Number)* 1540 Argyle av.
5. *Full Name of Mother,* Jennie Watts
6. *Mother's Maiden Name,* Ware
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Wm Watts
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Pearce Kintzing MD

Address, 601 Franklin St.

Remarks, I. O. A.

1890-003072

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 23 rd 1890
4. Place of Birth, (Street and Number)	No 16 Clinton st
5. Full Name of Mother,	Steller Frank
6. Mother's Maiden Name,	Steller Mohgraft
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Frank
9. Father's Occupation,	Cigarmaker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Horning
Address,	No 15-17 Byrd
Remarks,	

JUL 31 1890

1890 - 003073

Boards and Clerks are required to see that a Certificate of Birth is made out in duplicate for every child born within their respective districts, and that the full name of each child is entered on the duplicate certificate before the same can be ascertained the full name of each child, if any shall have been given, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Clerk of the district within which the birth occurred, within ten days after the birth of any child. And every midwife or practitioner of midwifery, not being a physician, and every other person who shall assist at the birth of any child, and no other person be in attendance within the first ten days after the birth of any child, shall report the birth of such child to the Commissioner of Health, in the office of the Board of Health, within ten days after the birth, and in default thereof shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 73098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 23 1890
4. Place of Birth, (Street and Number) 224 N Caroline St.
5. Full Name of Mother, Annie Byrnes
6. Mother's Maiden Name, Feller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Byrnes
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Gary Stein

Address, 1427 E. Pratt St.

Remarks,

1890-003074

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been still-born, a still-born child), the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be signed by the attendant upon the birth, or by the father or mother of such child. Every such certificate shall be delivered by the person required to make the same to the Registrar of Vital Statistics within ten days after the third day of each and every month to which it relates. Any person required by this section to make a certificate of birth, and the attendant upon the mother at the birth of a child, shall be liable to the penalties hereinafter provided for a failure to do so. Any person who shall wilfully refuse or neglect for the space of ten days after the birth of any child to report the birth of such child to the Registrar of Vital Statistics, or who shall wilfully refuse or neglect to report any other matter or thing touching a birth about which he may be required to report by the Registrar of Vital Statistics, or who shall wilfully refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be sued for and collected as other fines and forfeitures are recoverable.

WM. A. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

23099.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23rd 1890
4. Place of Birth, (Street and Number) #520 Jefferson Av Baltimore
5. Full Name of Mother, Annie M Bryan
6. Mother's Maiden Name, " " Leech
7. Mother's Birthplace, Virginia
8. Full Name of Father, James V Bryan
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, #811 Jefferson Av Baltimore

Remarks, 1890-003075 m d

...set forth as far as the name ... of the parents; the date and place of birth; and ... been conferred) its sex, color, if other than white, and ... said schedule each and every month to the ... shall occur without the attendance of a ... attendance upon the mother. Commissioners ... child to report, in the manner and within the ... such person or persons who shall ... jected to the fine of ten (10) dollars for ... the name ... of the parents; the date and place of birth; and ... been conferred) its sex, color, if other than white, and ... said schedule each and every month to the ... shall occur without the attendance of a ... attendance upon the mother. Commissioners of Health, in the manner and within the time ... of this section shall be subject to the fine of ten (10) dollars for ... or failure to comply with the other fines and forfeitures are recoverable.

...J. S. DILLON'S SON, CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-2-54

RETURN OF A BIRTH A 78100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Cecelia Kern

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 24 1890
4. Place of Birth, (Street and Number) 318 Hammond Alley
5. Full Name of Mother, Katharina Kern
6. Mother's Maiden Name, Ross
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Kern
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Hain

Address, 427 E Fait St.

Remarks,

1890-003076

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a return, or between the first and third day of each and every month to the office of the Commissioner of Health, Baltimore City. Any midwife or other person be in attendance upon the mother, immediately thereafter fail to deliver such return, shall be subject to the fine of ten (10) dollars for each offense, to be recovered in the manner and penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 73101.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)* First
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* July 24 th 1890
5. *Place of Birth, (Street and Number)* Locust Point 1474 Gonts
6. *Full Name of Mother,* Mary Virginia Sheckels
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* William Joseph Sheckels
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. C. H. Ehlefeldt M.D.

Address, 648 W Lombard St

Remarks,

1890 2093077

RECEIVED AUG 6 1890 HEALTH DEPARTMENT

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, and shall be registered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate before the first day of the third day of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance, to the Commissioner of Health. In case the mother shall be delivered of a child without such assistance, the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and shall decease upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall have neglected to make such return, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH A 73107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 31 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 24th 1890
4. Place of Birth, (Street and Number) No. 16 Young St.
5. Full Name of Mother, Katie Erb
6. Mother's Maiden Name, Katie Schmit
7. Mother's Birthplace, Germany
8. Full Name of Father, Gottlieb Erb
9. Father's Occupation, Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

690-003078

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the owner, agent or occupant of the house in which such birth shall occur, and in case of his absence, the nearest relative present, or the person having charge of such child, shall report the birth to the Commissioner of Health, in the manner aforesaid, within five days thereafter. It shall become the duty of the Commissioner of Health to cause the provisions of this section to be enforced, and any person who shall refuse or neglect to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in the manner prescribed by law for the recovery of fines and penalties.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25th 1890
4. Place of Birth, (Street and Number) #287 Cedar Ave. Baltimore
5. Full Name of Mother, Alberta L. Richards
6. Mother's Maiden Name, " " Saunders
7. Mother's Birthplace, Harford Co. Md
8. Full Name of Father, Isaac H Richards
9. Father's Occupation, Teamster
10. Father's Birthplace, Balto. Co Md.

Name of Medical Attendant, or other person who makes this Return, R. H. Rankin M D

Address, #811 Jefferson Ave. Baltimore

Remarks, 1890 - 003079 Md

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name of the parents, the date and place of birth, and the said school shall be delivered to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should an other person be in attendance upon the mother, (immediately after the birth, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health within ten days thereafter, and any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DELANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 42310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25th 1890
4. Place of Birth, (Street and Number) #920 Wolf St
5. Full Name of Mother, Alice Abbott
6. Mother's Maiden Name, Bryan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George M. Abbott
9. Father's Occupation, Can maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M D

Address, # 811 Jefferson Av.
Baltimore

Remarks,

1890-003000 and

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

section, as I shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full names and occupations of its parents, the date and place of birth; and the said schedule shall be delivered daily at the office of the Commissioner of Vital Statistics, to each physician or person who shall certify the attendance of a physician at the birth of any child, and in case the birth of any child occurs without the attendance of a physician, the father or other person or parents of such child or in the absence of the father, the mother, shall within ten days after the birth of such child report its birth to the Commissioner of Vital Statistics as above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 23105.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 26 — 1890
4. Place of Birth, (Street and Number) 929 Eastern Ave.
5. Full Name of Mother, Maggie Rochner
6. Mother's Maiden Name, Penning
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Rochner
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Harry Stein

Address, 1421 E. Fait St.

Remarks,

1890 - 003081

...tion, ... shall set forth as far as the same can be ascertained ... been conferred) the sex, color, the full name and residence of its parents, the date and ... said schedule shall be delivered within ... every such birth, or in default thereof ... third day of each month to the office of the Commissioner of Health. ... either with or without the attendance of a physician or practitioner ... attendance upon the mother, immediately ... child to report its birth to the ... any such person who shall hereafter fail to comply with the ... jected to the fine of ten (10) dollars for each offense, to be recovered ...

...ll have ... and the ... birth ... ...ould no other person be in ... the duty of the person or parents of such ... within the period above required, and ... Health in the manner and within the period above required, and ... penalties as are ... provided for failures ... are recoverable.

...

RETURN OF A BIRTH A231 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 26th 1890.
4. Place of Birth, (Street and Number) #206 Glenn Edwards Ave.
5. Full Name of Mother, Cora M Griesinger
6. Mother's Maiden Name, " " Shettel.
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Samuel L. Griesinger
9. Father's Occupation, Rail roader
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, X 811 Jefferson Ave

Remarks, Baltimore

1890 003082 md

JUL 31 1890

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the fifth day of the month following the birth. In case the birth of any child shall occur without the attendance of a physician, midwife or other person authorized to report the birth, immediately thereafter the father or mother of such child, or the person in charge of the premises where the birth occurred, shall report the birth to the Commissioner of Health, and shall comply with all the requirements of this section as to the period above required, and any person who shall violate any of the provisions of this section shall be subjected to the fine of ten dollars for each offence. The penalties and forfeitures are recoverable.

WM. A. G. BALDAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, July 27th 1890 11.45 P.M.
4. Place of Birth, (Street and Number) 702 S. Fremont ave,
5. Full Name of Mother, Emeline E. Franklin
6. Mother's Maiden Name, Gray
7. Mother's Birthplace, City
8. Full Name of Father, Benjamin P. Franklin
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, City.

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor. 0 0 3 0 8 3

keep conferred; its sex; color; the full name and occupation of its parents; the name of each child, if any, born before it; and the said schedule shall be delivered with its return of birth to the Commissioner in the form of a certificate between the first and tenth days of each month; and every midwife, physician or practitioner of midwifery, or should no other person have been in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such midwife, physician or practitioner who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 93105.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sunday July 27th - 1890
4. *Place of Birth, (Street and Number)*	1008 Harford Ave
5. *Full Name of Mother,*	Emma Johnston
6. *Mother's Maiden Name,*	Emma Lindall
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Jos. Johnston
9. *Father's Occupation,*	Hat Dealer
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton. M.D.
Address,	Calvert & Fayette Sts.
Remarks,	

AUG 1890

890 - 003084

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said certificate shall be signed by the attending physician or midwife, or if there was none, by the father; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the father or mother of said child to report in person or cause to be reported to the Commissioner of Health, within ten days thereafter, full and correct information of the particulars required to be reported in this section, and any such person or persons who shall hereafter fail to report as herein required, shall be subjected to the fine of ten (10) dollars for each offense, to be collected as other fines and penalties are recoverable.

WM. J. G. BLAKEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 93109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 28 1890
4. Place of Birth, (Street and Number) 1428 Mich Alley
5. Full Name of Mother, Lizzie Goetz
6. Mother's Maiden Name, Atkins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Goetz
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. Stein

Address, 1427 E. Pratt St.

Remarks,

1890-003085

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be signed by the attendant, and verified by the oath or affirmation of such person, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or parents of such child shall make return of the same within ten days after the birth, and every person who should no other person be in attendance upon the mother, immediately thereafter, shall become liable to the penalty hereinafter provided for a violation of this section, and shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 23110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 4 Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 29-90

4. Place of Birth, (Street and Number) 939 N. Ann St

5. Full Name of Mother, Lillie Joslin

6. Mother's Maiden Name, " Kirby

7. Mother's Birthplace, Balto

8. Full Name of Father, John Alonza Joslin

9. Father's Occupation, Printer

10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Allwell

Address, 912 McDonogh St

Remarks, 890-003086

SEC. 2. Be it further ordained, That the full name and occupation of its parents, the date and place of birth, and the sex of every child born within the limits of Baltimore City, shall be registered in the office of the Registrar of Vital Statistics, within ten days after the birth of such child; and it shall be the duty of the Registrar to furnish blank forms for the purpose of such registration, and to prepare and have ready for delivery such blanks within ten days after the passage of this ordinance. And it shall be the duty of every physician, midwife, or other person in attendance upon the mother, immediately after the birth of any child, to report to the Registrar the particulars required to be registered in relation to such birth. In case there is no physician or midwife in attendance, then the duty of reporting such birth shall devolve upon the householder. The Registrar shall keep a record of all births reported to him, which record shall be open for inspection at all reasonable hours. And it shall be the duty of the Registrar to report to the Board of Health, at the end of each and every month, the number of births registered by him during the month, and the names of the persons by whom reported. No certificate of birth shall be required for the interment of any child, but it shall be the duty of the undertaker to report to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the particulars required to be registered in relation to such birth. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEC. J. D. GILDAY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, July 29th 7.45 A.M. 1890
4. Place of Birth, (Street and Number) 331 Bruce St. cor. Selma Place
5. Full Name of Mother, Sarah Ford
6. Mother's Maiden Name, Kilpatrick
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, John Ford
9. Father's Occupation, Hostler
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, H. W. Webner. M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

890-003087

been conferred his sex, color, the full name and occupation of its parents, his date and place of birth, and the full name of each mother, duly signed by the practitioner in the form of a certificate between the first and second days of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, then it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten nor dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st
4. Place of Birth, (Street and Number) 1019 N. Gross A
5. Full Name of Mother, Mary Kelly
6. Mother's Maiden Name, " Reilly
7. Mother's Birthplace, City
8. Full Name of Father, Anthony Kelly
9. Father's Occupation, Gasfitter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. J. C. Bunch M.D

Address, 811 Hanover

Remarks,

1890 - 003088

month, as shall set forth as far as the same can be ascertained the full name of each child, if it shall have been conferred) its sex, color, the full name and occupation of its father, and the maiden name of its mother, and the place of birth, and the name and residence of the person who shall attend the birth of any child shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become and within the period above required, and to report its birth to the Commissioner of Health, in the manner and form prescribed by the provisions of this section shall be subject to the fine of ten ($10) dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A23113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Victoria Schmidt

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) white
4. Date of Birth, 1st Sept 1890.
5. Place of Birth, (Street and Number) 1044 E. Biddle St.
6. Full Name of Mother, Fannie Katherine Schmidt
7. Mother's Maiden Name, " " " Fiedler
8. Mother's Birthplace, Washington D. C.
9. Full Name of Father, Henry Schmidt
10. Father's Occupation, Machine Hand
11. Father's Birthplace, Germany
12. Name of Medical Attendant, or other person who makes this Return. Kathrine Schmidt
13. Address, 800 Eadenhall St
14. Remarks, GIVEN NAME ADDED 9-26-85

890-003089

AUG 1890

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth, and whether this is the first and only child, or if twins, triplets, or other plural births, and the order of birth in each case. In case the birth of any child shall occur without the attendance of a physician, it shall become the duty of the person or persons in attendance upon the mother, and the said mother, if able, to report the said birth within five days and every month to the office of the Commissioner of Health, in the manner required by this section. Any physician or midwife, or other person in attendance upon the mother, who shall fail to report the birth of any child as required by this section shall be subject to a penalty of ten (10) dollars for each offense, to be recovered, with costs of suit, in the name of the State of Maryland, before any justice of the peace; and any person or persons who shall hereafter fail to give the information required by this section shall be subject to the fine of ten (10) dollars for each offense. Penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2.311 D.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 1st July 1890
4. Place of Birth, (Street and Number) Randall St near White Lead Factory
5. Full Name of Mother, Laura Nash
6. Mother's Maiden Name, Mariner
7. Mother's Birthplace, Virginia
8. Full Name of Father, Joseph Nash
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yearsley

Address, 516 Fort Ave

Remarks,

1890 003090

AUG 1890

WM. J. C. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 73113.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, ~~(state whether male or female)~~ female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, July 2nd 1890
4. Place of Birth, (Street and Number) 701 E. Eutaw St
5. Full Name of Mother, Hattie Gramples
6. Mother's Maiden Name, Hattie Mearit
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry M. Gramples
9. Father's Occupation, Carpenter
10. Father's Birthplace, Maryland Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Catherena Grant

Address, 800 Swadenhall St

Remarks,

890-003091

Every physician, midwife or other person who shall hereafter attend upon any birth, shall, within ten days after such birth, report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the full name and occupation of its parents, the date and place of birth; and the sex and color of the child, in the form of a certificate to be furnished by the Registrar. Such certificate shall be delivered, duly signed by the attendant, at the office of the Registrar, or deposited in the mail, postage prepaid, within the time above specified. In case no physician, midwife or other person be in attendance upon the birth, the parent or parents, or the head of the family in which such birth occurs, shall report the same in the manner and within the time above specified. Every person who shall neglect or refuse to comply with the requirements of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

808 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 3rd 1890
4. *Place of Birth, (Street and Number)*	905 N Edn St
5. *Full Name of Mother,*	Ollie Kroneff
6. *Mother's Maiden Name,*	Penfon
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Edward Kroneff
9. *Father's Occupation,*	paper hanger
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	M. B. Billingslea MD
Address,	1206 E. Preston
Remarks,	

1890 - 003092

month, and shall set forth as far as the same can be ascertained, the sex, color, the full name and occupation of its parents, and place of birth; and the said schedules shall be delivered, duly signed by the physician or midwife in the form of a certificate between the first and third visits of such physician or midwife, or as soon thereafter as practicable; and in case no physician or midwife shall attend at the birth of any child born in this city, or in case of the absence or refusal of such physician or midwife to make such return, or in case a birth shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and a certificate of such birth shall be made out by the Commissioner of Health, and delivered to the person making such report, and a fee of ten cents shall be paid for such certificate; and any person who shall fail to make such report, or who shall make a false report, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 23117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	5 July
4. *Place of Birth, (Street and Number)*	1002 Sharp st.
5. *Full Name of Mother,*	A E List Kammer
6. *Mother's Maiden Name,*	A E List
7. *Mother's Birthplace,*	Balto Co.
8. *Full Name of Father,*	L M Kammer
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other person who makes this Return.	Mrs Mitchell
Address,	900 Loudenhall Ave
Remarks,	690-003093

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the daily, monthly and yearly number of its age, the date and place of birth; and the full name, occupation and residence of its parents. In the case of a certificate of the birth of any child said child shall be seen and examined by the person making such certificate, or should no other person be in attendance upon the mother, the said certificate shall be made by the person in charge of the case. Any midwife who shall neglect or refuse to become familiar with the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time as aforesaid, or shall occur without the attendance of a physician or midwife, shall make report of such occurrence to the Commissioner of Health, and shall comply with all the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 4th

1. Sex, (state whether ~~male or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 3 40
4. Place of Birth, (Street and Number) 2034 Marshall Ave
5. Full Name of Mother, Carrie Dexter
6. Mother's Maiden Name, Carrie Greenshaw
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lamar E Dexter
9. Father's Occupation, Glass Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Mundt

Address, 800 Leadenhall St.

Remarks, 890-003094

Form 1. Until yet born as to the same can be ascertained the full name of each child, (if any, shall have been considered) to sex, color, the full name and occupation of its parents, the date and place of birth, and said setteriale shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child third day of each and every month a return of all births which may have occurred within said month, and shall deliver upon the mother, immediately thereafter it shall become the duty of the person so required, and child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* ——— White
3. *Date of Birth,* July 4th. 1890.
4. *Place of Birth, (Street and Number)* 137. W. Lee St.
5. *Full Name of Mother,* Kate Morris.
6. *Mother's Maiden Name,* " Roberts
7. *Mother's Birthplace,* North Wales.
8. *Full Name of Father,* Owen Morris.
9. *Father's Occupation,* Engineer.
10. *Father's Birthplace,* North Wales.

Name of Medical Attendant, or other person who makes this Return. R. J. H. Tall. Md.

Address, 524 Sharp. St.

Remarks,

1890-003095

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it [illegible] the duty of the person or parents of such child to report its birth to the Commissioner of [illegible] within the period above required, and any such person or persons who shall hereafter [illegible] of this section shall be subjected to the fine of ten (10) dollars for each [illegible] and forfeitures are recoverable.

AUG 2 1890 [stamp]

RETURN OF A BIRTH A 83120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2d

1. Sex, (*state whether male or female*) Male
2. Race or Color, (*if not of the white race*)
3. Date of Birth, 4th July 1890
4. Place of Birth, (*Street and Number*) 423 Saunders St
5. Full Name of Mother, Susan Hurly
6. Mother's Maiden Name, Linthecum
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew Jason Hurly
9. Father's Occupation, Mate
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell

Address, 510 Fort Ave

Remarks, 890-003096

RETURN OF A BIRTH

No. 23171.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex (state whether male or female), Female.

2. Race or Color (if not of the white race), White.

3. Date of Birth, July 5, 1890.

4. Place of Birth (Street and Number), Royers Hill (Bet. 5th & 6th)

5. Full Name of Mother, Mary A. Wallick.

6. Mother's Maiden Name, Eichelberger.

7. Mother's Birthplace, Pa.

8. Full Name of Father, Peter A. Wallick.

9. Father's Occupation, Railroader.

10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Chestnut Ave.

Remarks,

890003097

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

A 23177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 7th 1890
4. Place of Birth, (Street and Number) No. 13 Mine Bank Lane near — North Ave. Balt.
5. Full Name of Mother, Eva Metz
6. Mother's Maiden Name, Hook
7. Mother's Birthplace, Germany
8. Full Name of Father, Melchior Metz
9. Father's Occupation, Beer Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, No. 1859 N. Gay St

Remarks, none

8 9 0 - 0 0 3 0 9 8

The Registrar of Vital Statistics shall not receive or register any certificate of birth unless the same can be ascertained from the certificate that the birth has occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the particulars required by the Registrar of Vital Statistics. The said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 73178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 9th 1880
4. *Place of Birth, (Street and Number)*	St Peter St
5. *Full Name of Mother,*	Julia Beatty
6. *Mother's Maiden Name,*	" Stewart
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Luther Beatty
9. *Father's Occupation,*	Seaman
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Dr R Graham
Address,	
Remarks,	

890 ± 003099

been centered, in sex, color, the full name and ... third day of each and every month a certificate ... shall occur without the attendance of a ... attendance upon the mother, immediately ... shall forward it to the Commissioner of ... any such person or persons shall neglect ... jected to the fine of ten (10) dollars for ... fines and forfeitures are recoverable.

CITED [illegible] 1-6-55

RETURN OF A BIRTH

A 231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Honora Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2-d
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	colored
3. Date of Birth,	July 9th 1890
4. Place of Birth, (Street and Number)	905 S Charles St
5. Full Name of Mother,	Mary Miller
6. Mother's Maiden Name,	" Gavin
7. Mother's Birthplace,	City
8. Full Name of Father,	Geo Miller
9. Father's Occupation,	Honey dew
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	J Bunch MD
Address,	511 Hanover St
Remarks,	

890-003100.

ATTEST [illegible]

[illegible] and signed set forth as far as the same can be ascertained the full name of each child of each mother [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practi[illegible] A certificate between the first and third day of each and every month to the office of the [illegible] case the births of any child born [illegible] attendance upon the mother, immediately there[illegible] child to report its birth to the Commissioner of [illegible] any such person or persons who shall [illegible] subject to the fine of [illegible] dollars for each offense. Sec. [illegible] ...only with the provisions of [illegible] section shall be sub[illegible] ...ured by other fines and forfeitures are recoverable.

[illegible] & C. BLANEY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 2-23-49

RETURN OF A BIRTH

A 73126.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hairy Louis Snyder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 9. 1890
4. Place of Birth, (Street and Number)	Gilmore st 411
5. Full Name of Mother,	Mary E ~~Snyder~~ Snyder
6. Mother's Maiden Name,	Mary E Kornauer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles ~~Snyder~~ Snyder
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs L Keller
Address,	2022 Wilkens Ave
Remarks,	1890 - 003101

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its father, and the maiden name of its mother, and the place of birth, and the third day of each and every month, a like report to the Commissioner of Health of the City of Baltimore, of all births occurring between the first and shall occur without the attendance of a physician or practical midwife, and the reasons for the absence of such attendance upon the mother. Immediately thereafter, it shall be the duty of the Undertaker, or other person who shall inter or dispose of the remains of such child, to make a certificate, setting forth the information required to be given by the parent, and the circumstances of the death, and the cause thereof, so far as the same can be ascertained, and deliver the same to the Commissioner of Health, or to the Sexton or other person in charge of the burial ground in which such child is interred, before interment shall be made therein. And any such person or persons who shall neglect or refuse to make such report, or to deliver such certificate, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 23126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White.
3. Date of Birth, July 9 - 1890.
4. Place of Birth (Street and Number), 233 Hickory ave.
5. Full Name of Mother, Lola M. Dennis
6. Mother's Maiden Name, Lunday.
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Augustus A. Dennis.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Nicholl M.D.

Address, 296 Chestnut ave.

Remarks,

890 - 003102

AUG

Publishing Co., Stationers

RETURN OF A BIRTH A 2317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 9th July 1890

4. Place of Birth, (Street and Number) 702 Fort Ave

5. Full Name of Mother, Mary Ann Lowman Bell

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lilly Lowman

9. Father's Occupation, Laborer

10. Father's Birthplace, R.R. Co Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell

Address, 516 Fort Ave

Remarks,

1890 003103

month, and shall set forth as far as the same can be ascertained this full name of each child, if it shall have been christened), its sex, colored, duly signed by the practitioner in the case of a birth attended by such practitioner, or by the mother, if no such practitioner was in attendance upon the birth; the Commissioner of Health shall furnish blank forms for the purpose of such return, and shall keep a record of every month to the office of the practitioner of midwifery, or should no other person be in attendance upon the birth, then to the mother, and in all cases where a birth shall occur without the attendance of a physician or midwife, it shall become the duty of the person above required, and in the absence of such person, of the householder in whose house the birth occurred under his or her care during the period above required, and with the same penalties and forfeitures are recoverable. Any person or persons who shall hereafter violate any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 23128.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Three
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 10th 1890.
4. Place of Birth, (Street and Number)	East Hughes St. No. 233
5. Full Name of Mother,	Anna Haley
6. Mother's Maiden Name,	Anna Galvin
7. Mother's Birthplace,	County Galway, Ireland.
8. Full Name of Father,	Patrick Haley
9. Father's Occupation,	Carter
10. Father's Birthplace,	Ireland.
Name of Medical Attendant, or other person who makes this Return.	Catherine Mench
Address,	800 Leadenhall St
Remarks,	1890-003104

...been conferred, the same can be done on application to the Registrar of Vital Statistics, Board of Health, Baltimore City. Every physician, midwife or other person in attendance upon any birth shall, within ten days after the birth, report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the full name of the child (if any shall have been given), its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the informant, in the form of a certificate to be furnished by the Registrar; and no other person shall be required to report any birth at which a physician or midwife was in attendance. Every undertaker or other person burying the dead body of any child for which no certificate of birth has been returned as herein required, shall, before burial, report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the name, sex, color and parentage of such child, the date of birth, if known, and the date of burial. Every person required by this ordinance to report births or deaths, who shall neglect or refuse to make such report within the time specified, or who shall make any false report of any birth or death, shall be subjected to a fine of not more than ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 10 1890
4. Place of Birth, (Street and Number)	Lemmon st 1830
5. Full Name of Mother,	Virginia Ford Allen
6. Mother's Maiden Name,	Virginia Ford Lolas
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John J. Allen
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs L Gilley
Address,	2022 Orleans ave
Remarks,	

1890 003105

month, and shall set forth as far as the same can be ascertained the full name of each child of such mother born since the last preceding return, the sex, color, the full name and ... of its parents, the date of birth, and such other particulars as may be required by the Board of Health. In case the birth of any child shall occur without the presence of a physician or midwife, the mother, immediately after such birth, shall be required to report its birth to the Commissioner of Health, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each and every such neglect, or failure to report as aforesaid.

... under the care during the ... of her care during the ... of each child, of any death ... and shall ... certificate between the first and ... In case the birth of any child ... other person of such ... dairy, or should no other person of such ... the period above required, and ... visions of this section shall be sub- ... and forfeitures are recoverable.

... CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 73120.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	3rd
	Sex, (State whether male or female)	Female
2.	*Race or color, (if not of the white race)*	White
3.	*Date of Birth,*	July 11 - 1870
4.	*Place of Birth, (Street and Number)*	126 Fulton Ave
5.	*Full Name of Mother,*	Mary C. Crouse
6.	*Mother's Maiden Name,*	Mary C. Mansfield
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Peter T. Crouse
9.	*Father's Occupation,*	Painter
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return	D. F. Fay.
	Address,	108 Druid Hill Ave.
	Remarks,	

C90-003106

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of the parents, and the date and place of birth of every child born within the city, and not already registered, which may have been concealed; and every person who shall neglect or refuse to give such information as he may be required to give under the provisions of this section, shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

In case of the death of any child before the first day of each and every month, it shall be the duty of the parent or parents, or other person having charge of such child, to report the fact to the office of the Commissioners of Health, stating the name, sex, color, and date of birth of such child, and the name of the parent or parents, or other person having charge of such child, and the time and place of its death, and the cause thereof, according to the best information of the person reporting the same; and any such person or persons who shall neglect or refuse to report as aforesaid, shall be subjected to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MD. C. BRADY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23131.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10th 1890

4. Place of Birth, (Street and Number) #702 Ramsey st

5. Full Name of Mother, Margaret Poske

6. Mother's Maiden Name, Bushman

7. Mother's Birthplace, Balto. City

8. Full Name of Father, William H. Poske

9. Father's Occupation, Paper Carrier

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. Thos. L. Eder M.D.

Address, N.E. Cor. Columbia & Fremont Aves.

Remarks,

890 003107

RECEIVED JUL 12 1890 REGISTRAR

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name and occupation of each parent, the number of each child, if any, shall have been conferred, the date and place of birth; and the said attendance upon the birth to the Commissioner of Health. In case the other person be in charge of the person or practitioner of midwifery, or the person or parents of such child shall be delivered, duly signed by the person or practitioner of midwifery, or the person or parents of such child, or the person in charge of the case, a return to the form of a certificate between the first and child shall occur without the attendance of a physician or practitioner of midwifery, the parent or parents of such child shall immediately thereafter, it shall become and within the period above required, and attendance upon the birth to the Commissioner of Health, and in default thereof, or neglect or refusal to comply with the provisions of this section, such person or persons who shall have charge of such child as aforesaid, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CHILD CARDS ADDED 1-9-51

A 73107

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clarence Dixon Russell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11th 1890
4. Place of Birth, (Street and Number) 18 Aisquith St
5. Full Name of Mother, Mary K. Russell
6. Mother's Maiden Name, Stubbs
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Russell
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr B. Billingslea

Address,

Remarks,

8 9 0 - 0 0 3 1 0 8

AUG 2 1890

...month, and shall set forth as near the same can be ascertained, the date and place of birth, the first and ...married) its sex, color, the full name of the parents, the date and place of birth of each ...and whether shall be delivered, by the practitioner in the form of a certificate, the birth of any child ...third day of each and every month, to the office of the Commissioner of Vital Statistics, or such ...shall occur upon the mother, immediately after the birth, in the manner and ... child to report its birth to the Board shall hereafter fail to comply with the provisions of this section ... any such person or persons who shall be convicted as aforesaid, shall be subject to a fine and forfeiture ... subjected in the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are

...CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12th 1890
4. Place of Birth, (Street and Number) 811 Barre St
5. Full Name of Mother, Emma C. Cragg,
6. Mother's Maiden Name, " " Wiesner,
7. Mother's Birthplace, Baltimore,
8. Full Name of Father, John Isaac Cragg,
9. Father's Occupation, Glass blower,
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. R. J. H. Tall, M.D.

Address, 522 S. Sharp St

Remarks,

890 0031109

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, the sex, color, the full name and occupation of its parents, the date and place of birth of each child born alive and whether such child was the first, second or other child born alive of the mother, and shall be signed by the attendant or in case there was no attendant, by the householder or owner of the premises where the birth occurred. All births hereafter occurring shall be registered within three days after the occurrence of the same, and in case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the father or mother of such child, or in case the father is dead or unable to act, the mother is absent or unable to act, of the person in charge of the house where the birth occurred, and of each person present at the birth, and within the period above required, and any such person or persons who shall neglect or refuse to make such return as required by the provisions of this section shall be subjected to the fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

406 2 PM

GEO. J. BLAKEY & CO., CITY PRINTERS AND STATIONERS

[illegible] contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner [illegible] In case the birth of any child shall occur without the attendance of a physician or practition[illegible] no other person be in attendance upon the mother, immediately thereafter it shall [illegible] or parents of such child to report its birth to the Commissioner of Health. In [illegible] above required, and any such person or persons who shall hereafter fail to [illegible] the provision [illegible] tion shall be subjected to the fine of ten (10) dollars for each offense, to [illegible] and forfeitures are recoverable.

RETURN OF A BIRTH A 23134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 2 1890

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 12th 1890

4. *Place of Birth, (Street and Number)* 1108 Bond

5. *Full Name of Mother,* Agnes Shultz

6. *Mother's Maiden Name,* Sanders

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Carl Shultz

9. *Father's Occupation,* Bottle Blower

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. W. B. Billingslea

Address, 1206 E Preston

Remarks, 690-003110

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 12" 1890.
4. *Place of Birth (Street and Number),* 825 Warner St.
5. *Full Name of Mother,* Emma Dahlmer.
6. *Mother's Maiden Name,* " Reinardt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred: Dahlmer.
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Wilhelmina Benisch

Address, 516 Lee st City.

Remarks,

890 - 003111

Sec. 18. No name still be ascertained the full name of each child at the time of making the return, the same shall be ascertained by the parent, and the return shall be completed and delivered to the Registrar within ten days thereafter. In case the parent shall neglect or refuse to furnish the name of the child within the time above specified, the Registrar shall report the fact to the Commissioner of Health. In case the birth of any child shall occur without the limits of the city, and the parent shall neglect or refuse to report the birth to the Registrar within the time above specified, it shall become the duty of the person or persons present at the birth to report the same to the Registrar of the district in which the birth occurred, within ten days thereafter. It shall become the duty of the person or persons present at the birth of any child born in the city of Baltimore, or in the limits of the same, immediately thereafter to report the same to the Registrar of the district in which the birth occurred, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 23136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	July 13-1890.
4. Place of Birth (Street and Number),	335 Roland ave.
5. Full Name of Mother,	Katie D. Wann.
6. Mother's Maiden Name,	Bennett.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Thomas R. Wann.
9. Father's Occupation,	Car Driver.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	296 Chestnut ave.
Remarks,	1890-003112

Publishing Co. ... and Stationers

RETURN OF A BIRTH A 23137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child,

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, July 13th 1890,
4. Place of Birth, (Street and Number) 1510 Hollins St,
5. Full Name of Mother, Elizabeth H. Nitsche,
6. Mother's Maiden Name, " " Jacobs,
7. Mother's Birthplace, New York,
8. Full Name of Father, Eduard Nitsche,
9. Father's Occupation, Cigar Manufacturer
10. Father's Birthplace, Germany,

Name of Medical Attendant, or other person who makes this Return. M. J. H. Tallchot,

Address, 524 Sharp St,

Remarks, 1890 003113

AUG 7 1890

Month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] of a certificate, between the first and third day of each and every month to the office of the Commissioner aforesaid; and in case no birth or stillbirth shall occur within the time aforesaid, or any part thereof, in any case where a birth or stillbirth shall occur without the attendance of any person required by this section to report the same, then the mother, immediately thereafter, shall report the birth or stillbirth of such child to the Commissioner aforesaid in the manner and form above required, and any such person or persons who shall neglect or refuse to make such report as aforesaid, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. KELLY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of its parents, the date and place of birth; [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] midwifery, or should no other person be in attendance upon the mother, immediately thereafter [illegible] of the person or parents of such child to report its birth to the Commissioner of Health [illegible] the period above required, and any such person or persons who shall hereafter [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offense [illegible] recovered as [illegible] forfeitures are recoverable.

B 83106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 1 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 of Juni
4. Place of Birth, (Street and Number) 1607 Franklin
5. Full Name of Mother, Amalie Hahn
6. Mother's Maiden Name, Amalie Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Carl Hahn
9. Father's Occupation, Taylor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 216 West Pratt St.

Remarks, 890-003114

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH A 231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 14th 1890
4. Place of Birth, (Street and Number) 1241 Sargeant Av
5. Full Name of Mother, Katie S Smardon
6. Mother's Maiden Name, Grace
7. Mother's Birthplace, A A Co Md
8. Full Name of Father, U Grant S Smardon
9. Father's Occupation, Car Driver
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Geo R Graham

Address, 725 Columbia ave

Remarks, 1890 003115

...set forth as far as the same can be ascertained, the full name of each child born alive, the sex and color, the date and place of birth, and the full name and occupation of the parents of each child, and the number of children (if any) to whom the mother has been delivered; and the said schedule shall be delivered, duly filled out, to the undertaker or other person having charge of the burial of the dead body of each child born dead, within the period above required, and the undertaker or other person having charge of the burial of the dead body of such child shall report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and all duties are imposed upon the mother, undertaker or other person having charge of the burial of the dead body of such child to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 43140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 15th 1890
4. Place of Birth, (Street and Number)	117 W Conway St
5. Full Name of Mother,	Mary Wilkerson
6. Mother's Maiden Name,	" Fox wife
7. Mother's Birthplace,	St Marys Co
8. Full Name of Father,	Chas Wilkerson
9. Father's Occupation,	Rail Road man
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	Chas R Graham
Address,	
Remarks,	

AUG 2 1890

1890 0031116

CERTIFICATE CORRECTED 5-2-62

RETURN OF A BIRTH. A 93141.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna Catherine Hoffman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 15th, 1890.
4. *Place of Birth, (Street and Number)* No 1448 Johnson St
5. *Full Name of Mother,* Annie (Hofman) Hoffman
6. *Mother's Maiden Name,* " Cooper
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* John C. (Hofman) Hoffman
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balto Cny

Name of Medical Attendant, or other person who makes this Return. J. C. Burch M.D.

Address, 511 Hanover St

Remarks,

1890-003117

AUG 2 1890

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the [illegible]. In case the birth of any child shall occur without the attendance of a physician or [illegible] attendance upon the mother, immediately thereafter [illegible] child to report its birth to the Commissioner of [illegible] any such person or persons who shall hereafter fail to comply [illegible] jected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH A 231493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 16th 1890.
4. *Place of Birth, (Street and Number)* No. 25 Belair Ave, Balt.
5. *Full Name of Mother.* Rosa Rauber
6. *Mother's Maiden Name,* " Hauf
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Rauber
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, No. 1859 N. Gay St.

Remarks, none

1890-0003118

J. G. Dulany & Co., City Printers and Stationers

Month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive since the last return) and the names of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, one of the parents of such child, or the person in charge of the house or premises where such birth occurs, shall within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

RETURN OF A BIRTH. A 73143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July. 16th
4. Place of Birth, (Street and Number) Bruice Street 1411
5. Full Name of Mother, Ellen Burr
6. Mother's Maiden Name,
7. Mother's Birthplace, Born in Baltimore Md.
8. Full Name of Father, Jos. Thaden.
9. Father's Occupation, Drives candy store on Baltimore street
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr. Chaffell

Address, Matilda Johnson 1408 Bruice Street Baltimore Md

Remarks,

1890 - 003119

SEE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 23416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Ch
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 16th 1890
4. *Place of Birth, (Street and Number)*	1345 Aisquith St
5. *Full Name of Mother,*	Mary A Hall
6. *Mother's Maiden Name,*	Caeby
7. *Mother's Birthplace,*	~~Jas W. Hall~~ Balto
8. *Full Name of Father,*	Jas W. Hall
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Jno. B. Billingsley MD
Address,	1206 E Pratt
Remarks,	890-003120

BALTIMORE CITY REGISTRY

Form A, a list of the births which have occurred under his or her care during the month, and shall set forth as far as can be ascertained the full name of each child, if any shall have been christened) its sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in his case, to the Commissioner of Health, and the shall day of each and every month to the office of the Commissioner of Health. In case there be no births to report in any month, a like report shall be made within the first and attendance upon the mother, immediately after the birth, shall comply with the provisions of this section, and child to report its birth to the Commissioner of Health. In the manner and within the time prescribed in this section, shall be subject to the fine or fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND ENGRAVERS

A 23140

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

STATE DEPARTMENT

AUG 2 1890

1. No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) white
4. Date of Birth, July 7
5. Place of Birth, (Street and Number) 710 Liberty Alley
6. Full Name of Mother, Katie Haggerty
7. Mother's Maiden Name, Katie Moorhead
8. Mother's Birthplace, Ireland
9. Full Name of Father, Hugh Haggerty
10. Father's Occupation, Engineer
11. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. S. Leith Meiderieks

Address, # 907 Hillen St.

Remarks,

890 003121

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

...shall not be forthwith or as the same can be ascertained, the full name of each child, if any shall have been concealed, and the names of the parents, the date and place of birth, and the sex, color and number of each child born at each birth, and every stillborn child, and the cause of the birth of any child or stillborn child, and the name of the physician or practitioner in the form of a certificate to be furnished by the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child, in the manner and within the period of time prescribed by this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 8-6-51

RETURN OF A BIRTH A 23144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Wilbur F. Schillinberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17 1890
4. Place of Birth, (Street and Number) 660 Columbia ave
5. Full Name of Mother, Fanny ~~Schillinberg~~ Schillinberg
6. Mother's Maiden Name, " Stallings
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wilbur ~~Schillinberg~~ Schillinberg
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, B Leo R Graham

Address,

Remarks, 890 003122

...and shall set forth as far as the same can be ascertained by diligent inquiry, the full name of each child, if any, and the date and place of birth; and the certificate between the first and ...shall be delivered to the person or persons in charge of the ...shall occur without the attendance of a physician, the ...attendance upon the Mother, immediately ...any such person or persons who shall ...forfeited to the fine of ten (10) dollars for each offence, to be recovered as ...

RETURN OF A BIRTH. A 73144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) X

2. Race or Color, (if not of the white race)

3. Date of Birth, 17 July

4. Place of Birth, (Street and Number) 205 E Hamburg St

5. Full Name of Mother, Birth Reiss

6. Mother's Maiden Name, Birth Dukas

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Reiss

9. Father's Occupation, Sawyer

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return. Mrs Minnick

Address, 900 Gaudenhall St

Remarks, 1890003123

Register's No. [illegible] Certificate No. [illegible]

Register of Births. The Register shall enter in his Register Book all of the Births which have occurred under his or her care during the month, and shall set forth the name of each child born, the full name of each parent, the date and place of birth; and the same can be ascertained, the full name and occupation of the grandparents. In case of a certificate between the first and second births, the name of each child born, the full name and occupation of the grandparents. In case the birth of any child has been concealed, the Register shall enter the same as soon as he has knowledge of the fact. In case the birth of any child shall be delivered, duly signed and verified, to the Register of the district in which the birth occurred, by the attending physician or midwife, or in case there be no physician or midwife in attendance, then by the father or mother of such child, or the householder in whose house the birth occurred, or by the person or persons who shall have charge of such child, within the first ten days after the birth, and every such physician or midwife who shall neglect or refuse to make such return within the period above required, and every such person who shall neglect or refuse to make such return within the period above required, and every such person who shall neglect or refuse to make such return within the period above required, and attendance, or the householder in whose house the birth occurred, or the person who shall have charge of such child, to report its birth to the Commissioner of Health, as herein required, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One, First

1. Sex, (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, July 17th 1890
4. Place of Birth (Street and Number), 504 W. Montgomery st
5. Full Name of Mother, Julia Fritz
6. Mother's Maiden Name, Julia Wintz
7. Mother's Birthplace, Strassburg Alcase Loraine
8. Full Name of Father, Ignatius Nicholaus Fritz
9. Father's Occupation, Straw Hatter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wilhelmina Benisch

Address, 516 Lu st City.

Remarks,

1890 - 003124

Register of child birth, who shall enter the name in a book to be kept for that purpose, and shall report the same to the Commissioner of Health, in the manner and within the period required by the rules and regulations of the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month. It shall be the duty of the attending physician or midwife to ascertain the full name of each child, if any shall have been born, and shall set forth in the schedule the name and occupation of the parents, the date and place of birth, and the sex of each child, as the case may be. Where no physician or midwife has been in attendance, the first and third day of each and every month as the office of the Commissioner may be open, the parent or parents of such child shall report the birth to the attendance of a physician or midwife shall become the duty of the person or persons in charge of such house to report the birth to the Commissioner of Health, in the manner and within the period above required. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 23149.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 18. 1890
4. Place of Birth, (Street and Number)	Fredrick Ave 489
5. Full Name of Mother,	Julia B Meyers
6. Mother's Maiden Name,	Julia B Shanefield
7. Mother's Birthplace,	Washington
8. Full Name of Father,	William C Meyers
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	2022 Wilkens (Ave)
Remarks,	

1890 - 003125

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 93130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 29, 1890
4. Place of Birth, (Street and Number) 620 Waller St.
5. Full Name of Mother, Susan Bartz
6. Mother's Maiden Name, Lindel
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Christian Bartz
9. Father's Occupation. Carriage Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Waller St.

Remarks,

1890 - 003126

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	white
3. Date of Birth,	July 22 1890
4. Place of Birth, (Street and Number)	828 Woodward Av
5. Full Name of Mother,	Fannie ~~Bridges~~ Zobel Bridges
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Andrew Zobel
9. Father's Occupation,	Porter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Leo R Graham
Address,	
Remarks,	1890 003127

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name, age and occupation of its parents, and the said schedule shall be delivered, within the office of the Registrar of Vital Statistics, on the third day of each month, to the attendance of a physician or midwife at the birth, or in the absence of such attendance, the father or mother of the child, or the occupier of the house in which the child was born, shall within five days after the birth, report the same to the Registrar of Vital Statistics, and for every neglect or refusal to comply with the requirements of this section, he shall be subjected to a penalty of ten (10) dollars for each offense, to be collected by civil suit; and forfeitures are recoverable.

CITY REGISTRAR'S OFFICE

CITY REGISTRAR'S OFFICE

WM. J. D. BULLADY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edwin Forrester

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 22

4. Place of Birth, (Street and Number) 1020 Camden Lane

5. Full Name of Mother, Ellen Forrester

6. Mother's Maiden Name, " McDonnell

7. Mother's Birthplace, City

8. Full Name of Father, Edw Forrester

9. Father's Occupation, Clerk

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Dr. Bennett MD

Address, 811 Hanover St

Remarks,

1890 - 003128

AUG 2 1890

...ame as can be ascertained the full name of each child, (if any that ... and shall set forth as far as the same can be ascertained the full name of each child, (if any that have been conferred) its sex, color, the full name, age and occupation of its parents, the date and place of each marriage between the first and said parents, and the number of children born of each marriage, and the third day of each month to the clerk of the board of health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person, being present, make such return, it shall be the duty of the person to whom application for attendance upon the mother, immediately after the birth of such child, is made, to report its birth as herein required, and any such person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. Fines and forfeitures are recoverable.

RETURN OF A BIRTH A 23113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.) one

1. Sex, (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 22 July
4. Place of Birth (Street and Number), Mont'g mary & Chinaveld's.
5. Full Name of Mother, Ernestine McKermans
6. Mother's Maiden Name, Ernestine Friede
7. Mother's Birthplace, Erdenheim Germany
8. Full Name of Father, Henry W Kermann
9. Father's Occupation, Proprietor of Saloon
10. Father's Birthplace, Cantebrickls Lousen Germany

Name of Medical Attendant, or other person who makes this Return. Wilhelmina Behrisch

Address, 516 Lee st City.

Remarks,

890-003129

and shall set forth as far as the same can be ascertained the full name of each child, if any child have been born alive, the sex, color, the full day, month and year of birth, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the attendance of a physician or practitioner or midwifery, or should the parent of such child to report its birth to mother, immediately thereafter, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 23134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the name and surname of the parents, the date and place of birth; and the said schedule shall be delivered, duly filled, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, as above required, and any such person who shall hereafter fail to report such birth within the period above required, and subjected to the fine of ten (10) dollars for each offense. (Sec. 13 of this section shall be ... forfeitures are recoverable.

0. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 23 1890
4. *Place of Birth, (Street and Number)*	1034 Hearn St
5. *Full Name of Mother,*	Minnie Fröhlich
6. *Mother's Maiden Name,*	" Pistarar
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Christoph Fröhlich
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Catherine Hynes
Address,	800 Leadenhall St.
Remarks,	1890 003130

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 231-30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 23 90.
4. Place of Birth, (Street and Number)	117 Guilford Ave
5. Full Name of Mother,	Aggie Barranger
6. Mother's Maiden Name,	H. Kaupp
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Jno. Barranger
9. Father's Occupation,	Livery man
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	J. A. Robinson M.D.
Address,	1126 E. Fulton St.
Remarks,	

1890 - 003131

RETURN

Sec. 4. Every person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 23166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	23rd of July
4. Place of Birth, (Street and Number)	642 Fredreck Ave
5. Full Name of Mother,	Ede Mohrheimer
6. Mother's Maiden Name,	Ede Ball
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Mohrheimer
9. Father's Occupation,	Schoemaker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friedericke Kaulen Midwife
Address,	2116 West Fred
Remarks,	

1890 - 003132

AUG 1 1890

Health, in a book to be kept for that purpose, a record of the birth of each child, if any child born alive in such house, and shall set forth as far as the same can be ascertained the full name of each child, if any child shall have been born, and shall set forth as far as the same can be ascertained the full name of each child, if any child shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or midwife, or other person, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter to report such birth to the Commissioner of Health, in the manner above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, which penalty or penalties are recoverable.

GEO. J. G. BELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23 1900
4. Place of Birth, (Street and Number) 1836 Hope St
5. Full Name of Mother, Alice Nace Brown
6. Mother's Maiden Name, Balti
7. Mother's Birthplace, Eastern Nace
8. Full Name of Father, Shon Constantine
9. Father's Occupation, Balti
10. Father's Birthplace, M. B. Billingsley

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8900003133

AUG 1900

Health. This schedule shall contain a list of the sites within the [illegible] of any child [illegible] ave been conferred, till he delivered, duly signed, at the office of the Commissioner of Health; and the [illegible] shall set forth the full name and the place of birth; and the [illegible] said schedule each and every month of a physician or practitioner in the [illegible] or person be in attendance upon the mother, immediately thereupon, or within [illegible] days thereafter, [illegible] child to report the birth to the Commissioner of Health, as required by this section, shall be [illegible] pay a penalty of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable. [illegible] fected to the fine of ten (10) dollars for each offense.

RETURN OF A BIRTH A 23155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 m
1. *Sex, (state whether male or female)*	Male,
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 23d. 1890,
4. *Place of Birth, (Street and Number)*	824 Harlem Ave,
5. *Full Name of Mother,*	Nnetta Kahl,
6. *Mother's Maiden Name,*	" Fahl,
7. *Mother's Birthplace,*	Balto, city, Md.
8. *Full Name of Father,*	Dietrick F. Kahl,
9. *Father's Occupation,*	Salesman,
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other person who makes this Return.	K. J. N. Tall. M.D.
Address,	524 Shark St
Remarks,	

1890 003134

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 23159

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 23 1890
4. Place of Birth, (Street and Number) 1053 N. Gay St.
5. Full Name of Mother, Katie Stricker
6. Mother's Maiden Name, Mackenburg
7. Mother's Birthplace, Germany
8. Full Name of Father, John Stricker
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Stifler.

Address, 1605 Baker St.

Remarks,

890-003135

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
Race or Color, (if not of the white race)	White
Date of Birth,	July 21 12
4. *Place of Birth, (Street and Number)*	925 Burgundy
5. *Full Name of Mother,*	Annie Gabrydanum
Mother's Maiden Name,	" Chambers
Mother's Birthplace,	City
8. *Full Name of Father,*	Nich. I. Gabrydanum
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	J. C. Burch M.D.
Address,	511 Hanover st
Remarks,	

1890 003136

Baltimore no her whose charge or employment since the [illegible] of Child, is furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained by inquiry of his parents, the date and [illegible] between the first and regarder of such Birth, and shall contain a list of the Christian names which have been conferred) its sex, color, the full name of each child, if any still [illegible] the said schedule shall be delivered by the practitioner in the form of a certificate. In case the birth of any child third day of each month to the office of the Commissioner of midwifery, or should no other person or such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or midwife who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FILED SEPTEMBER [illegible]

WM. A. C. SHANNY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23161.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 24
4. *Place of Birth, (Street and Number)*	1425 William St
5. *Full Name of Mother,*	Elizabeth O'Leary
6. *Mother's Maiden Name,*	Weber
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	James O'Leary
9. *Father's Occupation,*	Hostler
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	J C Bunch M D
Address,	511 Hanover St
Remarks,	1890 003137

AUG 2 1890

WM. A. C. HALLOW & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 24 1890
4. *Place of Birth, (Street and Number)*	20 Gaudenhall Court
5. *Full Name of Mother,*	Maria Richardson
6. *Mother's Maiden Name,*	Maria Miller
7. *Mother's Birthplace,*	Annemala Ohio
8. *Full Name of Father,*	John W Richardson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Moore
Address,	1049 N. Fremont Ave
Remarks,	

1890 - 003138

AUG 1890

North, and shall set forth as far as the same can be ascertained the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, if between the first said parents, and the full name and residence of the attending physician or midwife. In case the birth of any child shall not have been registered, duly signed by the Commissioner of Vitality, or should no other person or persons of such said schedule shall every month to the person of practitioner of the duty of the first above required, and third day of every month to the person of practitioner of the duty of the first above required, and without the attendance of such person or persons, in a manner and within the time prescribed by this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding Fifty Dollars, as well as the fines and forfeitures are recoverable, jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 231 63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 24 1890

4. Place of Birth, (Street and Number) 1200 W Cross St

5. Full Name of Mother, Mary Kelland

6. Mother's Maiden Name, " Schaub

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Kelland

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo R Graham

Address,

Remarks, 1890 003139

AUG 2 1890

and shall set forth as far as the same can be ascertained the full name of each child, if any, born alive since the last return, the name and occupation of its parents, the date and place of birth; and the sex and color of each child; and the number of months that shall have elapsed between the first child and each subsequent child in the form of a certificate to be delivered by the midwife or other person who shall have been employed in the case; and in case the birth of any child shall occur without the employment of a midwife or other person, then the mother, immediately after the birth of such child, shall make out and deliver to the office of the Commissioner of Vital Statistics, or should no other return of such birth be made, then the father, householder or nurse, shall make out and deliver to the office of the Commissioner of Vital Statistics, within the period above required, and in the manner above directed, a certificate containing the particulars required, and verified as aforesaid; and any midwife or other person who shall neglect or refuse to make such return, as required by the provisions of this section shall be subject to the fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 231 W.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 24th 1880
4. Place of Birth, (Street and Number)	909 E Biddle
5. Full Name of Mother,	Mary A. Hartman Hubbell
6. Mother's Maiden Name,	Balti
7. Mother's Birthplace,	Germany Hartman
8. Full Name of Father,	Solomon Hartman
9. Father's Occupation,	Balti
10. Father's Birthplace,	M. B. Billingslea
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	1890-003140

Health. This schedule shall contain a ... of the births ... if any shall ... ive ... same can be ascertained ... of birth; and the ... months, and shall set forth, ... color, the full name and ... the birth of any child ... been completed shall be delivered, duly signed ... (Should no other person be ... ed) ... third day of each and every month ... the person or parents of such ... shall occur without the limits of ... and within the period ... shall be ... ing to report its birth to the Commissioner, ... shall comply with the provisions ... any such person or persons ... shall be recovered ... for each offense. ... jected to the fine of ten ... dollars are recoverable.

A. 2316

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (State whether ~~male or~~ female)	female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 25. 1890.
4. Place of Birth, (Street and Number)	1702 Druid Hill Ave
5. Full Name of Mother,	Emma L. Prosser Brough
6. Mother's Maiden Name,	Chamberlayne,
7. Mother's Birthplace,	Richmond, Va.
8. Full Name of Father,	Littleton Prosser Brough,
9. Father's Occupation,	Composer,
10. Father's Birthplace,	Richmond Co., Va.
Name of Medical Attendant, or other person who makes this Return.	J. J. Engle M.D.
Address,	1007 Fawn ale st
Remarks,	1890-003141

been conferred by sex, color, the full name and occupation of the parents, the ... place of birth of each child born alive after the passage of this act, and the ... between the first child and each succeeding child born of the same mother. Such ... shall be delivered, duly signed by the practitioner in charge, to the ... person in charge of the house in which the birth occurs, or if there ... practitioner in charge, then by the mother, or if there be no mother ... person in charge of the house, then by the father of such child, ... the first day of each and every month to the agent or practitioner ... parents of such child, or to the mother, or if there be no mother ... person in charge of the house in which the birth occurs, or if there ... practitioner in charge, then by the mother, or if there be no mother ... person in charge of the house, then by the father of such child, ... shall occur without the attendance of a physician or midwife, ... immediately thereafter it shall be the duty of the father, and ... attendance upon the mother at the time of such birth, to report ... birth to the Commissioner of Health, and to comply with the ... any such person or persons who shall hereafter fail to comply with the provisions of this section ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occu[illegible] the date and place of birth; and the said schedule shall be delivered, duly signed by th[illegible] certificate between the first and third day of each and every month to the off[illegible] in case the birth of any child shall occur without the attendance of a physi[illegible] ould no other person be in attendance upon the mother, immediately t[illegible] shall become the [illegible] rson or parents of such child to report its birth to the Commissioner of Hea[illegible] in the manner [illegible] riod above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 23166.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 25 1890
4. *Place of Birth, (Street and Number)* Payson st 304
5. *Full Name of Mother,* Mary Zentgraf
6. *Mother's Maiden Name,* Mary Kuhl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Zentgraf
9. *Father's Occupation,* Candy Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, 2022 Wilkens Ave

Remarks, 1890-003142

[illegible] & Co., City Printers and [illegible]

RETURN OF A BIRTH A 23167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 o'clock Friday July 25 th
4. Place of Birth, (Street and Number) 121 N. Homburg
5. Full Name of Mother, July Stahle
6. Mother's Maiden Name, July Paust
7. Mother's Birthplace, Germany
8. Full Name of Father, John Stahl
9. Father's Occupation, driver
10. Father's Birthplace, York Pa

Name of Medical Attendant, or other person who makes this Return. Catherine Mundt

Address, 800 Aisquith St

Remarks, 1890 003143

...month's time after the birth, the full name and occupation of its parents, the date and place of birth, and the sex of the child, and shall sign the same; and the certificate thus made and signed by the physician or midwife, in the form of a certificate herein provided, shall be delivered to the person or parent of such child (if conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife, if any, present at the birth, and shall sign the same; and the certificate thus made and signed by the physician or midwife, in the form of a certificate herein provided, shall be delivered to the person or parent of such child (if any such be present at the birth), and no other person shall be entitled to demand or receive any fee for the same. Every physician or midwife who shall neglect or refuse to make such return, as aforesaid, within the period above specified, shall be subject to a penalty of ten dollars for each offense, to be recovered before any justice of the peace, on the complaint of the Registrar of Vitals, and the fine when collected shall be paid into the treasury of the city. Every person who shall neglect or refuse to report the birth of any child as aforesaid, within the period above specified, shall be subject to a penalty of ten dollars for each offense, to be recovered before any justice of the peace, on the complaint of the Registrar of Vitals, and the fine when collected shall be paid into the treasury of the city. Every person who shall neglect or refuse to report the birth of any child as aforesaid, within the period above specified, shall be subject to a penalty of ten dollars for each offense, to be recovered before any justice of the peace, on the complaint of the Registrar of Vitals, and the fine when collected shall be paid into the treasury of the city.

BIRTH

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 831

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st —

1. *Sex (state whether male or female)* Male,
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* July 25th.
4. *Place of Birth, (Street and Number)* N.W. Cor. Poppleton St, & Columbia Ave.,
5. *Full Name of Mother,* Catharine Winters,
6. *Mother's Maiden Name,* Maxwell,
7. *Mother's Birthplace,* Balto. City.
8. *Full Name of Father,* Herman Winters,
9. *Father's Occupation,* Feed-dealer
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, [illegible] Alderdice M.D.

Address, N.E. Cor. Columbia & Fremont Aves.,

Remarks, 1890-003144

AUG ... MD.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

5 23169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex, (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	July 26
4. Place of Birth (Street and Number),	308 S. Fremont st
5. Full Name of Mother,	Rosa Cohn
6. Mother's Maiden Name,	Rosa Stern
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Samuel J. Cohn
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return.	Wm. Wall
Address,	609 E. Fremont st
Remarks,	Normal Labor

1890 - 003145

forced. Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the said person in the form of a certificate between the third and fifth day of each and every month next following that on which such birth shall occur without any further notice from the Commissioner of Health. In case the birth shall be in attendance upon the mother, immediately thereafter it shall become the duty of the physician or midwife, or should no physician or midwife be in attendance upon the case, then of the father or mother of such child, or the person in charge of the premises where the birth occurred, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall thereafter refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 23170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26th July 1890
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Louisa Burke
6. Mother's Maiden Name, Louisa Wallace
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Burke Casper Hauser
9. Father's Occupation, Baltimore
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Ansinch

Address, 1622 Hanover

Remarks, Battery Avenue Nursery 1890 - 00 Kirkwall St

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, and shall contain a similar return of each birth which may have occurred during the month next preceding, which the undersigned of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, in the name of the State of Maryland, before any justice of the peace of this city.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 26th 1890.

4. Place of Birth, (Street and Number) 2115 Dillon St

5. Full Name of Mother, Leana James

6. Mother's Maiden Name, " Smith

7. Mother's Birthplace, City

8. Full Name of Father, Carol James

9. Father's Occupation, Cooper

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890 003147

month, and shall set forth as far as the same can be ascertained, the full name of each child, the house number and street, if any, and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily by some duly authorized person, or a certified copy thereof, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother herself shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. Failure to comply with the requirements of this section is required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 23172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July the 26th
4. *Place of Birth, (Street and Number)* Poultney St No 16
5. *Full Name of Mother,* Mollie A. Vaeth
6. *Mother's Maiden Name,* Mollie A. Bauer
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Frank L. Vaeth
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Catherine Wunch

Address, 800 Leadenhall St

Remarks, 8 9 0 - 0 0 3 1 4 8

month an affidavit of the full name and occupation of its parents, the date and place of birth, and the full maiden name of the mother, which affidavit shall be delivered by the physician or midwife in attendance upon the birth, or by the father, mother, or other person having charge of such child, to the Registrar of Vital Statistics, at the time of making the return of such birth; and the Commissioners of Health are hereby authorized to require the production of a certificate between the date and the time of the birth of any child born in this City, or should no certificate be given, to require the affidavit of the person or other person in attendance upon the birth, or of the father, mother, or other person having charge of such child, to report its birth to the Commissioners of Health within the period above required; and any person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

888. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 231 73

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* July 26 1890
5. *Place of Birth, (Street and Number)* Mt. Holly Windsor Road
6. *Full Name of Mother,* Rebecca Garland
7. *Mother's Maiden Name,* Rebecca Smith
8. *Mother's Birthplace,* Baltimore Co
9. *Full Name of Father,* Walter Garland
10. *Father's Occupation,* Book Keeper
11. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return: J C Mommouer

Address, Walkersville Md

Remarks, 890-003149

month, and shall set forth as far as the same can be ascertained, the name or names, sex, color, date and place of birth, and the full name and occupation of each parent of such child, and such other information in the form of a certificate between the first and third day of each month, on a blank to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such child to report its birth to the Commissioner of Health in like manner and within the period above required, and attendance upon the mother, immediately thereafter, it shall be the duty of the person in attendance upon the mother, immediately thereafter, in like manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs and forfeitures are recoverable.

BALTIMORE CITY

888. J. C. GULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE AUG 2 1890

No. 6th Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 27

4. Place of Birth, (Street and Number) 316 Hanover st

5. Full Name of Mother, Annie Koethe

6. Mother's Maiden Name, " Kaff

7. Mother's Birthplace, City

8. Full Name of Father, Wm A. Koethe

9. Father's Occupation, Hammerman

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. J C Bruch M D

Address, 811 Hanover st

Remarks,

1890 - 003150

Any physician or midwife in attendance upon a case of birth, and the parent or parents of such child, if there be no physician or midwife in attendance, shall, within ten days after the birth, make a return thereof to the Commissioner of Health, in the form above prescribed, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 23178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 27th 1880
4. Place of Birth, (Street and Number) 1314 Holland Ave
5. Full Name of Mother, Ellen Goetz
6. Mother's Maiden Name, Swartz
7. Mother's Birthplace, York Co. Pa
8. Full Name of Father, James Goetz
9. Father's Occupation, Carpenter
10. Father's Birthplace, York Co. Pa

Name of Medical Attendant, or other person who makes this Return. Dr. B. Billingslea

Address, 1206 E Fayette

Remarks, 890003151

AUG 2 1890

...ecord," and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, or some other person, to the Registrar of Vital Statistics. In case the birth of any child shall occur while the mother is in charge of the county almshouse, infirmary, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons in charge of such almshouse or infirmary to report the birth of such child to the Commissioners of Health, who shall have power to require any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each and every offence, and forfeitures are recoverable.

RETURN OF A BIRTH A 23176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 10th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 27th 1890
4. Place of Birth, (Street and Number) 529 Warren Av.
5. Full Name of Mother, Lola E Gaylor
6. Mother's Maiden Name, Lola E Lee
7. Mother's Birthplace, Balto City
8. Full Name of Father, Joseph L. Gaylor
9. Father's Occupation, Fireman
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.

Address, 914 N Charles

Remarks,

1890 003152

...child to report its birth to the Commissioner of Health, as aforesaid, shall be deemed guilty of a misdemeanor, and upon conviction thereof in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, as far as known to the first and said schedule shall be delivered, duly filled out by the practitioner in the case of a certificate of the birth of any child third day of each month, a like schedule or certificate of the birth of any child not attended by a physician or practitioner, and no other person be in attendance at the birth of any child, the mother, immediately thereafter, is required, and it shall be the duty of the person in charge of the house in which any child is born, or the parent of such child, if living elsewhere than in the house where born, to report the birth of such child within ten days thereafter to the Commissioner of Health, and for the neglect of such duty the person or parents so neglecting shall be liable to a penalty of ten dollars, to be recovered as other fines and forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 93177.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, July 27th 1890.
5. Place of Birth, (Street and Number) 1406 Holbrook
6. Full Name of Mother, Susie L. Rose
7. Mother's Maiden Name, Staylor
8. Mother's Birthplace, Balto
9. Full Name of Father, Charles C Rose
10. Father's Occupation, Hack driver
11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. M. B Billingslea

Address,

Remarks,

890-003153

AUG 2 1890

...shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive,) the sex, the color, the full name and occupation of its Parents, the date and place of birth; and the number of children (if any) to which the mother has been delivered, duly signed by the Practitioner or Midwife in attendance, and shall deliver the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of any person or practitioner or midwifery, or should no other returns of such birth be made as required by this section, it shall be the duty of the Parents or Parent of such child to report the same, duly verified, to the Commissioner of Health, within the period above required, and any such Parent or Parents who shall hereafter fail to report the birth of any child as required by this section shall be subjected to the fine of ten (10) dollars for each offense. Blank forms for the above returns are to be obtained at the office of the Commissioner of Health, at the Public Buildings.

RETURN OF A BIRTH A 93178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 of July
4. Place of Birth, (Street and Number) 218 Schmollwood St
5. Full Name of Mother, Elise Schmidt
6. Mother's Maiden Name, Elise Kolb
7. Mother's Birthplace, Germany
8. Full Name of Father, Carle Schmidt
9. Father's Occupation, Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Friedericke Kessler Midwife

Address, 2116 West [illegible]

Remarks,

1890-003154

... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, ... forfeitures are recoverable.

RETURN OF A BIRTH A 23179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 2 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 July

4. Place of Birth, (Street and Number) 1012. Hillen St

5. Full Name of Mother, Mary Farrell

6. Mother's Maiden Name, Mary Ryan

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, William Farrell

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Finch midwife

Address, No 907. Hillen St.

Remarks,

1890-003155

been conferred) its sex, color, the date and place of birth; and the said schedule shall every month to the office of the Commissioner of Health. In case the attendance of a physician or midwife shall not be required, and shall occur without the attendance of a physician or midwife, the father or parents of such child to report the same to the Commissioner of Health, in the manner and within the time above specified, and any father or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any justice of the peace.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 83180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25 th
4. Place of Birth, (Street and Number) 137 Hanover St Baltimore
5. Full Name of Mother, Mrs Kate Stroud
6. Mother's Maiden Name, Miss Kate Hankinson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Stroud
9. Father's Occupation. Engineer Steam
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Catherine Maude

Address, 800 Cadenhall St

Remarks, 1890 2003156

being conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and it shall be the duty of every midwife to make a return of every case of still-birth or child-birth occurring between the first and third day of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons who shall occupy the house in which such birth occurs within the time above required, to report its birth to the Commissioner of Health, in the manner above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SEE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

23181

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 20th 1890

4. Place of Birth, (Street and Number) 543 N. Lanvale St.

5. Full Name of Mother, Annie Harrington

6. Mother's Maiden Name, Annie Brent

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Harrington

9. Father's Occupation, Cigar Layer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. E. T. Eareckson

Address, 1431 Linden Ave.

Remarks, 890-003157

AUG 2 1890

BOARD OF HEALTH

BALTIMORE

CITY

Name and residence of the person or persons who shall neglect or refuse to report the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date of birth, and the said schedule shall be delivered. duly filled in, to the Commissioner of Health. In case the parents, or between the first and third day of each and every month to the Commissioner of Health. In case the person or persons who shall neglect or refuse to report the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons in charge of the house in which the birth occurs to report the same to the Commissioner of Health. In the event of any person or persons who shall hereafter fail to comply with the requirements of this section, such person or persons shall be severally liable to the penalty of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

month, an shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 3

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* July 28/1890
4. *Place of Birth,* (*Street and Number*) Woodyear st 317
5. *Full Name of Mother,* Cora B. Lemon
6. *Mother's Maiden Name,* Cora B Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles B Lemon
9. *Father's Occupation,* Machinest
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, 2022 Wilkens Ave

Remarks,

1890-003158

RETURN OF A BIRTH. A 03183.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 28 1890.
4. *Place of Birth, (Street and Number)*	1644 Millyman St
5. *Full Name of Mother,*	Augusta Young
6. *Mother's Maiden Name,*	" Schaeffer
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Henry Young
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1605 Walker
Remarks,	

1890 - 003159

...section 2 ... full name and occupation of its parents, the date and place of birth; and the ... form conferred) its sex, color; the ... duly signed by the practitioner ... Health. In case there is no ... said schedule shall be left every ... third day of each month, ... shall become due, within the ... shall dance upon the mother ... child to report its birth ... any such person ... jected to the fine of ten (10) dollars for each offence.

...ORE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 29 1890
4. Place of Birth, (Street and Number) Parish at 319
5. Full Name of Mother, Johanna Dee
6. Mother's Maiden Name, Johanna Wirit
7. Mother's Birthplace, Ireland
8. Full Name of Father, Morris Dee
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs E Kelley

Address, 2022 Wilkens Ave

Remarks, 1890 003160

...name, and child set forth as far as the same can be ascertained. The full name of each child, if any shall have been given since the first return, and the date and place of birth, and if any child shall die before the return is made, the fact, date and place of death shall be stated. In case the birth of any child shall occur upon the premises where the mother shall not be, the person above required, and in case there shall be no such person, then the person above required, and in case there shall be no other person known to the attendant, then the occupant of the premises where the birth occurs, or person having charge thereof, shall report its birth to the Commissioner of Health, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 23186.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, ~~2*d*, 3*d*, &c.~~)

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* July 29th 1890
4. *Place of Birth,* (*Street and Number*) 1737 McCullough St
5. *Full Name of Mother,* Eva A. Connaughton
6. *Mother's Maiden Name,* Eva A Heaton
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* James Connaughton
9. *Father's Occupation.* Wholesale Liquor Dealer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Theodore Cook Md

Address, 914 N Charles

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 30 / 1890
4. Place of Birth, (Street and Number)	1141 S. Charles st
5. Full Name of Mother,	Eleonora Kolmair
6. Mother's Maiden Name,	" Hirsch
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Caspar Kolmair
9. Father's Occupation,	Mason
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Catherine Haney
Address,	800 Cadenhall St
Remarks,	

890 - 003162

been conferred) its sex, color, the full name and occupation of its parents, ... child and said schedule shall be delivered, duly signed by the practitioner in ... child every month to the Office of the Commissioner of Health. In the ... child attendance upon the mother immediately thereafter it shall be ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered ... other legal and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed, to the person entitled to receive the certificate between the first and third day of each and every month, to the office of the Commissioner of Health. If any child shall die before the schedule of its birth is delivered, the midwife or other person in attendance upon the mother at the birth of such child shall report its birth to the Commissioner of Health, and deliver to him the schedule of such child, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 30
4. *Place of Birth, (Street and Number)*	Baltimore 209 E. Hamburg St
5. *Full Name of Mother,*	Mary E. Condon
6. *Mother's Maiden Name,*	Mary E Willey
7. *Mother's Birthplace,*	Dorchester County Md
8. *Full Name of Father,*	Francis H. Condon
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Dorchester County Md
Name of Medical Attendant, or other person who makes this Return.	Catherine Illegible
Address,	800 Leadenhall St
Remarks,	

890-003163

498. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Robert Wells Brasch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30th 1890
4. Place of Birth, (Street and Number) 315 E Biddle
5. Full Name of Mother, Lillie Brasch
6. Mother's Maiden Name, Burton
7. Mother's Birthplace, Balto
8. Full Name of Father, Robert Brasch
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto
11. Name of Medical Attendant, or other person who makes this Return. Dr. B. Billingslea
    Address, 1206 E. Pratt St
    Remarks,

1890 1915 25

1890 003164

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born before the birth of the child last born, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form aforesaid, to the person in charge of the house in which the birth occurred, or in case there is no person in charge of the house, then to the parent or parents of such child, within ten days after the birth occurs. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance at the birth, then the parent or parents of such child shall within ten days after the birth occurs, make out and deliver the certificate required by this section, and in default of such delivery thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and it shall be the duty of the Commissioner of Health, in the manner and within the time specified in this section, to report the birth of any such child to the Board of Health, and any such person or persons who shall neglect or refuse to make such report shall be subject to the fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

Birth Certificate Issued 2-9-56

RETURN OF A BIRTH A 23189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marquerite Gertrude Weightman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race, Color, (if not of the white race)
3. Date of Birth, July 30th 1890
4. Place of Birth, (Street and Number) 710 Dolphin St.
5. Full Name of Mother, Gertrude Weightman
6. Mother's Maiden Name, Sumsen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. Pinckney Weightman
9. Father's Occupation, Clerk
10. Father's Birthplace, Charleston S.C.

Name of Medical Attendant, or other person who makes this Return, Thomas Opie M.D.

Address, 800 N. Howard St.

Remarks, 1890-003165

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth occurs without the attendance of a physician or midwife, the certificate may be signed by the father or mother, and if neither father nor mother be in a condition to report its birth to the Commissioner of Health, in the manner and within the period above required, said child to report its birth to the Commissioner of Health, in the manner and within the period above required, said shall occur upon the mother, immediately upon the expiration of the period above required, said duty shall devolve upon the person who shall have charge of the house or premises at the time of the birth. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DILLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	31st July 1890
4. *Place of Birth, (Street and Number)*	522 Fort Ave
5. *Full Name of Mother,*	Virginia Breadoun
6. *Mother's Maiden Name,*	Lyons
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Breadoun
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Yewell
Address,	516 Fort Ave
Remarks,	1890 003166

month, etc shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent or head of the family in which such birth shall occur, within ten days thereafter, and a like certificate shall be made out by the midwife or other person who shall officiate at the birth of any child and delivered to the parent or head of the family in which such birth shall occur, within ten days thereafter. It shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. SLADE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	5th
1. Sex, (*state whether male or female*)	Male
Race or Color, (*if not of the white race*)	White
Date of Birth,	31 of July
Place of Birth, (*Street and Number*)	82 Garrison Lane
Full Name of Mother,	Margaretha Maile
6. Mother's Maiden Name,	Margarethe Linck
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Georg Maile
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friedericke Kenter Midwife
Address,	2116 West Fratt.
Remarks,	

C 90 0003167

month, and shall set forth as far as the same can be ascertained, the full name and occupation of the father, the date of and place of birth; and the name and maiden name of the mother, and the place of birth; and the certificate between the first and second days of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, which certificate shall be delivered, duly signed by the practitioner of midwifery, or should no other person be present at the birth, then by the parents of such child, to report to the Commissioner of Health, in the manner and within the period above required, and shall set forth as far as the same can be ascertained, the full name and occupation of the father, the date of and place of birth; and the name and maiden name of the mother, and the place of birth; and the certificate between the first and second days of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, which certificate shall be delivered, duly signed by the practitioner of midwifery, or should no other person be present at the birth, then by the parents of such child, to report to the Commissioner of Health, in the manner and within the period above required, and attendance upon the birth of any child hereafter born, it shall become the duty of the person in charge of such case to report to the Commissioner of Health, in the manner and within the period above required, and shall comply with the provisions of this section shall be liable to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 23197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 2 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 31st 1890
4. Place of Birth, (Street and Number) 1305 Holbrook
5. Full Name of Mother, Mary L Coss
6. Mother's Maiden Name, Cole
7. Mother's Birthplace, Balto Co Md
8. Full Name of Father, Henry Coss
9. Father's Occupation, laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. M. B. Billingslea

Address, 1206 E Preston St

Remarks, 690 0031 68

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name, residence and occupation of its parents, the date and place of their marriage, and the full and correct maiden name of the mother. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall be the duty of the person who shall first have knowledge of such birth, to report the same to the Commissioners of Health, and every person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be collected as debts of like amount are recoverable.

RETURN OF A BIRTH. A 23193

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	July 31st 1890
4. *Place of Birth, (Street and Number)*	102 E. Cross St.
5. *Full Name of Mother*	Rebecca Herring
6. *Mother's Maiden Name*	Rebecca Gibbs
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Chas L. Herring
9. *Father's Occupation*	Letter Carrier
10. *Father's Birthplace*	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Mrs Conway
Address	
Remarks	

1890 00 3169

Every Physician, Midwife, or other person who shall attend upon the birth of any child in Baltimore, shall report to the Registrar of Vital Statistics, within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 23192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2-d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 31st
4. *Place of Birth, (Street and Number)*	19 W. Wells
5. *Full Name of Mother,*	Annie Eagan
6. *Mother's Maiden Name,*	" Daily
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Wm. Eagan
9. *Father's Occupation,*	Policeman
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	J. C. Burch M.D.
Address,	811 Hanover St
Remarks,	1890 - 003170

Month, etc., as far as known. Cause and duration of its purpose, the date and place of birth; and the name, address and official designation of the petitioner in the form of a certificate between the days and hours specified in such schedule shall be delivered, duly filled out, at the office of the Commissioner of Health. In case no other person be named, it shall be the duty of the physician or midwife in attendance upon the mother; immediately thereafter (but within the period above required) to report such birth to the Commissioner of Health. In case no physician or midwife shall attend upon the mother, immediately thereafter (but within the period above required), said child to report its birth to the Commissioner of Health, in writing with the particulars required by this section to be reported. Any such person or persons neglecting or refusing to make such report shall be guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than five (5) dollars nor more than fifty (50) dollars for each offense. Penalties are recoverable, as provided in section 245 of Article 4 of the Code of Public Local Laws.

AUG 2 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 93193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 31 1890 ~~Pratt st 1509~~
4. *Place of Birth, (Street and Number)*	Pratt st 1509
5. *Full Name of Mother,*	Cora Langford
6. *Mother's Maiden Name,*	Cora Irving
7. *Mother's Birthplace,*	Carol County Md
8. *Full Name of Father,*	William Langford
9. *Father's Occupation,*	Machinest
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs L Kelley
Address,	2022 Wilkens Ave
Remarks,	1890 003171

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the full name and occupation of its parents, the date of birth, and the name of the physician or midwife, if any, present at the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required by this section to make return of such birth, the occupier of the premises where such birth occurs shall cause the same to be registered as above directed within the period above required, and shall forthwith report the same to the Commissioners of Health, under the penalties of this section. To insure a correct return of births, it is hereby made the duty of the undertaker who buries the body of any child found dead, to require a certificate of birth and the cause of death, and to report the same to the Commissioners of Health, under the penalties of this section. And it shall be the duty of each person who shall perform any surgical operation upon any child at or near the time of birth, whereby the life of such child is endangered, to report the same forthwith to the Commissioners of Health, under the penalties of this section. And it shall be the duty of each person who shall

AUG 2 1890

subject to the fine of ten (10) dollars for each case, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. WILKEY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 23196.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 2nd. 1890
4. Place of Birth, (Street and Number) 156. W. Lee Street
5. Full Name of Mother, Lyda E. Harrison
6. Mother's Maiden Name, Lyda E. Morris
7. Mother's Birthplace, Dorchester ~~Talbot~~ Co. Md.
8. Full Name of Father, William Edward Harrison
9. Father's Occupation, Butcher
10. Father's Birthplace, Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Boseau

Address, No. 3 W. Henrietta Street

Remarks,

1890-003172

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other facts as may be required by said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person other person being in attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. W. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, July 2nd 1890.

4. Place of Birth, (Street and Number) 118 Hanover Back court

5. Full Name of Mother, Annie Emilia Martin

6. Mother's Maiden Name, Annie Emilia Finch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis W. Martin

9. Father's Occupation, Railroad

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Augusta Bosien

Address, 100 E. Henrietta Back

Remarks, 1890 - 003173

been conferred) its sex; color, the [illegible] occupation of its parents, &c., &c. Such certificate between the first and third days of each month, a certificate [illegible] Commissioner of Health. In case the birth of any child is not attended by a physician or midwife, it shall be the duty of the father or mother of such child, or other person having charge of the same, to report the birth as required by this section, within the time and in the manner above specified, and attendance upon the mother. Commissioner of Health, in the discharge of the duties imposed upon him by the provisions of this section shall be authorized to administer oaths and examine witnesses. Any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Any midwife or person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23198.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 3rd 1890
4. Place of Birth, (Street and Number) 1911 W. Pratt st.
5. Full Name of Mother, Julia Stouffer
6. Mother's Maiden Name, Minder
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Harry Stouffer
9. Father's Occupation, Carpenter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. M. A. Carter M.D.

Address, 1800 W. Baltimore St.

Remarks, 1890-003174

person, as required by law, to make a return of the birth, with the date and place of birth; and the said certificate shall be delivered, duly signed by the physician or midwife, or other person who has been employed to attend upon the mother, or by the Commissioner of Health. In case the birth of any child shall occur without the aid of any physician or midwife, or other person who shall be required to make a return of the birth, as aforesaid, it shall become the duty of the parent or parents of such child to make such return immediately thereafter. It shall be the duty of each and every midwife, or physician or practitioner of midwifery, or other person who shall attend upon the mother of any child, within the period above required, and shall not make a return of the birth of such child, as aforesaid, to the Commissioner of Health, duly signed with his or her name, and the address of such midwife, physician or practitioner of midwifery, or other person, within the time aforesaid, any such person or persons who shall here after offend in the premises shall be subject to the fine of ten (10) dollars for each offence, to be recovered as fines and forfeitures are recoverable.

RETURN OF A BIRTH A 23199.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) race
3. Date of Birth, 4 of July
4. Place of Birth, (Street and Number) 728 bethel
5. Full Name of Mother, Magared Shimingw
6. Mother's Maiden Name, Magaret Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, frederick Shimingli
9. Father's Occupation, Ice Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Grewekanak

Address, 803 S. Dallas St

Remarks, 890-003175

AUG 2 1890

BALTIMORE

...been conferred) its sex, color, etc. If the child is born alive, the date and place of birth; as the case may be; and the name, residence, and occupation of the parents, the date and place of their marriage, and the name, residence, and occupation of the informant, which said schedule shall be filled out only signed by the informant. In case the birth of any child shall occur in any family during any month, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons required, and third day of each month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, without the attendance of a physician or midwife, to make return of such birth to the Registrar as aforesaid, within ten days after the occurrence thereof. Any person who shall attendance upon the mother, immediately after the birth of such child, shall fail to report the same to the Registrar as aforesaid, within ten days after the occurrence thereof, shall be subject to the fine of ten dollars for each offense, recoverable, as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23200.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 4th 70

4. Place of Birth, (Street and Number) # 723 Mary Anna St.

5. Full Name of Mother, Lizzie Otterswerth.

6. Mother's Maiden Name, E. Schwalbenberg.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, John Otterswerth

9. Father's Occupation, Cooper

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Annie Lindtner

Address, # 106. S Monroe St.

Remarks, 890-003176

FILED AUG 4 1870

Every case of every mother of a child born in Baltimore City, attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the father or parent of such child, or the occupier of the house in which such child is born, shall become the duty of the person above required, and without the attendance thereafter, shall within the time and in the manner and with the forms prescribed by the provisions of this section shall report the birth of such child to the Commissioner of Health to enable him to comply with the provisions of this section, and any such person or persons who shall herein neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

WM. J. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 5th 1890

4. Place of Birth, (Street and Number) 700 Mulberry St.

5. Full Name of Mother, Barbara Helfrich

6. Mother's Maiden Name, Bassel

7. Mother's Birthplace, Baiern

8. Full Name of Father, Isador Helfrich

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Isaac Lindner

Address, 106 S. Howard St.

Remarks,

1890 003177

Any without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother; immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and such person or persons who shall have neglected to report such birth, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED

RETURN OF A BIRTH A 23202.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 5th 190
4. Place of Birth, (Street and Number) #107 S. Monroe St.
5. Full Name of Mother, Annie Bergman
6. Mother's Maiden Name, " Gabriab
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Bergman
9. Father's Occupation, Bank Sweeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, #106 S. Monroe St.

Remarks,

C 90 - 003178

AUG 4 1900 HEALTH DEPARTMENT BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the sex and color of each child. It shall be the duty of the attending physician or midwife, or in case there is no physician or midwife in attendance, then of the father or mother of such child, or the householder or owner of the premises where the birth occurred, to report the birth as herein required, and in default of such report for ten days after the birth occurs, the person upon whom the duty of the report is above required, and who shall neglect to report as herein required, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not more than fifty dollars for each offense. It shall be the duty of the Commissioner of Health to furnish, without charge, to every physician, midwife or other person who may be required to report the birth of any child, a blank form of the return hereby required, and to instruct him or her in the manner of making the same. It shall be the duty of the Commissioner of Health to prosecute any such person who shall neglect or refuse to report as herein required, and any such person so neglecting or refusing shall be subject to the fine of ten (10) dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 2 1890 REGISTERED

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I
2. Sex, (state whether male or female) Girl
3. Race or Color, (if not of the white race) white
4. Date of Birth, 6th July 1890
5. Place of Birth, (Street and Number) S. Castle St. 246
6. Full Name of Mother, Regina Lammer Roesler
7. Mother's Maiden Name,
8. Mother's Birthplace, Balto.
9. Full Name of Father, Geo. Roesler
10. Father's Birthplace, workman Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address, 739 S. Londale St

Remarks,

1890 - 0031

...been conferred) the sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly filled out in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and child to report its birth to the Board, shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-7-55

RETURN OF A BIRTH

A 23702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Veronica Curran

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6th July 1890
4. Place of Birth, (Street and Number) S. Eden St. #328
5. Full Name of Mother, Susan ~~Burns~~ Curran
6. Mother's Maiden Name, ~~Curran~~ Burns
7. Mother's Birthplace, Balto.
8. Full Name of Father, James Curran
9. Father's Occupation, Letter carier
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Curran

Address,

Remarks, 1890-003 [illegible]

AUG 6 1890

...considered his sex, color, the ... names and occupation of the parents, the date and place of birth; and the ... shall, within ... days after the birth, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should the ... other person or parents of such child who shall hereafter neglect or refuse to make the return required within the period above required, and subject to the fine of ten (10) dollars for each offence. Blank forms for the returns of this section shall be supplied by the Commissioner of Health to the proper persons, and all penalties or forfeitures are recoverable ...

RETURN OF A BIRTH

A 9320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 7th 1890

4. Place of Birth, (Street and Number) # 815 W Lombard St.

5. Full Name of Mother, Lottie R. Barkman

6. Mother's Maiden Name, " " Wedi

7. Mother's Birthplace, Balto. Co.

8. Full Name of Father, Charles C. Barkman

9. Father's Occupation, Conductor.

10. Father's Birthplace, Kent Co.

Name of Medical Attendant, or other person who makes this Return. Jennie Lindner

Address, # 106 S Monroe St.

Remarks,

1890 - 003181

Every case of birth occurring in the practice of midwifery, or in which no other person shall be in attendance upon the mother, Commissioners of Health, shall report the same to the Registrar of Vital Statistics, within the time and in the manner required, and any person who shall neglect to report the birth of a child as required by the provisions of this section shall be subject to the fine of ten (10) dollars for the recovery of which penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23206.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	4
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 7
4. *Place of Birth, (Street and Number)*	708 Babe St Balte
5. *Full Name of Mother,*	Minnie Shipley
6. *Mother's Maiden Name,*	Minnie Sandpot
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	David E Shipley
9. *Father's Occupation,*	Iron moulder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	

1890 - 003182

HEALTH DEPT. 5 AUG

...tion, are shall not be given at the time of registering the birth, the name intended to be given, if any shall have been conferred, is to be added to the original record when the child shall be named. The name and occupation of the father, and the place of birth; and the said return shall be delivered, duly signed by the said person, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or parents of such child is hereby required to make the return required by this section. And every month to the officer or practitioner of midwifery, or to such person as may have been in attendance upon the birth. Any person or parents of such child neglecting or refusing to make the return required by this section, shall forfeit and pay for each offence a sum not exceeding ten dollars for each offence, to be recovered before any justice of the peace, and all forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 8

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, 9 Feb
4. Place of Birth, (Street and Number) 1023 Sulsa st
5. Full Name of Mother, Kezi Clowers
6. Mother's Maiden Name, Virgil
7. Mother's Birthplace, Co. Clare Ireland
8. Full Name of Father, Thomas Clowers
9. Father's Occupation. Driver
10. Father's Birthplace, Co Clare Ireland

Name of Medical Attendant, or other person who makes this Return. Anna Walsh

Address, 908 Eutaw St.

Remarks,

1890 - 003183

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the intendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect, fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* July 8th 1890
5. *Place of Birth, (Street and Number)* 107 S. Monroe St.
6. *Full Name of Mother,* Annie Borgman
   Mother's Maiden Name, Gabrio
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John A. Borgman
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. M. St Carter M.D.

Address, 1800 W. Baltimore St.

Remarks,

1890-003184

BALTIMORE CITY

Every certificate of birth, the form of which is prescribed by the State Board of Health, shall be filled out in accordance with the instructions printed thereon, and shall be delivered, duly signed by the physician, midwife or other person in attendance upon the birth of any child between the first and third day of each and every month, or within ten days thereafter, and no other person shall deliver a certificate of birth to the Registrar of Vital Statistics, of the district in which the birth occurred, unless the physician, midwife or other person in attendance upon the mother, immediately thereafter, shall have made oath before a magistrate that he has reason to believe that the physician, midwife or other person in attendance upon the mother and which the period above required, and shall refuse or neglect to report its birth to the Commissioner of Health, as required by this section, he shall apply with the provisions of this section shall be subject to the fine of ten dollars for each offense, and forfeitures as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-6-55

RETURN OF A BIRTH

A 7327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gertrude Kamlade Clarke 2d.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 8/20
4. *Place of Birth, (Street and Number)* 910 Gregory St
5. *Full Name of Mother,* Florence V. Clarke
6. *Mother's Maiden Name,* " Gettier
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George R. Clarke
9. *Father's Occupation,* Hay & Grain Dealer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Edwin Dorsey MD
Address, 208 Lanvale

Remarks,

AUG 4 1920

8 90 003165

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the Registrar of Vital Statistics of Baltimore City, within the first and third day of each and every month. Any person who shall refuse to deliver the said schedule, or who shall neglect to make the return required by this section, shall be liable to a penalty of ten dollars for each and every offence. If there be no other person in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics, within the period above required, and any such person or persons who shall hereinafter fail to report as aforesaid, shall be subject to the like fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 13210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) f
2. Race or Color, (if not of the white race)
3. Date of Birth, 8 July
4. Place of Birth, (Street and Number) 1826 Madison St.
5. Full Name of Mother, Helene Langhuth
6. Mother's Maiden Name, Albrecht
7. Mother's Birthplace, Wettingen Baden
8. Full Name of Father, Sebastian Langhuth
9. Father's Occupation. Tufer
10. Father's Birthplace, Rheinbaum bei Bain

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Cath. Ave

Remarks, 890-003186

been confirmed by the full name and occupation of its parents, the date and place of birth; and the name and residence of the physician or midwife present at the birth, to the Registrar within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon such mother, then it shall become the duty of the person or parents of such child within ten days after the birth to report the same with the particulars required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th July 1890
4. Place of Birth, (Street and Number) 4 Madeira Alley # 213
5. Full Name of Mother, Louisa Weber
6. Mother's Maiden Name, " Fischer
7. Mother's Birthplace, Waldeck. Germania
8. Full Name of Father, August Fischer
9. Father's Occupation, Backer
10. Father's Birthplace, Eisenach. Germania

Name of Medical Attendant, or other person who makes this Return. 1890-003187

Address, Mrs. Buehler

Remarks, 1890-003187 W. E. Lambert M.D.

AUG 2 1890

been conferred) its sex, color, the full name and occupation of its parents, the date of birth, and place (street and number) where born, and the name of the attendant upon the mother, immediately thereafter, to the Registrar of Vital Statistics of the district in which such child was born, within ten days after such birth, and shall deliver to such Registrar a certificate verifying the date and said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person hereinbefore required to report the birth, to the Registrar of Vital Statistics of the district in which such child was born, within ten days after such birth, and shall deliver to such Registrar a certificate verifying the date and place of birth of such child, and the sex, color, the full name and occupation of its parents, the date of birth, and place (street and number) where born, and the name of the attendant upon the mother, immediately thereafter, if such attendant there was. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. All penalties and forfeitures are recoverable.

WM. A. G. DELANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 23212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 9. 90

4. Place of Birth, (Street and Number) alley 12 Francis St.

5. Full Name of Mother, Mary Offley

6. Mother's Maiden Name, Mary Alice Ebsworth

7. Mother's Birthplace, Balto

8. Full Name of Father, Joseph West Offley

9. Father's Occupation, Foreman Canton Elevator

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. A C Polk

Address, 510 Madison ave & Bloom St

Remarks,

890-003188

AUG 4 1890

...parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of October (1st day) next ensuing the birth of any child upon the mother, by the physician or midwife, if any, in attendance at the birth of any child upon the mother, by the physician or midwife, if any, in attendance at the birth, or by the parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person ...er persons who shall hereafter fail to report as aforesaid, shall be subjected to the fine of five (5) dollars for each offense to be recovered before any ... and forfeitures recovered ...

...arphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 23715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, 2 July
4. Place of Birth, (Street and Number) 715 Dallas St
5. Full Name of Mother, Rebusi Ena Gumboski
6. Mother's Maiden Name, Rubsi Ena Siwak
7. Mother's Birthplace, Posen
8. Full Name of Father, Joseff Gumboski
9. Father's Occupation, Laborer
10. Father's Birthplace, Posen

Name of Medical Attendant, or other person who makes this Return. Anna Gerwakowsk

Address, 803 Dallas St.

Remarks,

1890-003189

BALTIMORE CITY AUG 1 1890

been registered) the sex, color, the full name and residence of its parents, the date and place of birth; and the name and residence of the attending physician, midwife or other person who shall sign the certificate hereinafter required; and the said schedule shall be delivered, duly signed, to the Registrar of Vital Statistics within ten days after the birth of any child born in the City of Baltimore; and every such certificate shall be in the form of a certificate hereinafter prescribed, and shall contain all the information therein required to be given; and the third day of each and every month to the Registrar of Vital Statistics, within ten days after the birth of any child born in the City of Baltimore; and every such certificate shall be in the form of a certificate hereinafter prescribed, and shall contain all the information therein required to be given; and the Registrar of Vital Statistics shall cause to be delivered, duly signed, to the person or persons in charge of each and every such house, tenement or premises in which any birth shall occur, a blank form of certificate hereinafter prescribed, and shall cause to be delivered, duly signed, to the person or persons in charge of each and every such house, tenement or premises in which any birth shall occur without the attendance of a physician or midwife, a blank form of certificate hereinafter prescribed, and shall cause to be delivered, duly signed, to the person or persons in charge of each and every such house, tenement or premises in which any birth shall occur without the attendance of a physician or midwife, a blank form of certificate hereinafter prescribed, and attend to report its birth to the Commissioners of Health. Any person or persons who shall refuse or neglect to make such report, or shall refuse or neglect to attend to report its birth to the Commissioners of Health. Any person or persons who shall refuse or neglect to make such report, or shall refuse or neglect to any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

2321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18th 1890
4. *Place of Birth, (Street and Number)* 1703 N. Franklin
5. *Full Name of Mother,* Ida Delorme
6. *Mother's Maiden Name,* Ida Turnbaum
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* James E Delorme
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J C Chiswell M.D.

Address,

Remarks,

1890-003190

Murphy & Co., City Printers and Stationers.

Inserted the full name of each child. If no child has been conferred, its sex, color, the full name and occupation of parents, the local place of birth, and the street and number of residence, must be entered by the person giving a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report all the facts required to be reported by physicians and midwives, and such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 4321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 11 July
4. Place of Birth, (Street and Number) 288 N. Caroline St
5. Full Name of Mother, Maggie Schlitzberger
6. Mother's Maiden Name, " Spangenberger
7. Mother's Birthplace, Balto.
8. Full Name of Father, Carl Schlitzberger
9. Father's Occupation, Candy Maker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Rose, Midwife

Address, 302 Holland St

Remarks,

1890 - 003191

be subjected) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the person making the same, to the Registrar within the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents, or person in charge of such child, shall become and be liable to the penalties of this section, and should no other person be in attendance, the birth is to be certified to by the parent or parents, or person in charge of such child, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 of July 1890
4. Place of Birth, (Street and Number) 1830 Belair Ave
5. Full Name of Mother, Louisa Nordhoff
6. Mother's Maiden Name, Louisa Stahman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Augustus Nordhoff
9. Father's Occupation, Milk Dairy
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Magdalene Burns

Address, 414 Charles st. Baltimore

Remarks,

640-003192

AUG 4 1890

RETURN OF A BIRTH A 23217.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V.

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, 12th July 1890

4. Place of Birth, (Street and Number) Alice Anew Str. #2422.

5. Full Name of Mother, Fany Schwabel

6. Mother's Maiden Name, " Nelson

7. Mother's Birthplace, Klachau. Germania

8. Full Name of Father, Peter Nelson

9. Father's Occupation, Capitan

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs. Boehler

1890 - 003 Midwife

1890-003193

GEO. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

(over)

RETURN OF A BIRTH A 23718.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME OF CHILD - HENRY ~~William~~ RITTER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 July 1890
4. *Place of Birth, (Street and Number)* [illegible] street 2036
5. *Full Name of Mother,* MARIE M. Ritter
6. *Mother's Maiden Name,* MARIE M. Simon
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* G. Ritter
9. *Father's Occupation,* Silversmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Madgelen Bonn

Address, 1607 N. [illegible] St. Baltimore

Remarks,

1890-0003194

AUG 4 1890

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] midwifery, or should no other person be in attendance upon the mother, immediately thereupon it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner within the period above required, and any such person or persons who shall hereafter fail to comply with the terms of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 232197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 15th 190

4. Place of Birth, (Street and Number) Smallwood St.

5. Full Name of Mother, Mary Anna Allen

6. Mother's Maiden Name, " Leonard

7. Mother's Birthplace, Alexandria Va.

8. Full Name of Father, Charles T. Allenbaugh.

9. Father's Occupation, Painter.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, # 106 S. Monroe St.

Remarks,

1890 003195

AUG 1900

Been completed in all its parts, and the sex, color, the full name and occupation of the father, with the date and place of birth; and the full maiden name of the mother, with the date and place of her birth; and the address of the parents, shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the aforesaid attendance, or if the person or persons in attendance shall neglect or refuse to make such return, then the parent or parents of such child shall immediately thereafter report the birth to the Commissioner of Health, giving the information required, and in default thereof such parent or parents shall be liable to the penalties imposed by the provisions of this section. All fines and forfeitures are recoverable only in the name of the State of Maryland, for the use of the City of Baltimore, and shall be collected as other debts are by law collected; and it shall be the duty of the State's Attorney for Baltimore City to prosecute for the same when requested so to do by the Commissioner of Health. Any person or persons who shall neglect or refuse to make the return required by this section shall be subjected to the fine of ten (10) dollars for each and every such neglect or refusal.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-19-55

RETURN OF A BIRTH

A 20220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Barbara Anna

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) white

3. Date of Birth, 15th July 1890

4. Place of Birth, (Street and Number) S. Castle Str. #225

5. Full Name of Mother, Wilhelmine Bielefeld

6. Mother's Maiden Name, " " Bachmann

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Bachman

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Sachsendorf. Germania

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Mrs. Buehler

1890-00 Kid Index

AUG 2 1890

been conferred) its sex, color, the full name and occupation of its parents, the name of the town or city and the county in which it was born, the date of its birth, and the said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month, a like certificate of the birth or births which may have occurred during the attendance of a physician or midwife, it shall be the duty of such physician or midwife to report the birth to the Commissioner of Health within ten days after the birth, and a like duty shall devolve upon the mother, immediately thereafter, to report the birth of the child above required, and any such person or persons who shall neglect or refuse to perform the duties imposed by this section shall be subject to the fine of ten dollars for each offence. Penalties and forfeitures are recoverable.

RETURN OF A BIRTH A 23221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 15th 1890
4. Place of Birth, (Street and Number) 1704 Mosher St
5. Full Name of Mother, Lillie Eunick
6. Mother's Maiden Name, Bonsal
7. Mother's Birthplace, Md.
8. Full Name of Father, Chas. Eunick
9. Father's Occupation, Painter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return M H Carter M.D.

Address, 1800 N. Balto. St.

Remarks, 1890 2 003197

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, by the practitioner in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recoverable.

RECEIVED AUG 16 1890 REGISTRAR

WM. J. C. DULANY & CO., CITY PRINTERS AND BOOKBINDERS

RETURN OF A BIRTH A 23277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15th 1890
4. Place of Birth, (Street and Number) #133 Lee St.
5. Full Name of Mother, Ida Va. Byus
6. Mother's Maiden Name. Rosenas
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jas. B. Byus
9. Father's Occupation, Miller
10. Father's Birthplace, Dorchester Co. Md.

Name of Medical Attendant, or other person who makes this Return. R. C. Lee

Address, Hanover

Remarks,

1890-003198

1890-003198

been conferred; its sex; color; the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or, should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered with costs, by fines and forfeitures are recoverable.

RETURN OF A BIRTH A 93223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) —
3. Date of Birth, 16
4. Place of Birth, (Street and Number) 1007 West St.
5. Full Name of Mother, Ida Edwards
6. Mother's Maiden Name, — Causey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry F. Edwards
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Anna Wilcox

Address, 928 Central Ave.

Remarks, 1890 - 003199

been conferred) sex, color, the full name and occupation of its parents, the date and place of birth of the child, and such other particulars as the Commissioner of Health may require. In case the birth of any child shall occur without the service of a physician or midwife, the person in charge of the premises in which such birth occurs shall report the same within the period above required, and in case such report is not made as herein required, the father, mother, immediately thereafter, shall become liable to report the birth of such child to the Commissioner of Health, and for each and every neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, which fine or fines may be recovered, with costs of suit, before any justice of the peace of Baltimore city, in the name of the State of Maryland, for the use of the Board of Health of Baltimore city; and any such person or persons who shall refuse to pay the fine or fines and forfeitures are recoverable.

SUN. J. G. GULANY & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 23774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. AUG 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIIII

1. Sex, (state whether male or female) M. Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16th July 1890
4. Place of Birth, (Street and Number) N. Durham St. #106
5. Full Name of Mother, Mary H. Feldhaus
6. Mother's Maiden Name, nee Faber
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Faber
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address,

Remarks, 1890-08732.00

been conferred by ... name of ... cation of its birth, the date and place of birth; and the ... signed by ... the Commissioner of Health. In case the birth is not ... said ... day of each and ... month ... or practitioner of midwifery, or ... person or parents of such ... shall occur without ... attendance upon ... certificate ... birth to the Commissioner of Health, to comply with the provisions of this section shall ... certificate ... such person or persons who shall ... after ... to be received as other fines and forfeitures are ... jected to the fine of ten (10) dollars for each offense.

RETURN OF A BIRTH A 2322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 1 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11/2 child
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	17 July
4. Place of Birth, (Street and Number)	1235 Hare street
5. Full Name of Mother,	Lena Kordewska
6. Mother's Maiden Name,	Lena Makenska,
7. Mother's Birthplace,	germane
8. Full Name of Father,	Josep Kordewski
9. Father's Occupation,	Laber
10. Father's Birthplace,	germany
Name of Medical Attendant, or other person who makes this Return.	Wm. P. Liersmann.
Address,	1223 Hare street.
Remarks,	1890 003201

WM. A. G. BAILEY & CO., CITY PRINTERS AND STATIONERS

NAME CHANGED BY COURT ORDER 6-6-56

RETURN OF A BIRTH

A 23226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sylvester Paul Nolan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 18 July 1890
4. Place of Birth, (Street and Number) 419 St. Caroline St
5. Full Name of Mother, Mamie Hogan Moore
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto.
8. Full Name of Father, Sylvester Hogan
9. Father's Occupation, Book Binder
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulbi

Address, 1902 Holland St

Remarks, 890-003202

BALTIMORE CITY HEALTH DEPARTMENT

been conferred) its sex, color, and occupation of its parents, the date and place of birth, and the name, surname, and residence of the physician, midwife, or other person who was present at the birth, all of which said particulars he shall duly signed by the practitioner in the form of a certificate, and every month to the office of the Commissioner of Health; and every midwife or other person being in attendance upon the mother, or who shall be present at the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time required; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19 July
4. Place of Birth, (Street and Number) 1217 Holland St
5. Full Name of Mother, Mary Hanna
6. Mother's Maiden Name, " Fitz
7. Mother's Birthplace, Balto.
8. Full Name of Father, James Hanna
9. Father's Occupation, Soap maker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulbig

Address, 1302 Holland St

Remarks, 0 9 0 - 0 0 3 2 0 3

been conferred) its sex, color, the full name and occupation of its parents, its date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, or other person in attendance at the birth, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, or should no other person be in attendance, then the mother, immediately thereafter, it shall become the duty of the person or inmate of such house in which the birth occurred, or of the parent or parents of such child, if living in a separate house, to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 23228.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I.

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) white

3. Date of Birth, 19th July 1890

4. Place of Birth, (Street and Number) E. Lombard str. # 1519

5. Full Name of Mother, Mary Deigel

6. Mother's Maiden Name, ~ Leppert

7. Mother's Birthplace, Marbach. Germania

8. Full Name of Father, Caspar Leppert

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Wasserlosen. Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Buehler

Address,

Remarks,

1890 - 0 23228

AUG 27 1890

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health, upon the blanks furnished for the purpose; and said schedule shall be delivered, duly signed by the attendant, to the person in charge of the house, or in default thereof to the nearest relative of the child present at the birth, within ten days after the birth, and shall occur within the first week after the birth, and every death occurring within the city limits shall be reported within twenty-four hours after death to the office of the Commissioner of Health, by the undertaker or person in charge of interment, on a certificate to be furnished by the Commissioner of Health, and it shall be the duty of the person in attendance upon the mother in case of a physician or practitioner of midwifery, or in case there be no other person in attendance upon the mother in case of a physician or practitioner of midwifery, or in case there be no other person in attendance upon the mother, the nearest relative of the child present at the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any neglect or refusal to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence. Penalties for violations of this section shall be sued for and recovered as other penalties are recoverable.

WM. A. G. SLOAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 23779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) white

3. Date of Birth, 19th July 1890

4. Place of Birth, (Street and Number) E. Lombard St. #1537

5. Full Name of Mother, Barbara Teine

6. Mother's Maiden Name, " Blatkamp

7. Mother's Birthplace, Balto.

8. Full Name of Father, Valentin Blatkamp

9. Father's Occupation, Harnessmacker

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs. Buehler

1890 - 00 32 05

AUG 1 1890

CITY REGISTER

...born, or cause the full name and occupation of its parents, the date and place of birth, and the sex of such child to be registered, duly certified by the proper person, at the office of the Registrar of Vital Statistics, within ten days after such birth, and the midwife shall deliver duly certified returns of all births at which she officiates, on the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth as above required. Every person who shall neglect or refuse to comply with any of the provisions of this section shall be subject to a fine of ten dollars for each offense, and all forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 20 July
4. Place of Birth, (Street and Number) 24 N Caroline St
5. Full Name of Mother, Hennie Jones
6. Mother's Maiden Name, " Fuld
7. Mother's Birthplace, Balto.
8. Full Name of Father, Abraham Jones
9. Father's Occupation, Sales man
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ellis

Address, 1302 Holland St

Remarks,

1890 - 003206

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the ... or ... of a certificate between the first and ... of each and every month to the office of ... shall ... with like certificate of ... attendance upon the mother, ... child to report its birth to the Commission ... person or persons who shall ... jected to the fine of ten (10) dollars for ...

AUG 4 1890

... A. S. ... & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 232 31.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, July 20 1890
4. Place of Birth, (Street and Number) 536 N. Gilmore Street
5. Full Name of Mother, Roberta Olivia Pepper
6. Mother's Maiden Name, " " Hammitt
7. Mother's Birthplace, Balt. City
8. Full Name of Father, Charles E. Pepper
9. Father's Occupation, merchant
10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other person who makes this Return. Marbury Brewer Jr. M.D.

Address, 1106 McCulloh Street

Remarks, 1890 C 003207

AUG 2 1890

...sex, color or race, the full name of the parents, their residence, the name of the physician or midwife in attendance, and the number of the child of the mother, if born alive. The certificate shall be signed by the physician or midwife in attendance, or in case there was no physician or midwife in attendance, by the father or mother of the child, or the householder, or the owner of the premises where the birth occurred. Every physician, midwife or other person required by this section to register births and to report the same, who shall refuse or neglect to perform such duties, shall be fined not more than fifty dollars for each offence. Any person who shall wilfully register a false statement as to the sex, color or race, the full name of the parents, their residence, the name of the physician or midwife in attendance, and the number of the child of the mother, if born alive, or who shall wilfully register a false statement as to the date of birth of any child, or who shall wilfully neglect or refuse to register the birth of any child as required by this section, shall be subject to the fine aforesaid for each offence. All fines and forfeitures are recoverable.

RETURN OF A BIRTH A 232322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

*1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 21st of July.

4. Place of Birth, (Street and Number) No. 1104 Patapsco st.

5. Full Name of Mother, Mrs. Kate Wagner.

6. Mother's Maiden Name, " " Gill

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John C. Wagner.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Pauline Lissemann

Address, No. 1225 Hope st.

Remarks,

890-003208

been conferred) its sex, color, the full name, the date and place of birth; and the said schedule shall be delivered each month to the commissioner of health, or such other person as he may designate between the first and third days of each succeeding month. Any person who shall neglect the duty of the person or parents of such child to report its birth to the said commissioner of health, in the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HALL BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 July
4. Place of Birth, (Street and Number) 1418 E Preston St
5. Full Name of Mother, Fannie Voght
6. Mother's Maiden Name, " M E Gray
7. Mother's Birthplace, Balto.
8. Full Name of Father, Constance Voght
9. Father's Occupation, Car driver
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ullrig

Address, 1302 Holland St

Remarks,

1890 - 003209

AUG 4 1890

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, with to the office of the Board of Health. If a child be born and dies before the third day, or without the attendance of a physician, or other person who should no other person be in attendance upon the mother, immediately thereafter, the person or parents of such child to report its birth to the Board of Health, within the period above required, any such person who shall neglect to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered before

forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2 32 34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2d July 1890.
4. Place of Birth, (Street and Number) S. Castle #246.
5. Full Name of Mother, Agathe Schmidel
6. Mother's Maiden Name, n Smith
7. Mother's Birthplace, Balto.
8. Full Name of Father, Adam Smith
9. Father's Occupation, workman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address,

Remarks, 1890-00 Midwife

been conferred) its sex, color, the full name and occupation of its par... said schedule shall be delivered, duly signed by the practitioner in in... third day of each and every month to the office of the Commissioner... attendance upon the mother, immediately after the birth, or if there be... child to report its birth to the Commissioner of Health, in the manner and within the period above required; and... any such person of persons who shall hereafter fail to comply with the provisions of this section shall be... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are now collectible.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1890-003210

RETURN OF A BIRTH

A 232306

8-3-54

OTHER NAME ADDED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Otto Paul Boettger

No. 1 Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) —

3. Date of Birth, 21. July, 1890

4. Place of Birth, (Street and Number) Port Hamilton Street. No 645

5. Full Name of Mother, Kate Boettger.

6. Mother's Maiden Name, Kate Hoffman

7. Mother's Birthplace, (Hall) in Württemberg

8. Full Name of Father, Paul Boettger.

9. Father's Occupation, Hairdresser

10. Father's Birthplace, (Liegnitz) in Preussen Germany

Name of Medical Attendant, or other person who makes this Return. Miss Seabath

Address, Pratt Street 735.

Remarks,

1890 - 003211

been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled up, to the undertaker in the funeral of any child dying within the first year of its age, before the interment of such child shall take place; and the undertaker in the funeral of any child dying within the first year of its age, before the interment of such child shall cause to be delivered to the Commissioner of Health, in the city of Baltimore, a certificate of the attendance of a physician or practitioner in the case of such child, or a statement that no physician or practitioner was in attendance upon the mother, immediately previous to the birth, in the case of such child, and within the period of one year next preceding the birth of such child to report its birth to the Commissioner as aforesaid, and in the case of any such person who shall hereafter fail to comply with the provisions of this section, he shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

APR 2 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

C 23230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21st inst.
4. *Place of Birth, (Street and Number)*	3018 Hardesty st
5. *Full Name of Mother,*	Mary E Keys
6. *Mother's Maiden Name,*	Mary E Harkins
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	James H Keys
9. *Father's Occupation,*	Can Maker
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullivan
Address,	1029 Curley st
Remarks,	1890-003212

ascertained the full name of such child (if any shall have been so named), date and place of birth, and the said schedule shall be delivered daily to the Commissioner of Health. In case the parents, the duty of each and every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the midwife or other person present at the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the midwife or other person present at the birth of any child shall become the duty of the person or persons in any such person report the birth to the Commissioner of Health. In the manner and within the time prescribed by this section shall forfeit or pay for each offence to be recovered as other fines and forfeitures are recovered, the sum of ten (10) dollars

Murphy & Co., Day Printers and Stationers.

RETURN OF A BIRTH A 23207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Race
3. Date of Birth, 22 July
4. Place of Birth, (Street and Number) 709 South Bond St
5. Full Name of Mother, Anna Fricke
6. Mother's Maiden Name, Anna Kimmel
7. Mother's Birthplace, West Prussia
8. Full Name of Father, Frank Fricke
9. Father's Occupation, Labor
10. Father's Birthplace, West Prussia

Name of Medical Attendant, or other person who makes this Return. Anna Grewokowak

Address, 803 S. Dallas st

Remarks,

1890 - 003213

BALTIMORE

RETURN OF A BIRTH A 23295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 22nd 1890
4. *Place of Birth, (Street and Number)*	416 Lexington str
5. *Full Name of Mother,*	Minnie Henke
6. *Mother's Maiden Name,*	Minnie Spremer
7. *Mother's Birthplace,*	Baltimore. Md.
8. *Full Name of Father,*	John H Henke
9. *Father's Occupation,*	Cigarmaker.
10. *Father's Birthplace,*	Coblenz Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Seebach
Address,	N. Paca str near Fremont st
Remarks,	

1890 003214

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health [illegible] within the period above required, and any such person or persons who shall hereafter [illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each [illegible] and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd July
4. *Place of Birth, (Street and Number)* 1017 Hollins St
5. *Full Name of Mother,* Agustia Lemmermann
6. *Mother's Maiden Name,* Agustia Eggman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Lemmermann
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Seebark

Address, 135 Pratt St

Remarks,

1890-003215

GEO. A. G. BALBY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 2 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 23rd July 1890
4. Place of Birth, (Street and Number) S. Amen St. 310
5. Full Name of Mother, Annie Gaichner
6. Mother's Maiden Name, " Kipp
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frederick Kipp
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs Buehler

1890-003216

1890-003216

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered by the Practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, or such other person as he may direct; and it shall occur without the attendance of a physician or practitioner, the midwife, or if there be no midwife, and no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the father, or parents of such child, if living, and in case of the death or absence of both parents, then of the householder in charge of the premises where such birth occurred, to report the same to the Commissioner of Health, in writing, as above required, and any such person or persons who shall neglect or fail to make such report as aforesaid, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

A 23241.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24th 1890
4. Place of Birth, (Street and Number) 1502 Race Street. Baltimore
5. Full Name of Mother, Lena Clark
6. Mother's Maiden Name, " Kochstein
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Francis Joseph Clark
9. Father's Occupation, B & O. Brakeman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Augusta Bosman

Address, No 3. Benedictta

Remarks,

1890 - 003217

GEO. A. O. MULLANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 4-1-53

RETURN OF A BIRTH

A 23262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Jacob

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 26/90
4. Place of Birth, (Street and Number) Penna Ave E 14
5. Full Name of Mother, Susie Rith
6. Mother's Maiden Name, Susie Bennet
7. Mother's Birthplace, Penna ave E 14
8. Full Name of Father, Charles Rith
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, A C Pole

Address, 1100 Madison ave & Bloom St

Remarks,

B 90 - 003210

...y & Co., City Printers and Stationers.

...pervenia, the date and place of birth, and the said schedule shall be delivered, duly sign... by the practitioner in ... form of a ...certificate between the first and third day of each and every month, to the Office or the Commissioner of Health. ... be in place of a child still born, without the attendance of a physician or midwife, or should no other person ... report its birth to the Commissioner hereafter it shall become the duty of the person or persons in charge of such ... of persons who shall hereafter fail to comply with the requirements of this section, shall be subjected to the fine of ... for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 24 July
4. Place of Birth, (Street and Number) 1924 E. Fayette St
5. Full Name of Mother, Louise Heimbach
6. Mother's Maiden Name, " Schmidt
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Heimbach
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs R. Albig

Address, 1302 E. Lanvale St

Remarks, 670-003219

AUG 4 1924

...son conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any practitioner, it shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, July 24, 1890.
5. Residence of Birth, (Street and Number) 643 Wayne St
6. Full Name of Mother, Bessie Chandler
   Mother's Maiden Name, Bessie Chandler
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, George N. Alker
9. Father's Occupation, Waiter
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return, Ursula B. Brooks

Address, 1132 Warner St

Remarks, Doing well

1890 - 003220

HEALTH DEPARTMENT BALTIMORE MD

RETURN OF A BIRTH A 23225.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Adelbert Brooks

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 24 Feb 1890 - 1720 Fairmount Ave.
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Laura Virginia Brooks
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, England
8. Full Name of Father, Walter E. Brooks
9. Father's Occupation. printer
10. Father's Birthplace, Bell. Co. Ky

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 926 Eutaw St.

Remarks, OTHER NAME ADDED. 1-14-52

1890-003221

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate hereinafter prescribed, to the third day of each and every month. If the child was born without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above directed, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as debts and forfeitures are recoverable.

888. J. C. BULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, 24th July

4. Place of Birth, (Street and Number) S. Chapel Str. #227.

5. Full Name of Mother, Louise Barthel

6. Mother's Maiden Name, Kustermeier

7. Mother's Birthplace, Balto.

8. Full Name of Father, Frank Kustermeier

9. Father's Occupation, Boxmaker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address, 1 Bit. 3/4

Remarks, 1890-00 3224

1890-00 32246

RETURN OF A BIRTH. A 23247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) C

3. Date of Birth, 25

4. Place of Birth, (Street and Number) 1308

5. Full Name of Mother, Isabella Angel Kemp

6. Mother's Maiden Name,

7. Mother's Birthplace, Balt Md

8. Full Name of Father, Frank Harriel

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890 C 003223

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last days of each month, to the Registrar of Vital Statistics, Board of Health, Baltimore City. Any failure shall occur without the attendance of any physician or midwife, the householder in charge of the house in which such attendance upon the mother immediately thereafter shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and failure to do so shall be punishable by a fine of not less than five dollars nor more than fifty dollars, to be recovered as other fines and forfeitures are recoverable.

696 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Jewish

Date of Birth, 25 July

Place of Birth, (Street and Number) 1122 Low St

Full Name of Mother, Jetta Liebsky

6. Mother's Maiden Name, " Bernstein

7. Mother's Birthplace, Poland

8. Full Name of Father, Max Liebsky

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Allig

Address, 302 Holland St

Remarks,

1890 - 003224

been conferred) its sex, color, the full name and occupa... and place of birth, and the ... shall be delivered, duly signed by ... day of each and every month ... shall occur without the other, immediately thereafter ... attendance upon the birth to the Commissioner of ... child or persons who shall have charge of ... such person or persons who shall neglect ... jacket to the fine of ten (10) dollars for each offense.

... and place of birth; and the ... state between the first and ... birth of any child ... no other person be to ... or parents of such ... have resided, and ... section shall be sub- ... forfeitures are recoverable.

... J. E. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 232169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been confirmed) its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered within 10 days after the birth, to the attendant upon the mother, (immediately after the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, which may be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 or

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 26 th 1890
4. Place of Birth, (Street and Number) Calvert nd
5. Full Name of Mother, Mary Boyd Welgand
6. Mother's Maiden Name,
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Samil Boyd
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. M A Carter

Address, 1800 W. Balto St.

Remarks,

1890 003225

RETURN OF A BIRTH A 23250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 26th 1890

4. Place of Birth, (Street and Number) Falls Road

5. Full Name of Mother, Mary Engelhardt Heavel

6. Mother's Maiden Name,

7. Mother's Birthplace, Md

8. Full Name of Father, Paul Engelhardt

9. Father's Occupation, Quarryman

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, M H Carter M D

Address, 1800 N Falls Ave

Remarks,

1890 003226

AUG 4 1890

REGISTRATION

been conferred, the full name and occupation of its parents, the date and place of birth, and the said child was delivered, duly signed by the attending physician or midwife, or by the father or mother of such child, or householder in the case of the absence or inability of both parents, within ten days after the birth, and every month to the Commissioner of Health, or should no other person have been present at the birth of any child than the parent or parents of such child, it shall be the duty of the person or persons required, and in default thereof, the undertaker who shall first be employed in the burial of such child, to report to the Commissioner of Health the particulars required to be recorded in this section, within the time and in the manner above specified, and every such person who shall neglect or refuse to make such report as aforesaid, shall be subject to the fine of ten (10) dollars, to be recovered before any justice of the peace of Baltimore city.

Sec. 2. And be it further enacted, That it shall be the duty of every physician, midwife or other person who shall be in attendance upon the birth of any child, to report the birth of such child to the Commissioner of Health within ten days after the birth of such child, and every such physician, midwife or other person who shall neglect or refuse to make such report as aforesaid, shall be subject to the fine of ten (10) dollars, to be recovered before any justice of the peace of Baltimore city.

Sec. 3. And be it further enacted, That all fines and forfeitures are recoverable.

WM. A. C. HILLERY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 2325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 27 July
4. Place of Birth, (Street and Number) 414 Short St
5. Full Name of Mother, Mary Body
6. Mother's Maiden Name, " Forsby
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Body
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. Mrs R. Williams

Address, 130 Hollins

Remarks, 890-003227

BALTIMORE CITY HEALTH DEPARTMENT

WM. A. G. SLADE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 330 [illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 7 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, the 27 July
4. Place of Birth, (Street and Number) 9131 Elliott street
5. Full Name of Mother, Annie Frocklich
6. Mother's Maiden Name, Annie Comstock
7. Mother's Birthplace, in Baltimore Md
8. Full Name of Father, Charles Frocklich
9. Father's Occupation, Laber work
10. Father's Birthplace, in Germanie

Name of Medical Attendant, or other person who makes this Return. Miss B. Liersemann.

Address, 1225 Hare street

Remarks,

1890 - 003228

been conferred) its sex, color, the full name of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the first and last above mentioned days. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or in case any other person shall be in attendance upon the mother, immediately after the birth, or the person or parents of such child to report the particulars required by this section shall be liable to the same penalty as the midwife who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible] & G. DELANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth (5th).
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 27th 1890.
4. *Place of Birth, (Street and Number)*	579 W. Fayette St.
5. *Full Name of Mother,*	Regina Yakel
6. *Mother's Maiden Name,*	Hum
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Caspar Yakel
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address,	414 N. Greene
Remarks,	

1890 003229

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN S. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. A 937 54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday July 27th 90. 2.55 P.M.
4. Place of Birth, (Street and Number) 141 E. Randall St
5. Full Name of Mother, Emma V. Jones
6. Mother's Maiden Name, Emma V. Dickerson
7. Mother's Birthplace, Wicomico County Md
8. Full Name of Father, J. Franklin Jones
9. Father's Occupation, Clerk
10. Father's Birthplace, Dorchester County Md

Name of Medical Attendant, or other person who makes this Return, E. J. Mitchell MD

Address, Park Ave & Mulberry St

Remarks, 1890-003230

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) race
3. Date of Birth, 27 of July
4. Place of Birth, (Street and Number) 1510 S Hanover St
5. Full Name of Mother, Mary Lizzie Mann
6. Mother's Maiden Name, Mary Lizzie Lech
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Mann
9. Father's Occupation, Draper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Anna Krewokowska

Remarks, 1038 Dallas St

1890 003231

AUG 4 1890

BALTIMORE, MD.

CO. A. C. BILLEY & CO., CITY

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or living, full name, paternity, and residence of the parents, and the maiden name of the mother of such children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks,

1890 - 003 32

RETURN OF A BIRTH. A. 23267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 28th 1870
4. Place of Birth, (Street and Number) 711 New street
5. Full Name of Mother, Katie Murray
6. Mother's Maiden Name, Katie Lee
7. Mother's Birthplace, Essex Co Virginia
8. Full Name of Father, Joseph Murray
9. Father's Occupation, Laborer
10. Father's Birthplace, on the Rappahannock Co

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Ann Mason.

Remarks, Jan 1 '89. 0 m 0 d 3 2 3 7.

been conferred) its sex, color, the ... name, ... occupation ... of certificate between the first and ... duly signed by the practitioner in the form of ... In case the birth of any child ... to the office of the Commissioner of Health, ... midwifery, or should no other person ... such ... within ... of the birth, ... shall become the duty of the person ... required, and ... the names, and with the ... of this section shall be sub- ... recovered by ... dollars for each offence.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th July 1890
4. Place of Birth, (Street and Number) 1214 Gay st Delivered
5. Full Name of Mother, Laura Brauer
6. Mother's Maiden Name, Laura Brauer
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert Brautman
9. Father's Occupation, Beer Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Magdalene Buss

Address, 1214 Gay st

Remarks,

1890-003234

AUG 4 1890

...colored) its sex, color, its full name and the occupation of its parents, the date and place of birth; and the ...schedule shall be delivered, duly filled out, to the Commissioner of Health, or should no other person be in ...third day of each month, to the Commissioner of Health, or should no other person be in attendance of a physician or midwife, the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above named. A like report must be made ...same upon the mother, immediately after the birth of any child, within the period above named, to the Commissioner of Health, and any such person or persons neglecting or refusing to make such report shall be subjected to the fine of ten dollars for each and every such neglect or refusal, to be recovered ... penalties and forfeitures are recoverable.

RETURN OF A BIRTH. A 23259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 July
4. Place of Birth, (Street and Number) 13 Eager St
5. Full Name of Mother, Magie Vichal
6. Mother's Maiden Name, Ball
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Vichal
9. Father's Occupation. carpenter
10. Father's Birthplace, Weidenstein Bavaria

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 918 Ent Ave

Remarks, 1890-003235

been conferred) its sex, color, &c., name and occupation, &c., in the form of a certificate between the first and second days of each month, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be every month to the office of the Registrar of Vital Statistics of the Board of Health. In case the birth of any child third days of each month, and in case there was no attendance at the birth, or after the birth, the certificate of such officer of each month to the office of the Registrar of Vital Statistics of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person have assumed the duty of making the return required, and attendance upon the mother, it shall be the duty of the person having charge of the house in which the birth occurred, within the period above required, and child to report the particulars required by this section to the Registrar of Vital Statistics, and the Registrar shall enter the same in the records of his office. Any person who shall fail to comply with the provisions of this section shall be subject to any such penalties or forfeitures as may be recovered before any court of competent jurisdiction, by the Registrar, or any person who shall make complaint thereof, and shall be subject to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 23760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 July 1890
4. *Place of Birth, (Street and Number)* 1504 Gay Street
5. *Full Name of Mother,* Ellis Lahman
6. *Mother's Maiden Name,* Ellis Riegle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. Lahman
9. *Father's Occupation,* Brick Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Magdelan Evans

Address, 604 N. Eden St.

Remarks,

1890 003236

RETURN OF A BIRTH

A 03267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 4 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, July 29/90
4. Place of Birth, (Street and Number) No. 2305 Hanover.
5. Full Name of Mother, Mathilda Kirby.
6. Mother's Maiden Name, " Strecker.
7. Mother's Birthplace, Prussia
8. Full Name of Father, Christian Kirby.
9. Father's Occupation, Glass Blower.
10. Father's Birthplace, Prussia.

Name of Medical Attendant, or other person who makes this Return. Annie Jones

Address, 17 W. Lee St.

Remarks, Jones

1890-003257

1890-003257

RETURN OF A BIRTH

A 23267

To the Office of Registrar of Vital Statistics. Board of Health.

BALTIMORE CITY.

Within 24 hours after birth, each attending physician, midwife, or other person having charge of case, must report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the following facts concerning each child born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1. *No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) First child
2. *Sex,* (state whether male or female) White
3. *Race or Color,* (if not of the white race)
4. *Date of Birth,* June 14, 1898
5. *Place of Birth,* (Street and Number) England
6. *Full Name of Mother,* Margt. E. Taylor
7. *Mother's Maiden Name,* Baltimore City
8. *Full Name of Father,* Henry Taylor
9. *Father's Occupation,* Grocery Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, Dr. Dietz or other Person who makes this Return

Address, 1111 -

Remarks,

1898 - 0 - 1238

RETURN OF A BIRTH. A 23263.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 30th 1890

4. Place of Birth, (Street and Number) #924 Ostend St. Baltimore Md

5. Full Name of Mother, Ida Josephine Corwin

6. Mother's Maiden Name, " " Olivette

7. Mother's Birthplace, Tunkhannock Pa.

8. Full Name of Father, Daniel Joshua Corwin

9. Father's Occupation, B&O Brakeman & Conductor

10. Father's Birthplace, Olisville N.Y.

Name of Medical Attendant, or other person who makes this Return. Mrs. Augusta Bosean

Address, No 3. Henrietta

Remarks, 1890-0003239

been conferred) its sex, color, the full name and occupation [illegible] in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 2326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race) W

3. Date of Birth July 30/90

4. Place of Birth, (Street and Number) 1805 E Baltimore

5. Full Name of Mother, Mollie Hummel

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, BC

8. Full Name of Father, Wm Hummel

9. Father's Occupation, Plumber

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Dr Mitchell

Address, 1207 E Monument St

Remarks,

1890 - 003240

ascertained the full name of each child (if any shall have been so determined), sex, color, by the practitioner in the form of a certificate, between the first and third days of life, to the Office of the Commissioner of Health. In case the birth occurs without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any person or persons who shall hereafter fail to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Harvey Walker Richmond M
2. Race or Color, (if not of the white race) W
3. Date of Birth July 31-90
4. Place of Birth, (Street and Number) Edwan Ave
5. Full Name of Mother, May Richmond
6. Mother's Maiden Name, Richmond
7. Mother's Birthplace, Missouri —
8. Full Name of Father, D W Richmond
9. Father's Occupation, Farmer
10. Father's Birthplace, B. Co.

Name of Medical Attendant, or other Person who makes this Return. Irving Miller M.D.

Address, 1207 E Monument St

Remarks, GIVEN NAME ADDED 11/25/54 — 167 0 3 2 4 1

ascertained the full name of each child (if any shall have been born) and the sex, color, and date and place of birth of each child, and whether such child was born alive or dead at the birth, and shall deliver, duly signed by the practitioner, in the form of a Return, the data and facts so ascertained to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth of each child, and shall make a like Return of the birth of each child born during the progress of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother, or in case of her inability to report the birth to the Commissioner of Health, then the person with whom the mother shall be living at the time, to report the birth to the Commissioner of Health, in the form above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered. Art. 43, Sec. 217.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 23266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 4 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth, July. 31st. 1890.
4. Place of Birth, (Street and Number) No 1407. Andre. St.
5. Full Name of Mother, Annie. M. Brown.
6. Mother's Maiden Name, " Hamby.
7. Mother's Birthplace, Richmond. Va.
8. Full Name of Father, John. K. Brown.
9. Father's Occupation, Labor.
10. Father's Birthplace, Jamesville. Frederick Co.

Name of Medical Attendant, or other person who makes this Return. Annie Eugene.

Address, 1603. S. Carey St.

Remarks, Yours. Respectfully

8 9 0 - 0 3 2 4 2

Sec. 4. (Name, color, sex, &c.) It shall be the duty of the parents, or the attending physician, midwife, or other person present at the birth of any child, to make a certificate of such birth, and deliver the same to the Commissioner of Health, within ten days after the birth, which certificate shall be delivered, duly signed by the practitioner in charge, or by the parent, or by the person present at the birth, as the case may be, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any person required by this section to make such certificate, then it shall be the duty of each and every month to the office of the Commissioner of Health, a certificate of such birth, signed by the parent, or should no other person be present at the birth, then it shall be the duty of the parent to make such certificate within ten days after the expiration of the period above required, and attendance upon the birth to the Commissioner of Health, a certificate of such birth, signed by the parent, or should no other person be present at the birth, then it shall be the duty of the parent to make such certificate within ten days after the expiration of the period above required, and such person or persons who shall refuse or neglect to make such certificate, as required by this section shall be subjected to the fine of ten (10) dollars for each and every such refusal or neglect. All fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 23267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 31

4. Place of Birth, (Street and Number) 2939 Hudson Street

5. Full Name of Mother, Augustine Biermann

6. Mother's Maiden Name, Skawinsky

7. Mother's Birthplace, Germany

8. Full Name of Father, Chas. Biermann

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Miss P. Liersemann

Address, 1225 Hare street

Remarks,

1890 - 003243

AUG 4 1890

been conferred) its sex, color and, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, including the present birth, and whether the first and said schedule shall and every month to the office of the Registrar of Vital Statistics of the City of Baltimore, a certificate between the first and fifth days of each month, duly signed by the practitioner in charge of the case, or by the midwife, or should no other person have been present at the birth of any child than the mother, then by the mother herself, stating the name, sex, color and date of birth of each child born during the preceding month, or a statement that no birth has occurred within the period above required, and that none occurred without the attendance of a physician or midwife, or should no other person have been present at the birth of any child than the mother, then by the mother herself, stating the name, sex, color and date of birth of each child born during the preceding month, or a statement that no birth has occurred within the period above required, and that none occurred without the attendance of a physician or midwife, as the case may be. Any person who shall violate any of the provisions of this section shall be subjected to a penalty of ten dollars for each and every offence, to be recovered before any justice of the peace of Baltimore City, and forfeitures are recoverable by suit or indictment, one-half to the informer and one-half to the use of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person have been present at the birth of any child than the mother, then by the mother herself, stating the name, sex, color and date of birth of each child born during the preceding month, or a statement that no birth has occurred within the period above required, and that none occurred without the attendance of a physician or midwife, as the case may be. Any person who shall violate any of the provisions of this section shall be subjected to a penalty of ten dollars for each and every offence, to be recovered before any justice of the peace of Baltimore City, and forfeitures are recoverable by suit or indictment, one-half to the informer and one-half to the use of the Board of Health. In case the birth of any child

WM. J. D. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1 23265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: James Henry ~~Sheerin~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31st of July 1890.
4. Place of Birth, (Street and Number) 1806 Orleans St.
5. Full Name of Mother, Nellie (~~Kable~~) Sheerin
6. Mother's Maiden Name, Nellie (~~Schriman~~) Kelly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James (~~Schriman~~) Sheerin
9. Father's Occupation, Carter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St. for Justina Kunkel

Remarks, Healthy

1890 003244

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health, and every midwife and every person who shall officiate in the capacity of midwife, or should no other person be in attendance upon the mother, immediately after the birth of any child which shall occur without the attendance of a physician or midwife, become the duty of the person or parents of such child to report the same to the Commissioner of Health, and within the time and in the manner prescribed by this section shall be subjected to the fine of ten (10) dollars for each and every neglect or refusal. All fines and forfeitures are recoverable.

RECEIVED
AUG 4 1890
BOARD OF HEALTH

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Child Colored

3. Date of Birth, 31 July

4. Place of Birth, (Street and Number) 1431 N Union Alley

5. Full Name of Mother, Ida Johnson

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Balto.

8. Full Name of Father, Robert Cross

9. Father's Occupation, Barber

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R Ulbig

Address, 1302 Holland St

Remarks, Mother white Father Colored

1890-003245

AUG

AUG 1890

BALTIMORE CITY HEALTH DEPT.

been conferred) its sex, color, the full name and occupation of the parents, the place of birth, as near as may be, and the name and residence of the attendant upon the mother; immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable, subject to the fine of ten (10) dollars for each offense, to be recovered before any court of competent jurisdiction.

RETURN OF A BIRTH A 2370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1, 1890
4. Place of Birth, (Street and Number) 1211 E Wallace St.
5. Full Name of Mother, Lizzie Fetch
6. Mother's Maiden Name, Lizzie Engelhardt
7. Mother's Birthplace, Balto.
8. Full Name of Father, J. Fetch
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. A. Burr

Address, 1205 E. Monument St. cor. Central Ave.

Remarks, All Male

1890-003246

AUG 6 1890

...condole shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance, then the owner or occupier of the premises where such birth shall occur shall cause the attendance of such practitioner or midwife within the period above required, and in default thereof shall forthwith after the expiration of the period above required, and attendance upon him, report in writing to the Commissioner of Health, the birth of such child, and the sex, color, and full name of the parents of such child. Any violation of this section shall be subject to the fine of ten (10) dollars for each offense. Penalties and forfeitures are recoverable...

RETURN OF A BIRTH A. 7327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	July 1st 1890
4. Place of Birth, (Street and Number)	#729 E. Eden St.
5. Full Name of Mother,	Sarah Schafer
6. Mother's Maiden Name,	Sarah Dutton
7. Mother's Birthplace,	Kentucky
8. Full Name of Father,	William Schafer.
9. Father's Occupation,	Clerk.
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	H. A. Dadt.
Address,	1245 E. Monument & cor. Central Ave.
Remarks,	All Well

1890-003247

Such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any person be in like manner to the Commissioner of Health, or to the person or parents of such child, immediately thereafter. Any physician or practitioner of midwifery, or other person who shall neglect or refuse to make such return within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall forfeit and pay for each offence such sum not exceeding ten dollars as the Commissioner of Health may direct. All penalties and forfeitures are recoverable before any justice of the peace of Baltimore City, and shall be collected and accounted for as other fines are collected and accounted for, and shall be subject to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH A 73775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white) White
3. Date of Birth, July 2, 1890
4. Place of Birth, (Street and Number) 1303 Eden St.
5. Full Name of Mother, Katie Garret.
6. Mother's Maiden Name, Katie Collins.
7. Mother's Birthplace, Balto.
8. Full Name of Father, J. Garret.
9. Father's Occupation, Bar-keeper.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. M. A. Booth

Address, 1245 E. Monument St. cor Central Ave

Remarks, All well.

1890 003248

DEPARTMENT OF HEALTH

RETURN OF A BIRTH A 2377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, 8.2.90.
4. Place of Birth, (Street and Number) 1817 W. Lanvale st
5. Full Name of Mother, Alice Bell
6. Mother's Maiden Name, Dale
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Ed Bell
9. Father's Occupation, machinist
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. W. W. Eastman

Address, 772 W Lexington

Remarks, Natural Labor

1890 - 003249

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the father of such child shall attend upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A. S. ABELL & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 23774

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - William Herman (William Hermann Berger)

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, 2 of August
5. Place of Birth, (Street and Number) 18[illegible] [illegible]
6. Full Name of Mother, [illegible]
7. Mother's Maiden Name,
8. Mother's Birthplace, Germany
9. Full Name of Father, Aug. C. Berger
10. Father's Occupation, Shoemaker
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 1834 East [illegible]

Remarks,

1890 - 003250

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS

...been obtained) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the return, to the Registrar of the district, on the third day of each and every month to the office of the Commissioner of Health. A certificate between the first and the second visit of the Registrar, stating that a return has been made of any child born within such district, and that no return has been made of any child born within such district, and that no attendance upon the mother during her confinement, or that the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother during her confinement, or should no other person be in attendance upon the mother during her confinement, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, together with costs and forfeitures are recoverable.

RETURN OF A BIRTH A 2377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Mal

2. Race or Color, (if not of the white race)

3. Date of Birth, 3 of August

4. Place of Birth, (Street and Number) 223 E Biddle St

5. Full Name of Mother, Ann Allen

6. Mother's Maiden Name, Plunkett

7. Mother's Birthplace, Balto

8. Full Name of Father, Charles Allen

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, 1830 E Monument St

Remarks,

1890 - 003251

...contained in any color, the said name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother during her confinement, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as penalties and forfeitures are recoverable.

RETURN OF A BIRTH A 23276.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	3. (Twin)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	July 4 1876
4. *Place of Birth, (Street and Number)*	565 Patterson Park Ave
5. *Full Name of Mother,*	Mary Boss.
6. *Mother's Maiden Name,*	Mary Forster
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	C. A. Boss
9. *Father's Occupation,*	Cabinet Maker
10. *Father's Birthplace,*	Balto.
Name of Medical Attendent, or other person who makes this Return.	W. A. Bird
Address,	1245 E. Monument St. cor. Central Ave
Remarks,	All Well. 6 9 0 - 0 0 3 2 5 2

been cutting his first set of teeth. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or mother of such child shall forthwith report the same to the Commissioner of Health, and in default thereof shall become liable to the penalty above required, and attendance upon the child by the mother shall not relieve her from the penalty for violation of this section. Each and every person who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any court of competent jurisdiction.

GEO. A. O. DELANY & CO., CITY PRINTERS AND STATIONERS.

A. 237

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3 (Twin)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 4 1890
4. Place of Birth, (Street and Number) 505 Patterson Park Ave
5. Full Name of Mother, M. Bose
6. Mother's Maiden Name, M. Forsten
7. Mother's Birthplace, Balto
8. Full Name of Father, H. V. Bose
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto

Name of Medical Attendent, or other person who makes this Return. W. A. Bush

Address, 1240 E. Monument or Central Ave

Remarks, All Well

9 0 - 0 0 3 2 5 3

been conferred) its sex, color, the full name and occupation [illegible] the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23278.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 8 1890
4. Place of Birth, (Street and Number)	422 Patterson Park Ave
5. Full Name of Mother,	J. Hamburger
6. Mother's Maiden Name,	J. Johnson
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	L. Hamburger
9. Father's Occupation,	Printer
10. Father's Birthplace,	Balto.
Name of Medical Attendent, or other person who makes this Return.	W. A Butt
Address,	1245 E. Monument St.
Remarks,	All Well

0 6 9 0 0 0 3 2 5 4

been conferred) its sex, color, &c., duly signed by the practitioner in the form of a certificate between the first and said schedule shall every month to the office of the Commissioner of Health, in the case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BALLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been considered) Hazes, color, the full name and occupation of the person in charge of such institution, the first and last name of the father, if known, and the maiden name of the mother, and the number of the child of the mother, if living, and if dead, the number of children born to the mother, including the dead child. Such certificate shall be delivered, duly signed by the attending physician or midwife, or in the absence of both of them by the father or mother of the child, or householder, within five days after the birth, and before the child is buried or removed from the house in which it was born. Such certificate shall be in the form of a certificate between the first and third day of each and every month of a physician or practitioner with regard to the birth of any child attended by him during the month next preceding, and if there be no such birth during the month, he shall so report. Such certificate shall be in the form of a certificate between the first and third day of each and every month of a physician or practitioner with regard to the birth of any child attended by him during the month next preceding, and if there be no such birth during the month, he shall so report. Any midwife or other person required to register a birth who shall refuse or neglect to register the same as herein required, and any physician or midwife who shall neglect to report any birth at which he was present or in attendance within the time prescribed by this section, shall be subject to a fine of ten (10) dollars for each offense. Any person who shall refuse or neglect to report the birth of any child found abandoned as soon as he has knowledge of the fact, or who shall refuse or neglect to report its birth to the Commissioner of Health in the City in which it was born, shall be guilty of a misdemeanor, and on conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment not exceeding six months, or both, at the discretion of the court. Any person who shall refuse or neglect to report the birth of any child found abandoned as soon as he has knowledge of the fact, or who shall refuse or neglect to report its birth to the Commissioner of Health in the City in which it was born, shall be guilty of a misdemeanor, and on conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment not exceeding six months, or both, at the discretion of the court. Any such person or persons who shall refuse or neglect to report as herein required shall be subjected to the fine of ten (10) dollars for each offense. All penalties and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 5 1890
4. *Place of Birth, (Street and Number)*	1318 E. Fairmount St.
5. *Full Name of Mother,*	Eggie Geist
6. *Mother's Maiden Name,*	Eggie Lauderbaut
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	C. E. Geist
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Balto.
Name of Medical Attendent, or other person who makes this Return.	M. A. Butler
Address,	1245 E. Hammond St.
Remarks,	All Well. 1890 - 005255

GEO. J. D. GULDAY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, JULY 10, 1890

4. Place of Birth, (Street and Number) 30 Eden St.

5. Full Name of Mother, E. Leechfield Cohen

6. Mother's Maiden Name, E. Philadelphia

7. Mother's Birthplace, W. Leechfield.

8. Full Name of Father, Edwin

9. Father's Occupation, Baltr.

10. Father's Birthplace, M. A. Md

Name of Medical Attendent, or other person who makes this Return

Address, 1215 E Monument St.

Remarks, All Well 5906-003253

been conferred) the sex, color, &c. of the child, and the full name, occupation, birthplace and residence of the parents, in the form of a certificate between the first and third days of each month, duly signed by the practitioner in the case. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or other person having charge of such child to report the same to the Commissioner of Health, in the manner and within the time above required, and any such parent or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. O. GILBERT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 6368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Girl

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) July 9 1890.

3. Date of Birth, 711 Wolfe St

4. Place of Birth, (Street and Number) C. Leidich

5. Full Name of Mother, C. Langbrecht.

6. Mother's Maiden Name, Germany

7. Mother's Birthplace, C. Leidich

8. Full Name of Father, Tailor

9. Father's Occupation, Germany

10. Father's Birthplace, M. A. Bird

Name of Medical Attendent, or other person who makes this Return.

Address, 124 E. Monument St.

Remarks, All Well.

1890 003257

been conferred) Race, color, &c. All names and occupations must be written in the form of a certificate between the first and second visits, and duly signed by the practitioner in charge. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required by this section to report the birth, the parent or parents of such child shall report the same to the Commissioner of Health, in the manner and within the period above required, and said schedule shall be filled out as far as practicable. In the manner the provisions of this section shall be published, and all persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MD. J. D. GUILETT & CO., CITY PRINTERS AND STATIONERS.

A 23251

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Albert R. ~~Byron~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 11th 1890
4. *Place of Birth, (Street and Number)* Baltimore City 1118 Sassafrass
5. *Full Name of Mother,* Flora (~~Curtis~~) Byron
6. *Mother's Maiden Name,* Flora (~~Curtis~~) Klein
7. *Mother's Birthplace,* Penna P. A.
8. *Full Name of Father,* William N. (~~Curtis~~) Byron
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs M. Shaffer

Address, No 716 W. West St

Remarks, 1890-0003258

(... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A23289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 11.

1. Sex, (*state whether male or female*) Male.
2. Race or Color, (*if not of the white race*) Black
3. Date of Birth, July 11, 1896
4. Place of Birth, (*Street and Number*) #29 S. Eutaw St.
5. Full Name of Mother, Annie Filer
6. Mother's Maiden Name, Annie Goffein
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Filer
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendent, or other person who makes this Return. A. Lucia, M.D.

Address, The Hebrew Hospital.

Remarks, 6 7 0 - 0 0 3 2 5 9

been conferred, Black, colored, &c., as the case may be. Occupation, &c., and the same is to be given in the form of a certificate between the first and second columns of each and every page. Each certificate to be numbered, duly signed by the Practitioner in attendance, and delivered to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a duly authorized practitioner of midwifery, or should no certificate of such attendance upon the birth of any child be delivered to the Commissioner of Health, in the manner and within the time required, and said schedule shall be returned to the office of the Commissioner of Health on the first Monday in each and every month, it shall be the duty of the person required to report the birth of such child to report all the facts required to be given in said schedule, to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

GEO. W. C. BEASLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23283

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	Mulatto
3. *Date of Birth*	July 13 / 90
4. *Place of Birth (Street and Number)*	1 Baker St.
5. *Full Name of Mother*	Alice Jackson Williams
6. *Mother's Maiden Name*	"
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Jacob Jackson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Wm. B. Rider
Address	867 Harlem Ave.
Remarks	

C 90 : 003260

At the end of any month, within the City Limits, and not later than the fifth day of the month thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 23284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 19 1890.

4. Place of Birth, (Street and Number) 226 Orleans St.

5. Full Name of Mother, A. Stewart

6. Mother's Maiden Name, A. Myers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fredrick Stewart

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. W. A. Bibb

Address, 1215 E. Monument St.

Remarks, C 90 0003261

been conferred) the race, color, the full name and occupation of the parents, as far as practicable, and the first and last residence of the parents in this city, and the number of children born to the mother, and the number now living. Said certificate shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should the parent or parents of such child refuse or neglect for the space of ten days after the birth of such child to report the same as aforesaid, it shall be the duty of the owner, agent or lessee of the house in which such birth shall occur without the attendance of a practitioner or midwife, or the parent or parents of such child, to report the same as aforesaid, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23283.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 21 1890
4. *Place of Birth, (Street and Number)*	67 E Eden St.
5. *Full Name of Mother,*	Mary Digg
6. *Mother's Maiden Name,*	M. Hilbert
Mother's Birthplace,	Balto.
8. *Full Name of Father,*	R Digg
9. *Father's Occupation.*	Painter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Dr A Buhl
Address,	1245 E. Monument St
Remarks,	Attended

1900 003262

been conferred) its sex, color, the full name and occupation of its parents, the date of birth of the first child said schedule shall be delivered, duly filled out by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be sued for and recovered in the name of the State of Maryland, before any justice of the peace, and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 2378.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 21 1890
4. Place of Birth, (Street and Number) 13d ~~Eutaw~~ Fitzgerald St.
5. Full Name of Mother, N. Gilmore
6. Mother's Maiden Name, N. Johns
7. Mother's Birthplace, Balto.
8. Full Name of Father, J. Gilmore
9. Father's Occupation. Laborer
10. Father's Birthplace, Balto.
Name of Medical Attendent, or other person who makes this Return. W. A. Ball.
Address, 1215 E. Monument St.
Remarks, Ace Male

1690-003263

been conferred) itself, color, the full name an occupation of the parents of the child, and such other information as may be required by the Commissioner of Health. In case the birth occurs in a private family, the said schedule shall be filled out by the person or some other person to be in attendance upon the mother. The Commissioner of Health, in the discharge of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MM. J. C. BULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child, (state whether 1st, 2d, 3d, &c.) First
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, July 21st 1890.
5. Place of Birth, (Street and Number) 929 Harford Ave
6. Full Name of Mother, Annie C. Parker.
7. Mother's Maiden Name, " " Maher
8. Mother's Birthplace, New York.
9. Full Name of Father, Geo H. Parker
10. Father's Birthplace, Sailor Talbot Co Maryland.

Name of Medical Attendant, or other person who makes this Return. W B Reese M.D.

Address, 621 E. Chase St.

Remarks,

1890 003264

been conferred) (a sex, color, the full name and occupation of the parents, the date and place of birth, as far as said schedule shall be delivered with the certificate of birth, or within one month thereafter, to the office of the Commissioner of Health, in the manner and within the time prescribed by the ordinances of the Board of Health, and it shall become the duty of the person or parents of such child to report its birth to the said Commissioner, and any such person or parents who shall neglect or refuse to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. BALDWIN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 1st

1. Sex, *(state whether male or female)* Female
2. Race or Color, *(if not of the white race)* White
3. Date of Birth, July 22nd '90
4. Place of Birth, *(Street and Number)* 108 E. Madison St.
5. Full Name of Mother, Annie Renehan
6. Mother's Maiden Name, Annie King
7. Mother's Birthplace, Harford Co. Md.
8. Full Name of Father, John F. Renehan
9. Father's Occupation, Farmer
10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other Person who makes this Return. John F. [illegible] M.D.

Address, S.W. Calvert & Read St.

Remarks, 1890-003265

DEPARTMENT [illegible]

parents, the date and place of birth, and the said schedule shall be delivered [illegible] the proper [illegible]. In case the certificate between the first and third day of each and every month to the Office of the Commissioner of Health, no other person birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible] & Co., City Printers and Stationers.

RETURN OF A BIRTH A 23285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 28 1890
4. Place of Birth, (Street and Number) 711 Cathedral Ave
5. Full Name of Mother, H. Winecright
6. Mother's Maiden Name, H. Butler
7. Mother's Birthplace, Balto.
8. Full Name of Father, C. Winecright
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. M. A. Butler

Address, 1256 E. Monument St.

Remarks, Col Male 640-0003266

been conferred) the sex, color, the full name and occupation of the parents, the full name and residence of the physician, midwife or other person in attendance, and the time of birth of each child born alive, and the number of children born to the mother, including the present birth, and such other information as may be required by the Commissioner of Health, upon the blank forms furnished for that purpose from the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the parent, householder or other person having knowledge of the facts, to cause a return of such birth to be made within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-19-33

A 23290

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carrie Stern

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Hebrew
3. Date of Birth, July 25th 1896
4. Place of Birth, (Street and Number) 1011 E. Fayette St
5. Full Name of Mother, Ida Stern
6. Mother's Maiden Name, Ida Oppenheimer
7. Mother's Birthplace, Washington
8. Full Name of Father, Salamon Stern
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Howard E. Silver M.D.

Address, 1012 E. Fayette St

Remarks, 1896-003267

been conferred; its sex, color, the full name and occupation of its father; of a certificate between the first and ... every such child to report its birth to the ... who shall hereafter fail to comply with the provisions of this section shall be ... subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. GULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23291.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 4 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 27th - 1890.
4. *Place of Birth, (Street and Number)*	425 E. Eager St
5. *Full Name of Mother,*	Mary E. Whelan.
6. *Mother's Maiden Name,*	" McKenna
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Joseph Whelan.
9. *Father's Occupation,*	Brass Moulder
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	W B Kemp MD
Address,	621 E. Chase St
Remarks,	

1890 - 003268

been conferred his sex, color, the full name and occupation of his parents, the place of birth, as the said child or children shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case no practitioner be present at the birth, or if present shall not sign such certificate, it shall become the duty of the person or parents of such child or children to report its birth to the Commissioner of Health, in the manner and within the time required, and attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any person or persons who shall hereafter fail to comply with the provisions of this article shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THOS. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 23297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	11
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 28 1890
4. *Place of Birth, (Street and Number)*	2128 Biddle St.
5. *Full Name of Mother,*	A. Tietz
6. *Mother's Maiden Name,*	A Dambeau
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	J. Tietz
9. *Father's Occupation,*	Garbage Cart-driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	W. J. Britt.
Address,	245 E. Monument St.
Remarks,	All Well. 90-003269

...section 5, 6, 7, 8, 9, 10, the full name and occupation of its parents, the date and place of birth, the sex and color, and such other information as may be required by the Board of Health, and which has been conferred to it as aforesaid, and the said Registrar shall enter the same in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and will be the duty of such attendant to report to the Registrar of Vital Statistics, in the manner above required, and such attendant or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 25 1890

4. Place of Birth, (Street and Number) 265 East St.

5. Full Name of Mother, C. Schepune

6. Mother's Maiden Name, C. Walters

7. Mother's Birthplace, Balto

8. Full Name of Father, D. Schepune

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. M. L. Batt

Address, 265 E. Monument St

Remarks, All Well

1890 - 003270

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd July 1890
4. Place of Birth, (Street and Number) 907 N. Mulberry St.
5. Full Name of Mother, Emma Martin
6. Mother's Maiden Name, " Gass
7. Mother's Birthplace, Balto., Md.
8. Full Name of Father, Paul Martin
9. Father's Occupation, Instrument-Maker.
10. Father's Birthplace, Balto., Md.

Name of Medical Attendant, or other person who makes this Return. J. M. Hildebrand

Address, 7 My Hill & Orea Sts.

Remarks,

E 90 - 003271

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and such other information as may be required by the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance within the time specified, then the parent or parents of such child shall become duly degenerate, shall become duly degenerate, and shall cause such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: W. Lenox Barnes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Feb 25th 1890
4. Place of Birth, (Street and Number) 1701 E Oradle St
5. Full Name of Mother, Lillie Lenox (Reed) Barnes
6. Mother's Maiden Name, Lillie Lenox Reed
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wm. Reed Barnes
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Thos E Dranville M D

Address, 1701 E Baltimore St.

Remarks,

C 40 - 003272

MOTHER'S NAME ADDED 4-1-55

RETURN OF A BIRTH 23296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Raymond Leonard Middlekauff
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), White
3. Date of Birth, 29 July - 1890
4. Place of Birth (Street and Number), 2015 Linwood St
5. Full Name of Mother, B. Estelle Middlekauff
6. Mother's Maiden Name, Leonard
7. Mother's Birthplace, Hagerstown Md
8. Full Name of Father, Wm. Middlekauff Jr
9. Father's Occupation, Carpenter
10. Father's Birthplace, Hagerstown Md

Name of Medical Attendant, or other person who makes this Return. Dr. L. Stull Hoy

Address, 1741 Lanvale St Ave

Remarks,

890-003273

Baltimore Publishing Co., City Printers and Stationers.

[illegible] person required by law to report the birth to the Commissioner of Health, shall neglect or refuse to report such birth within the period above required, and any person who shall refuse, or neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 23297.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, July 29th 3.45 A.M. 1890

4. Place of Birth, (Street and Number) 1637 E. Baltimore St.

5. Full Name of Mother, Mary Catharine Ament

6. Mother's Maiden Name, Mc. Leonhardt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred. Wm. Ament

9. Father's Occupation, Tobacconist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. James E. Donnelly M.D.

Address, 1701 E. Baltimore St.

Remarks,

1890 003274

The midwife shall not be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, the person in charge of such child or the parent shall report its birth to the Commissioner of Health. It shall become the duty of the person in attendance upon the mother, immediately after the birth of any child, to report to the Commissioner of Health, in the manner and within the time required, said birth; and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recovered.

J. S. SHLANY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 29th 1890
4. Place of Birth, (Street and Number) 422 Fourth St - North Balt -
5. Full Name of Mother, Emma Belle Shames
6. Mother's Maiden Name, Emma Belle Freeman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David L. H. Shames
9. Father's Occupation, Factory operative
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower, M.D.

Address, 123 - 3rd Ave. Woodberry, Balt -

Remarks.

1890 - 003275

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the attendance be in the absence of a physician or practitioner, such nurse or other person be in attendance upon the mother, immediately after the birth, and within the period above required, and shall omit to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such nurse or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 29 of July 1890
4. Place of Birth, (Street and Number) Baltimore 246 Eastern Ave
5. Full Name of Mother, Annie Steinmetz
6. Mother's Maiden Name, Annie Sechel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Steinmetz
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Conner

Address, 402 S Collington Ave

Remarks, 1890-003276

J. S. SHARP & SON, CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 23301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1\. *Sex, (state whether male or female)* Girl

2\. *Race or Color, (if not of the white race)* White

3\. *Date of Birth* July 31 1890

4\. *Place of Birth, (Street and Number)* 1900 Penna Ave

5\. *Full Name of Mother,* Rosanna Ledoyen

6\. *Mother's Maiden Name,* Rosanna McKenna

7\. *Mother's Birthplace,* Balto.

8\. *Full Name of Father,* Charles E. Ledoyen

9\. *Father's Occupation,* Brick Layer.

10\. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Chas H Bubert

Address, 1926 Penna

Remarks, 1890-003277

RETURN OF A BIRTH A 233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 31 st. 90
4. Place of Birth, (Street and Number) 129 Mosher st.
5. Full Name of Mother, Eliza Burton
6. Mother's Maiden Name, Eliza Catlett
7. Mother's Birthplace, Virginia
8. Full Name of Father, Robert Burton
9. Father's Occupation, Commission merchant
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. N. C. Ohle M. D.

Address, 120 W. Fayette St.

Remarks, 1890 003278

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of every physician or midwife, or other person who shall be in attendance upon the mother, at the birth of any child, to report the birth to the Commissioner of Health within ten days thereafter, and said report shall be made in writing on the said schedules all be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent above required, and such parent or person shall be subject to the same penalty for failure to comply with the provisions of this section shall be subject to the fine or ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT

WM. A. C. HILLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 31 st 1890

4. Place of Birth, (Street and Number) Eastern ave. 2215

5. Full Name of Mother, Ricky Shuffle

6. Mother's Maiden Name, Ricky Diggs

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Benjamin Shuffle

9. Father's Occupation, Boiler Maker

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Amelia Ruby Somers

Address, 611 E Fort Avenue

Remarks, Patterson Park

1890-003279

been conferred) its sex, color, the full name and occupation of its parents, the number of children born to the mother, including the child reported, and the number of such children now living, the date of birth of each child, the place of birth (street and number), and the full name of the physician or midwife, if any, present at the birth. If the child was born dead, the certificate shall state the fact, and the cause of death, if known. If the child was born alive, but died before a certificate of birth was filed, the certificate shall state the fact, and the date and cause of death, if known. If the child was born alive and is living at the time a certificate is filed, the certificate shall state the fact. The certificate shall be signed by the person in charge of the case, and shall be filed with the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person occupying such premises as a residence to report such birth to the Commissioner of Health within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 3rd 1890
4. *Place of Birth, (Street and Number)*	225 S. Eutaw St
5. *Full Name of Mother,*	Florence Steinfeldt
6. *Mother's Maiden Name,*	Florence Lee
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Benj. F. Steinfeldt
9. *Father's Occupation,*	Brakeman
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	D E Phillips
Address,	719 W. Fayette St
Remarks,	

1890 - 003280

A116 6 1000

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the person in the form of a certificate between the first and third day of each month, at the office of the Commissioner of Health. In case the birth of any person be in attendance of a physician or practitioner of medicine, or midwife, or any other person be in attendance upon the mother, immediately thereafter, it shall be the duty of such physician, practitioner, midwife, or other person to report in writing to the Commissioner of Health, at the office aforesaid, the birth of such child, within the period above required, and child to report its birth to the Commissioner of Health, as aforesaid, and in default of any such person so reporting, it shall be the duty of the parent or parents of such child to report in like manner, within the period above required, and in default of either parent so reporting, he or she shall be severally liable to the penalty imposed by this section of this article, any such person or persons shall comply with the provisions of this section of this article, jected to the fine of ten (10) dollars for each offense. No recovery for either fine or forfeiture or recoverable,

GEO. J. G. DELANY & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
2. Sex, (state whether male or female)	Female
3. Race or Color, (if not of the white race)	White
4. Date of Birth,	July 31st 1890
5. Place of Birth, (Street and Number)	1736 Hanover St
6. Full Name of Mother,	Rox. Anna Harrison
7. Mother's Maiden Name,	Rox Anna Ramsaver
8. Mother's Birthplace,	Carroll Co Md
9. Full Name of Father,	Andrew J. Harrison
10. Father's Occupation,	Engineer
Father's Birthplace,	Carroll Co Md
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	719 W. Fayette St
Remarks,	

1890 - 003281

BOARD OF HEALTH BALTIMORE CITY

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, as far as known to the person required to make this return, and the full name and address of the physician or midwife in attendance upon the mother, immediately after the birth of such child, or if there was no physician or midwife in attendance, then the full name and address of the person required to make this return. Every such return shall be delivered, within the said city, at the office of the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in the manner prescribed for the recovery of other fines and forfeitures are recoverable.

any such person who shall become liable to the penalty imposed by this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered in the manner prescribed for the recovery of other fines and forfeitures are recoverable.

SEC. 3. Every physician or midwife who shall be in attendance upon the birth of any child born within the said city after the first day of January, eighteen hundred and ninety-one, shall cause the birth of such child to be registered within ten days after the birth, and if there was no physician or midwife in attendance upon the birth of such child, then the person required by the rules and regulations of the Board of Health to make return of the birth of such child shall cause the birth of such child to be registered within ten days after the birth. And every physician or midwife who shall be in attendance upon the birth of any child born within the said city after the first day of January, eighteen hundred and ninety-one, shall deliver, within ten days after the birth, to the office of the Commissioner of Health, or shall cause the same to be delivered within said time, a certificate of such birth, containing the name, sex, color, the full name and occupation of the parents, the date and place of birth, as far as known to the person required to make this return, and the full name and address of the physician or midwife in attendance upon the mother, immediately after the birth of such child, or if there was no physician or midwife in attendance, then the full name and address of the person required to make this return. Every such return shall be delivered, within the said city, at the office of the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in the manner prescribed for the recovery of other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 23306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 2/ 1902
4. *Place of Birth, (Street and Number)*	9th 305 S. Durham St
5. *Full Name of Mother,*	Caroline Mentzel
6. *Mother's Maiden Name,*	Schmidt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Mentzel
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Louise Kraft
Address,	N 905 Washington Ave
Remarks,	0 5 0 - 0 0 3 2 8 2

been completed, as far as practicable, by the practitioner in the form of a certificate between the first and second visits, and delivered, duly signed by the practitioner to the parent or other person required by this section to report the birth of the child. In case there is no physician or midwife in attendance, the certificate shall be delivered, duly signed by the parent or other person required to report its birth to the Commissioner of Health. In case the birth occurs in a public institution, the certificate shall be filled out and signed by the superintendent or other officer of such institution, and delivered within the period above required, and such superintendent or officer shall be subject to the penalties imposed upon parents by this section for failure to report births occurring in such institution. Certificates of births occurring on the first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the next succeeding month. Certificates of births occurring on the last day of each month shall be delivered to the Commissioner of Health within the first three days of the second succeeding month. Certificates of births occurring on the second and third days of each month shall be delivered to the Commissioner of Health within the first three days of the third succeeding month. Certificates of births occurring on the fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the fourth succeeding month. Certificates of births occurring on the fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the fifth succeeding month. Certificates of births occurring on the sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the sixth succeeding month. Certificates of births occurring on the seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the seventh succeeding month. Certificates of births occurring on the eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the eighth succeeding month. Certificates of births occurring on the ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the ninth succeeding month. Certificates of births occurring on the tenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the tenth succeeding month. Certificates of births occurring on the eleventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the eleventh succeeding month. Certificates of births occurring on the twelfth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the twelfth succeeding month. Certificates of births occurring on the thirteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the thirteenth succeeding month. Certificates of births occurring on the fourteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the fourteenth succeeding month. Certificates of births occurring on the fifteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the fifteenth succeeding month. Certificates of births occurring on the sixteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the sixteenth succeeding month. Certificates of births occurring on the seventeenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the seventeenth succeeding month. Certificates of births occurring on the eighteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the eighteenth succeeding month. Certificates of births occurring on the nineteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the nineteenth succeeding month. Certificates of births occurring on the twentieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the twentieth succeeding month. Certificates of births occurring on the twenty-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the twenty-first succeeding month. Certificates of births occurring on the twenty-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the twenty-second succeeding month. Certificates of births occurring on the twenty-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the twenty-third succeeding month. Certificates of births occurring on the twenty-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the twenty-fourth succeeding month. Certificates of births occurring on the twenty-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the twenty-fifth succeeding month. Certificates of births occurring on the twenty-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the twenty-sixth succeeding month. Certificates of births occurring on the twenty-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the twenty-seventh succeeding month. Certificates of births occurring on the twenty-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the twenty-eighth succeeding month. Certificates of births occurring on the twenty-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the twenty-ninth succeeding month. Certificates of births occurring on the thirtieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the thirtieth succeeding month. Certificates of births occurring on the thirty-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the thirty-first succeeding month. Certificates of births occurring on the thirty-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the thirty-second succeeding month. Certificates of births occurring on the thirty-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the thirty-third succeeding month. Certificates of births occurring on the thirty-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the thirty-fourth succeeding month. Certificates of births occurring on the thirty-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the thirty-fifth succeeding month. Certificates of births occurring on the thirty-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the thirty-sixth succeeding month. Certificates of births occurring on the thirty-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the thirty-seventh succeeding month. Certificates of births occurring on the thirty-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the thirty-eighth succeeding month. Certificates of births occurring on the thirty-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the thirty-ninth succeeding month. Certificates of births occurring on the fortieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the fortieth succeeding month. Certificates of births occurring on the forty-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the forty-first succeeding month. Certificates of births occurring on the forty-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the forty-second succeeding month. Certificates of births occurring on the forty-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the forty-third succeeding month. Certificates of births occurring on the forty-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the forty-fourth succeeding month. Certificates of births occurring on the forty-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the forty-fifth succeeding month. Certificates of births occurring on the forty-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the forty-sixth succeeding month. Certificates of births occurring on the forty-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the forty-seventh succeeding month. Certificates of births occurring on the forty-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the forty-eighth succeeding month. Certificates of births occurring on the forty-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the forty-ninth succeeding month. Certificates of births occurring on the fiftieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the fiftieth succeeding month. Certificates of births occurring on the fifty-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the fifty-first succeeding month. Certificates of births occurring on the fifty-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the fifty-second succeeding month. Certificates of births occurring on the fifty-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the fifty-third succeeding month. Certificates of births occurring on the fifty-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the fifty-fourth succeeding month. Certificates of births occurring on the fifty-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the fifty-fifth succeeding month. Certificates of births occurring on the fifty-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the fifty-sixth succeeding month. Certificates of births occurring on the fifty-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the fifty-seventh succeeding month. Certificates of births occurring on the fifty-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the fifty-eighth succeeding month. Certificates of births occurring on the fifty-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the fifty-ninth succeeding month. Certificates of births occurring on the sixtieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the sixtieth succeeding month. Certificates of births occurring on the sixty-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the sixty-first succeeding month. Certificates of births occurring on the sixty-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the sixty-second succeeding month. Certificates of births occurring on the sixty-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the sixty-third succeeding month. Certificates of births occurring on the sixty-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the sixty-fourth succeeding month. Certificates of births occurring on the sixty-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the sixty-fifth succeeding month. Certificates of births occurring on the sixty-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the sixty-sixth succeeding month. Certificates of births occurring on the sixty-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the sixty-seventh succeeding month. Certificates of births occurring on the sixty-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the sixty-eighth succeeding month. Certificates of births occurring on the sixty-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the sixty-ninth succeeding month. Certificates of births occurring on the seventieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the seventieth succeeding month. Certificates of births occurring on the seventy-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the seventy-first succeeding month. Certificates of births occurring on the seventy-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the seventy-second succeeding month. Certificates of births occurring on the seventy-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the seventy-third succeeding month. Certificates of births occurring on the seventy-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the seventy-fourth succeeding month. Certificates of births occurring on the seventy-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the seventy-fifth succeeding month. Certificates of births occurring on the seventy-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the seventy-sixth succeeding month. Certificates of births occurring on the seventy-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the seventy-seventh succeeding month. Certificates of births occurring on the seventy-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the seventy-eighth succeeding month. Certificates of births occurring on the seventy-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the seventy-ninth succeeding month. Certificates of births occurring on the eightieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the eightieth succeeding month. Certificates of births occurring on the eighty-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the eighty-first succeeding month. Certificates of births occurring on the eighty-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the eighty-second succeeding month. Certificates of births occurring on the eighty-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the eighty-third succeeding month. Certificates of births occurring on the eighty-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the eighty-fourth succeeding month. Certificates of births occurring on the eighty-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the eighty-fifth succeeding month. Certificates of births occurring on the eighty-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the eighty-sixth succeeding month. Certificates of births occurring on the eighty-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the eighty-seventh succeeding month. Certificates of births occurring on the eighty-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the eighty-eighth succeeding month. Certificates of births occurring on the eighty-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the eighty-ninth succeeding month. Certificates of births occurring on the ninetieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the ninetieth succeeding month. Certificates of births occurring on the ninety-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the ninety-first succeeding month. Certificates of births occurring on the ninety-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the ninety-second succeeding month. Certificates of births occurring on the ninety-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the ninety-third succeeding month. Certificates of births occurring on the ninety-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the ninety-fourth succeeding month. Certificates of births occurring on the ninety-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the ninety-fifth succeeding month. Certificates of births occurring on the ninety-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the ninety-sixth succeeding month. Certificates of births occurring on the ninety-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the ninety-seventh succeeding month. Certificates of births occurring on the ninety-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the ninety-eighth succeeding month. Certificates of births occurring on the ninety-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the ninety-ninth succeeding month. Certificates of births occurring on the one hundredth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundredth succeeding month. Certificates of births occurring on the one hundred and first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and first succeeding month. Certificates of births occurring on the one hundred and second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and second succeeding month. Certificates of births occurring on the one hundred and third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and third succeeding month. Certificates of births occurring on the one hundred and fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and fourth succeeding month. Certificates of births occurring on the one hundred and fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and fifth succeeding month. Certificates of births occurring on the one hundred and sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and sixth succeeding month. Certificates of births occurring on the one hundred and seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and seventh succeeding month. Certificates of births occurring on the one hundred and eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and eighth succeeding month. Certificates of births occurring on the one hundred and ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and ninth succeeding month. Certificates of births occurring on the one hundred and tenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and tenth succeeding month. Certificates of births occurring on the one hundred and eleventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and eleventh succeeding month. Certificates of births occurring on the one hundred and twelfth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and twelfth succeeding month. Certificates of births occurring on the one hundred and thirteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and thirteenth succeeding month. Certificates of births occurring on the one hundred and fourteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and fourteenth succeeding month. Certificates of births occurring on the one hundred and fifteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and fifteenth succeeding month. Certificates of births occurring on the one hundred and sixteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and sixteenth succeeding month. Certificates of births occurring on the one hundred and seventeenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and seventeenth succeeding month. Certificates of births occurring on the one hundred and eighteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and eighteenth succeeding month. Certificates of births occurring on the one hundred and nineteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and nineteenth succeeding month. Certificates of births occurring on the one hundred and twentieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and twentieth succeeding month. Certificates of births occurring on the one hundred and twenty-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and twenty-first succeeding month. Certificates of births occurring on the one hundred and twenty-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and twenty-second succeeding month. Certificates of births occurring on the one hundred and twenty-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and twenty-third succeeding month. Certificates of births occurring on the one hundred and twenty-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and twenty-fourth succeeding month. Certificates of births occurring on the one hundred and twenty-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and twenty-fifth succeeding month. Certificates of births occurring on the one hundred and twenty-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and twenty-sixth succeeding month. Certificates of births occurring on the one hundred and twenty-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and twenty-seventh succeeding month. Certificates of births occurring on the one hundred and twenty-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and twenty-eighth succeeding month. Certificates of births occurring on the one hundred and twenty-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and twenty-ninth succeeding month. Certificates of births occurring on the one hundred and thirtieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and thirtieth succeeding month. Certificates of births occurring on the one hundred and thirty-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and thirty-first succeeding month. Certificates of births occurring on the one hundred and thirty-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and thirty-second succeeding month. Certificates of births occurring on the one hundred and thirty-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and thirty-third succeeding month. Certificates of births occurring on the one hundred and thirty-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and thirty-fourth succeeding month. Certificates of births occurring on the one hundred and thirty-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and thirty-fifth succeeding month. Certificates of births occurring on the one hundred and thirty-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and thirty-sixth succeeding month. Certificates of births occurring on the one hundred and thirty-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and thirty-seventh succeeding month. Certificates of births occurring on the one hundred and thirty-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and thirty-eighth succeeding month. Certificates of births occurring on the one hundred and thirty-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and thirty-ninth succeeding month. Certificates of births occurring on the one hundred and fortieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and fortieth succeeding month. Certificates of births occurring on the one hundred and forty-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and forty-first succeeding month. Certificates of births occurring on the one hundred and forty-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and forty-second succeeding month. Certificates of births occurring on the one hundred and forty-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and forty-third succeeding month. Certificates of births occurring on the one hundred and forty-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and forty-fourth succeeding month. Certificates of births occurring on the one hundred and forty-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and forty-fifth succeeding month. Certificates of births occurring on the one hundred and forty-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and forty-sixth succeeding month. Certificates of births occurring on the one hundred and forty-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and forty-seventh succeeding month. Certificates of births occurring on the one hundred and forty-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and forty-eighth succeeding month. Certificates of births occurring on the one hundred and forty-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and forty-ninth succeeding month. Certificates of births occurring on the one hundred and fiftieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and fiftieth succeeding month. Certificates of births occurring on the one hundred and fifty-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and fifty-first succeeding month. Certificates of births occurring on the one hundred and fifty-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and fifty-second succeeding month. Certificates of births occurring on the one hundred and fifty-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and fifty-third succeeding month. Certificates of births occurring on the one hundred and fifty-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and fifty-fourth succeeding month. Certificates of births occurring on the one hundred and fifty-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and fifty-fifth succeeding month. Certificates of births occurring on the one hundred and fifty-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and fifty-sixth succeeding month. Certificates of births occurring on the one hundred and fifty-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and fifty-seventh succeeding month. Certificates of births occurring on the one hundred and fifty-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and fifty-eighth succeeding month. Certificates of births occurring on the one hundred and fifty-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and fifty-ninth succeeding month. Certificates of births occurring on the one hundred and sixtieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and sixtieth succeeding month. Certificates of births occurring on the one hundred and sixty-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and sixty-first succeeding month. Certificates of births occurring on the one hundred and sixty-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and sixty-second succeeding month. Certificates of births occurring on the one hundred and sixty-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and sixty-third succeeding month. Certificates of births occurring on the one hundred and sixty-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and sixty-fourth succeeding month. Certificates of births occurring on the one hundred and sixty-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and sixty-fifth succeeding month. Certificates of births occurring on the one hundred and sixty-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and sixty-sixth succeeding month. Certificates of births occurring on the one hundred and sixty-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and sixty-seventh succeeding month. Certificates of births occurring on the one hundred and sixty-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and sixty-eighth succeeding month. Certificates of births occurring on the one hundred and sixty-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and sixty-ninth succeeding month. Certificates of births occurring on the one hundred and seventieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and seventieth succeeding month. Certificates of births occurring on the one hundred and seventy-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and seventy-first succeeding month. Certificates of births occurring on the one hundred and seventy-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and seventy-second succeeding month. Certificates of births occurring on the one hundred and seventy-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and seventy-third succeeding month. Certificates of births occurring on the one hundred and seventy-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and seventy-fourth succeeding month. Certificates of births occurring on the one hundred and seventy-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and seventy-fifth succeeding month. Certificates of births occurring on the one hundred and seventy-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and seventy-sixth succeeding month. Certificates of births occurring on the one hundred and seventy-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and seventy-seventh succeeding month. Certificates of births occurring on the one hundred and seventy-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and seventy-eighth succeeding month. Certificates of births occurring on the one hundred and seventy-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and seventy-ninth succeeding month. Certificates of births occurring on the one hundred and eightieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and eightieth succeeding month. Certificates of births occurring on the one hundred and eighty-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and eighty-first succeeding month. Certificates of births occurring on the one hundred and eighty-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and eighty-second succeeding month. Certificates of births occurring on the one hundred and eighty-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and eighty-third succeeding month. Certificates of births occurring on the one hundred and eighty-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and eighty-fourth succeeding month. Certificates of births occurring on the one hundred and eighty-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and eighty-fifth succeeding month. Certificates of births occurring on the one hundred and eighty-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and eighty-sixth succeeding month. Certificates of births occurring on the one hundred and eighty-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and eighty-seventh succeeding month. Certificates of births occurring on the one hundred and eighty-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and eighty-eighth succeeding month. Certificates of births occurring on the one hundred and eighty-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and eighty-ninth succeeding month. Certificates of births occurring on the one hundred and ninetieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and ninetieth succeeding month. Certificates of births occurring on the one hundred and ninety-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and ninety-first succeeding month. Certificates of births occurring on the one hundred and ninety-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and ninety-second succeeding month. Certificates of births occurring on the one hundred and ninety-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and ninety-third succeeding month. Certificates of births occurring on the one hundred and ninety-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and ninety-fourth succeeding month. Certificates of births occurring on the one hundred and ninety-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and ninety-fifth succeeding month. Certificates of births occurring on the one hundred and ninety-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and ninety-sixth succeeding month. Certificates of births occurring on the one hundred and ninety-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and ninety-seventh succeeding month. Certificates of births occurring on the one hundred and ninety-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and ninety-eighth succeeding month. Certificates of births occurring on the one hundred and ninety-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the one hundred and ninety-ninth succeeding month. Certificates of births occurring on the two hundredth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundredth succeeding month. Certificates of births occurring on the two hundred and first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and first succeeding month. Certificates of births occurring on the two hundred and second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and second succeeding month. Certificates of births occurring on the two hundred and third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and third succeeding month. Certificates of births occurring on the two hundred and fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and fourth succeeding month. Certificates of births occurring on the two hundred and fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and fifth succeeding month. Certificates of births occurring on the two hundred and sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and sixth succeeding month. Certificates of births occurring on the two hundred and seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and seventh succeeding month. Certificates of births occurring on the two hundred and eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and eighth succeeding month. Certificates of births occurring on the two hundred and ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and ninth succeeding month. Certificates of births occurring on the two hundred and tenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and tenth succeeding month. Certificates of births occurring on the two hundred and eleventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and eleventh succeeding month. Certificates of births occurring on the two hundred and twelfth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and twelfth succeeding month. Certificates of births occurring on the two hundred and thirteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and thirteenth succeeding month. Certificates of births occurring on the two hundred and fourteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and fourteenth succeeding month. Certificates of births occurring on the two hundred and fifteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and fifteenth succeeding month. Certificates of births occurring on the two hundred and sixteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and sixteenth succeeding month. Certificates of births occurring on the two hundred and seventeenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and seventeenth succeeding month. Certificates of births occurring on the two hundred and eighteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and eighteenth succeeding month. Certificates of births occurring on the two hundred and nineteenth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and nineteenth succeeding month. Certificates of births occurring on the two hundred and twentieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and twentieth succeeding month. Certificates of births occurring on the two hundred and twenty-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and twenty-first succeeding month. Certificates of births occurring on the two hundred and twenty-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and twenty-second succeeding month. Certificates of births occurring on the two hundred and twenty-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and twenty-third succeeding month. Certificates of births occurring on the two hundred and twenty-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and twenty-fourth succeeding month. Certificates of births occurring on the two hundred and twenty-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and twenty-fifth succeeding month. Certificates of births occurring on the two hundred and twenty-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and twenty-sixth succeeding month. Certificates of births occurring on the two hundred and twenty-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and twenty-seventh succeeding month. Certificates of births occurring on the two hundred and twenty-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and twenty-eighth succeeding month. Certificates of births occurring on the two hundred and twenty-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and twenty-ninth succeeding month. Certificates of births occurring on the two hundred and thirtieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and thirtieth succeeding month. Certificates of births occurring on the two hundred and thirty-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and thirty-first succeeding month. Certificates of births occurring on the two hundred and thirty-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and thirty-second succeeding month. Certificates of births occurring on the two hundred and thirty-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and thirty-third succeeding month. Certificates of births occurring on the two hundred and thirty-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and thirty-fourth succeeding month. Certificates of births occurring on the two hundred and thirty-fifth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and thirty-fifth succeeding month. Certificates of births occurring on the two hundred and thirty-sixth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and thirty-sixth succeeding month. Certificates of births occurring on the two hundred and thirty-seventh day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and thirty-seventh succeeding month. Certificates of births occurring on the two hundred and thirty-eighth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and thirty-eighth succeeding month. Certificates of births occurring on the two hundred and thirty-ninth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and thirty-ninth succeeding month. Certificates of births occurring on the two hundred and fortieth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and fortieth succeeding month. Certificates of births occurring on the two hundred and forty-first day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and forty-first succeeding month. Certificates of births occurring on the two hundred and forty-second day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and forty-second succeeding month. Certificates of births occurring on the two hundred and forty-third day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and forty-third succeeding month. Certificates of births occurring on the two hundred and forty-fourth day of each and every month shall be delivered to the Commissioner of Health within the first three days of the two hundred and forty-fourth succeeding month. Certificates of births occurring on the two hundred and forty-fifth day of each and every month shall

RETURN OF A BIRTH. A 23307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 17 1900
4. Place of Birth, (Street and Number) A. 2 254 S. Register St
5. Full Name of Mother, ~~Mrs.~~ Christine Winterling
6. Mother's Maiden Name, Bretzmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Winterling
9. Father's Occupation. Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, A-405 S. Washington St.

Remarks, 1900-003283

been conferred) its sex; color, the full name and occupation of its parents, if the latter be married; the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, it shall become the duty of the person or persons in charge of such child to report the particulars required by this section within the time above required, and attendance upon the mother. Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-1-55

RETURN OF A BIRTH. A 23308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William John Taylor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 16 90
4. Place of Birth, (Street and Number) No 425 E. Broadway
5. Full Name of Mother, Emma Taylor
6. Mother's Maiden Name, Klingelhöfer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Taylor
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St

Remarks, 690-003204

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, the number (if any) of the child, and whether it was the first and said schedule shall be delivered by the practitioner in the form of a certificate, to the person who shall cause the birth of any child third day of each month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, and within the time prescribed by this section shall be sub- ject to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23309

GIVEN NAME ADDED 10-11-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George ~~Frederick~~ Helm

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 17 1890
4. Place of Birth, (Street and Number) N. 615 S. Ann St
5. Full Name of Mother, Emilie Helm
6. Mother's Maiden Name, Maasch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Friedrich J. Helm
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N. 905 S. Washington St

Remarks, 6 9 0 - 0 0 3 2 8 5

been conferred) is sex, color, the full name and occupation of the father of a recruit between the first and the age of twenty-one years, a certificate of such birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person above required, and the Commissioner of Health, to the penalties and forfeitures of this section shall be subjected to the fine of ten (10) dollars for each offense, and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 14/90
4. Place of Birth, (Street and Number) No 806 Canton St
5. Full Name of Mother, Mary Carolt Robinson
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Carroll
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, No 405 S. Washington St

Remarks, 1890 - 003286

been conferred in race, color, &c. [illegible] of a certificate between the first and [illegible] child, duly signed by the practitioner in the form of a certificate between the first and said schedule and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the [illegible] of the parents or either of them, or in the absence of both parents, the [illegible] of the person in charge of the premises where such birth occurs, shall be required to report the particulars of such birth required by the provisions of this section within ten days after the occurrence thereof, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 73311.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Males
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 20
4. *Place of Birth, (Street and Number)*	No 912 E. Bond St.
5. *Full Name of Mother,*	Emma Roeder
6. *Mother's Maiden Name,*	Rosenbs
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Roeder
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Louise Kraft
Address,	No 405 E. Washington
Remarks,	Twins

1870 - 003267

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered to the practitioner in the form of a certificate between the first and tenth day of each month to the office of the Commissioner of Health. In case the birth occurs in the absence of such attendance, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health within the period above required, and shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such attendance upon the mother, immediately after the birth, to report the birth within the period above required, and to furnish the information required by this section. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 29 90
4. Place of Birth, (Street and Number) No 1718 Canton Ave
5. Full Name of Mother, Mary Broom
6. Mother's Maiden Name, Hemsdel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Broom
9. Father's Occupation, Restaurant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St

Remarks, 1890 - 003288

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) the sex, color, the day, month and year of its birth, the name and residence of its parents, the date and place of birth; and the name, age and residence of the informant, which said return shall be signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case no such return shall be made as aforesaid, the person or persons who shall have charge of the child before or at the time of the expiration of the period above required, and any such person or persons who shall be guilty of the neglect or refusal to make such return as aforesaid, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are recoverable.

SNL. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23313.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 2/ 99
4. Place of Birth, (Street and Number) No 612 E. Washington St.
5. Full Name of Mother, Annie Schweitzer
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Schweitzer
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 E. Washington St

Remarks,

1590003289

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said Schedule shall be delivered, duly signed by the physician, midwife or other person in attendance upon the mother, immediately after the birth of any child shall occur without the attendance of a physician, midwife or other person as is required to report its birth to the Commissioner of Health, it shall become the duty of the person or parents in charge of the premises where such birth occurs to report the same within the period above required, and any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 29th 1890
4. Place of Birth, (Street and Number) No 2016 Eastern Ave
5. Full Name of Mother, Maggie West
6. Mother's Maiden Name, Kirby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Columbus West
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kluft

Address, No 405 E. Washington St.

Remarks, 1890 003290

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) born, the sex, race or color, date and place of birth, and the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance at the birth, then the said certificate shall be made and delivered by the nurse in attendance, and shall be delivered by the person or persons in charge of the house in which such birth shall occur without the attendance of a physician or nurse, within ten days after such birth shall occur. And the said Commissioner of Health is hereby authorized and required to furnish blank forms of certificates as aforesaid, and to prescribe such rules and regulations as may be necessary to secure a compliance with this section by the parties required to make such returns. Any person or persons who shall hereafter fail to comply with this provision shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 23015

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 24/98
4. Place of Birth, (Street and Number)	No 314 N. Wolf St
5. Full Name of Mother,	Barbara Donohue
6. Mother's Maiden Name,	Aspel
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Michael Donohue
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Shaffer
Address,	No 405 S. Washington St
Remarks,	6 9 8 - 0 0 3 2 9 1

month, and shall set forth as far as the same can be ascertained the full name of each child (if any) that have been born alive of such mother, the sex and color of each child, the time of birth of each child, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, such mother shall herself make the return required by this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23316.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 24/90
4. Place of Birth, (Street and Number)	No 296 Ellington the
5. Full Name of Mother,	Seannetti E Connell
6. Mother's Maiden Name,	Hunter
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles O Connell
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington Ln
Remarks,	1890 C 003292

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been named), the sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered with the certificate of birth to the person who shall be required to report the same to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, shall make examination and report in writing to the Commissioner of Health of the condition of mother and child, and shall comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] person or parents of such child to report its birth to the Commissioner of Health in the manner and [illegible] above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 23317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 27 '90
4. *Place of Birth, (Street and Number)* No 2005 Pleasant Alley
5. *Full Name of Mother,* Kate Friedrich
6. *Mother's Maiden Name,* Rathgeber
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Friedrich
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

890[illegible]003293

J. C. Gulany & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 23318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 28 / 90
4. *Place of Birth, (Street and Number)* N° 1508 Eastern Ave
5. *Full Name of Mother,* Kate Friedenberg
6. *Mother's Maiden Name,* Frey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hermann Friedenberg
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Louise Kraft

Address, N° 405 S. Washington Pl

Remarks,

0 9 0 0 0 3 2 9 4

month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been previously registered, give the name by which registered.) The date and place of birth; and the said schedule shall be signed by the attending physician or midwife, or in case there be none, then by the father or mother of any child born during the month; or in case the father or mother be unable to sign the same, then by some other person who shall be designated by the father or mother for that purpose. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or mother of such child shall become the informant, and no other person be required to report the birth. Immediately thereafter, and within ten days from the date of birth, the father or mother of such child shall report the birth to the Commissioner of Health, and shall comply with the provisions of this section, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 28/40
4. Place of Birth, (Street and Number) No 618 S. Bethel St
5. Full Name of Mother, Mary Tannenfelsen
6. Mother's Maiden Name, Unger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Tannenfelsen
9. Father's Occupation, Labored
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Asaft

Address, No 405 S. Washington Ave

Remarks, 6 9 0 - 0 0 3 2 9 5

month, and shall set forth as far as the same can be ascertained the full name of each child (if any) born to such mother, the sex, color, the full name and occupation of its parents, the number of each child, and the time (if ascertained) its sex, color, the full name and occupation of its parents, the number of each child, and the time (if ascertained) its sex, color, the full name and occupation of its parents, the number of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month of a physician or practitioner of midwifery, or should no other person of such shall occur within the said period, then it shall become the duty of the person or persons required, and all cases within the period above required, and such mother, immediately thereafter, to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23370.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 24 1900
4. *Place of Birth, (Street and Number)*	No 223 S. Duncan Alley
5. *Full Name of Mother,*	Lisbeth Schaff
6. *Mother's Maiden Name,*	Grill
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Schaff
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Miss Louise Kraft
Address,	No 905 S. Washington Ave
Remarks,	

0 0 0 0 0 3 2 9 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that has been born, and shall state the full name and occupation of its parents, the date and place of birth, and such said schedule shall be delivered by the person required to make the return of each birth, on the first and third day of each and every month to the officer in the form of a certificate between the first and attendance without the attendance of a physician or midwife, to cause the birth of any child child to report its birth to the Commissioners of Health within ten days thereafter, as above required, and any such person or persons who shall hereafter fail, neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 23371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	30 July 1890
4. *Place of Birth, (Street and Number)*	No 29 Forth Wolfe
5. *Full Name of Mother,*	Louisa Parr
6. *Mother's Maiden Name,*	Louisa Ullrich
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Parr
9. *Father's Occupation,*	Cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. C. C. Lewis
Address,	No. 103 Hartford Ave
Remarks,	Balto Md.

1890 - 003297 R 90

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex and color of such child, the name and residence of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person in charge of the house in which such birth occurs, or the parent or parents of such child, if such birth occurs elsewhere than in a house, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

(53) J. D. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23322.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	30 July 1890
4. *Place of Birth, (Street and Number)*	No 311 S. Bond St.
5. *Full Name of Mother,*	Rosa Jäger Völker
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael Jäger
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Louise Klapp
Address,	No 405 S. Washington St
Remarks,	1890-003298

month, and child set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive) of such mother, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and any such person who shall neglect or refuse to comply with the provisions of this section shall be liable to a penalty of ten dollars for each offense, and it shall become the duty of the mother of such child, if either parent of such child shall be dead at the time of the birth thereof, or in case of the absence from the city of both parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the like penalty as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 23323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 8/90
4. *Place of Birth, (Street and Number)* N. 1424 Canton Ave
5. *Full Name of Mother,* Kate Broeder
6. *Mother's Maiden Name,* Schnippel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Broeder
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, N. 405 S. Washington St

Remarks,

1890 003299

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive since the last preceding return), the sex and color, the date and place of birth, and the full name, age and occupation of its parents, the date and place of birth, and the number of children born to the mother, and the number now living. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by this section to report its birth to the Commissioner of Health, it shall become the duty of the person or parents with whom any such person or persons who shall neglect or fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

688. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 2 July.
4. Place of Birth, (Street and Number) Balt No 1725 E. Baltimore St.
5. Full Name of Mother, Mrs. Hellwig
6. Mother's Maiden Name, Mrs. K. Schweitzer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr. Wm. Hellwig
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Josephine Hannigan

Address, No 2321 E Fayette St. Balt. Md.

Remarks, 1890 - 00 3300

Section 13. Be it further enacted, That it shall be the duty of the parent or parents of each child, if any shall have been conferred, his sex, color, the full name, and the place and date of birth; and the physician, midwife, or other person who shall attend upon the mother, immediately after the birth of each and every child, shall make a certificate in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the parent or parents of such child shall neglect or refuse to make the return required by this section, then it shall be the duty of the person in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. GILLIAM & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23325.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, 13 July

4. Place of Birth, (Street and Number) Balt. Boardeary Alley No. 127

Full Name of Mother, Flarent Little

6. Mother's Maiden Name, Flarent Leonard

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Little

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Franklin Howard

Address, No. 2321 E. Fayette St. B. Md.

Remarks,

1870-00330 1

Every child born within the limits of Baltimore City, whether white or colored, for sex, color, full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DILLAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 233 24

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	Col
3. Date of Birth,	July 21st 1890
4. Place of Birth, (Street and Number)	No 1131 Clarkson Alley
5. Full Name of Mother,	Adaline Thomas
6. Mother's Maiden Name,	Adaline Narsey
7. Mother's Birthplace,	Chesapeak city Cecil Co
8. Full Name of Father,	Nathan Thomas
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Caroline Moore
Address,	No 49 W. Mul st Balto Md
Remarks,	1890 - 003302

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the time and place of birth; and the name, residence and occupation of its parents, the date and place of birth; and the said schedule shall every month be delivered by the practitioner in the form of a certificate, to the office of the Commissioner of Health, or should no other person be in attendance, by the mother or nurse of such child, and it shall become the duty of the person or persons of such attendance upon the mother immediately on the birth of such child to report the same to the Commissioner of Health, in the manner and within the period above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23327.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gertrude Louise Brent

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Eight
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* July 30th 1890
5. *Place of Birth, (Street and Number)* 506 Fruston St.
6. *Full Name of Mother,* Mary Brent
7. *Mother's Maiden Name,* Mary Parker
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Joe Brent
10. *Father's Birthplace,* Railroader
11. *Name of Medical Attendant, or other person who makes this Return.* Baltimore county
12. *Address,* Mrs Woodard
13. *Remarks,* 936 Greenmount ave

3-20-53

1890-003303

Death, and shall set forth, so far as the same can be ascertained, the full name of each child, if any shall have been born of such mother, the sex and color of each child, the date and place of birth of each child, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon such mother, it shall be the duty of the mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 23328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 31st '90.
4. Place of Birth, (Street and Number) 162 Mc Culloh St Ext.
5. Full Name of Mother, Regina Gertrude Stein
6. Mother's Maiden Name, Schiving
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Jacob Stein
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Paul H. Goodrich

Address, 1530 Harlem Ave.

Remarks, Normal Labor

1890-003304

AUG

RETURN OF A BIRTH A 23379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) Black
3. *Date of Birth*, July 11
4. *Place of Birth*, (Street and Number) Sidney alley near Bank
5. *Full Name of Mother*, Mary Smith
6. *Mother's Maiden Name*, " "
7. *Mother's Birthplace*, Md
8. *Full Name of Father*,
9. *Father's Occupation*,
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return. Thomas F Hill M.D

Address, 1401 N. Fayette.

Remarks,

1890 - 003305

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the aforesaid period without the attendance of any practitioner, it shall become the duty of the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 2nd 1890.
4. *Place of Birth, (Street and Number)*	1508 Chew st.
5. *Full Name of Mother,*	Jennie Lee
6. *Mother's Maiden Name,*	Jennie Schaefer
7. *Mother's Birthplace,*	Harford Co.
8. *Full Name of Father,*	Hugh Lee
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Balto. Md
Name of Medical Attendant, or other person who makes this Return.	Charles H. A. Meyer M.D.
Address,	1536 Gay st.
Remarks,	1 0 0 0 3 3 0 5

month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been born alive,) the sex, color, full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, if there was one present at the birth, and if there was not, then of the person who shall have given the earliest information and best knowledge obtainable. Every such certificate shall be delivered, duly signed by the practitioner in the form of oath, certifying to the birth of any child as aforesaid, to the Commissioner of Health, or to such person as he shall appoint to receive the same, within the third day of each and every month to the office of the Commissioner of Health; and every midwife, or other person who shall occur without the attendance of a practitioner of medicine or midwifery, or should no other person be in attendance, then the parent or parents of such child, or the householder in whose house the same shall occur, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified. Any midwife who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

WM. J. B. BRATT & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23331.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	White Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 2: 1890
4. *Place of Birth, (Street and Number)*	1011 N. Lawrence St
5. *Full Name of Mother,*	Mary L. Mc Lanahan
6. *Mother's Maiden Name,*	" " Latane
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Samuel Mc Lanahan
9. *Father's Occupation,*	Preacher
10. *Father's Birthplace,*	Penn
Name of Medical Attendant, or other person who makes this Return	P. C. Williams
Address,	900 Madison Ave
Remarks,	1890 003307

Penalty.—Any person who shall refuse or neglect to report, as aforesaid, the birth of any child, or who shall knowingly report as aforesaid any false statement concerning the same, or any matter required to be ascertained and reported as aforesaid, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Duty to report.—Every person having knowledge of the facts hereby required to be stated shall report the same as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and such other facts as may be required by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the case, or certificate to the same effect, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child third day of each and every month, a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 2 - 90
4. Place of Birth, (Street and Number)	1713 Penna. ave
5. Full Name of Mother,	Bertha Dill
6. Mother's Maiden Name,	Bertha Lindner Frank
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	William H Dill
9. Father's Occupation,	Pharmacist
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Frank G. Ellwyn M.D
Address,	4 W Fayette
Remarks,	

1890 - 003306

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive,) the sex, the color, and the usual occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance at the birth, then the same certificate shall be delivered, duly signed by the mother, within the period above required; and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be sued for and recovered as debts of like amount are recoverable.

...PUBLIC RECORD

...BY J. C. BULAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A233 5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 4 July 1890

4. Place of Birth, (Street and Number) 410 N Pine Street

5. Full Name of Mother, Emma Cassmann

6. Mother's Maiden Name, Emma Priesterjahn

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Wilhelm Rasmann

9. Father's Occupation, Church-organ-builder

10. Father's Birthplace, Weilburg, Nassau, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr E Reinhard

Address, 220 W Madison Street

Remarks,

1890-003309

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been given), the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the practitioner in the form of a return which he or she shall be supplied with by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of the person or parents of such child, to be in attendance upon the mother, immediately thereafter to report such birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers, Balt. Baltimore

RETURN OF A BIRTH

A 233[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (State whether male or female).* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 6 — 90
4. *Place of Birth, (Street and Number)* 16 N Front St.
5. *Full Name of Mother,* Cora Barrett
6. *Mother's Maiden Name,* Cora Smith
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* August Barrett
9. *Father's Occupation,* Liquor Dealer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Frank G Meyer M.D.

Address, 4 [illegible] Exeter

Remarks, 1890-003310

AUG 9 1890

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] midwifery, or should no other person be in attendance upon the mother, immediately thereafter [illegible] of the person or parents of such child to report its birth to the Commissioner of [illegible] the period above required, and any such person or persons who shall hereafter [illegible] comply with the [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH A 23330.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 7th 90
4. *Place of Birth, (Street and Number)*	727 Lanvale St Calverton
5. *Full Name of Mother,*	Mary E Daniels
6. *Mother's Maiden Name,*	" " Parrish
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Geo. W Daniels
9. *Father's Occupation,*	Black Smith
10. *Father's Birthplace,*	Balto Co Md
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	

1890 003311

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive since the last return, the sex and color of each child, date of birth, and place of birth, and whether shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required to make return thereof as herein provided, then it shall be the duty of the mother or nurse of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, July 10th 1890
4. Place of Birth, (Street and Number) 1015 E Monument
5. Full Name of Mother, Mary Kavanagh
6. Mother's Maiden Name, Cassidy
7. Mother's Birthplace, Md
8. Full Name of Father, Frank P. Kavanagh
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo. B. Reynolds M.D.

Address, 711 N Calvert St

Remarks,

6 9 0 - 0 0 3 3 1 2

said schedule shall be delivered, duly altered by the practitioner in the form of a certificate between the date of the birth and the third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur when the mother is attended by a person other than a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

E. SULLIVAN & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-1-55

RETURN OF A BIRTH

23337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Anna Aidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 11 July 1890
4. Place of Birth, (Street and Number) Pennsylvania Av 924
5. Full Name of Mother, Emilie Aidt
6. Mother's Maiden Name, Emilie Miller
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William J Aidt
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A D Winchard

Address, 220 W Madison Street

Remarks, 890-003313

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been ordered), its sex, color, by the practitioner in the form of a parents, the date and place of birth, and the said list every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report the birth to the Commissioner of Health, it shall become the duty of the person in charge of the house in which any such person shall be in attendance upon the mother, immediately thereafter to make and transmit a record of the birth, and any such person or persons neglecting to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Kodak Safety Film

RETURN OF A BIRTH A 23334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 11 90
4. Place of Birth, (Street and Number)	1428 Gough St.
5. Full Name of Mother,	Frida Shrro
6. Mother's Maiden Name,	" Brosman
7. Mother's Birthplace,	Poland
8. Full Name of Father,	Isaac Shrro
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Poland
Name of Medical Attendant, or other person who makes this Return.	Isaac Gillespie M.D.
Address,	Balto.
Remarks,	1890 003314

month, and shall set forth as far as the same can be ascertained the full name of each child of any and every female who shall have been delivered of a child within the city of Baltimore, the sex, color, the day, month and year of birth, the precise place of birth, and the name, residence and occupation of the parents of such child, which return shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioners of Health. Provided the birth of any child shall occur without the attendance of a physician or midwife, then the return of such birth shall be made within the time above required, and by such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. B. GILLAM & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 23339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 14 '90
4. *Place of Birth, (Street and Number)*	515 N Howard St
5. *Full Name of Mother,*	Mrs Julia E Clarson
6. *Mother's Maiden Name,*	" " Ryan
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Augustus C Clarson
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Wisconsin
Name of Medical Attendant, or other person who makes this Return.	T Chew Worthington MD
Address,	840 W Fayette St
Remarks,	

1890 003315

BALTIMORE AUG 14 1890

month, and shall set forth on it as the same can be ascertained the full name of each child, if any shall have been born alive, of which she was delivered, and the sex, color and condition as to legitimacy, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, then by the mother herself, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then by the mother herself, to the office of the Commissioner of Health, within the period above specified, and child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. CALLANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 23316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14-90
4. Place of Birth, (Street and Number) 16 N Mc Elderry
5. Full Name of Mother, Annie M. Sellers
6. Mother's Maiden Name, " " Jacobs
7. Mother's Birthplace, a
8. Full Name of Father, Harrison Sellers
9. Father's Occupation, Merchant
10. Father's Birthplace, a

Name of Medical Attendant, or other person who makes this Return. Frank C Frank

Address, 1710 Bank St.

Remarks,

1890 003316

AUG 8 1890

Every person who shall neglect or refuse to report the birth of any child, or who shall report any false statement concerning the same, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment not exceeding thirty days, or both, at the discretion of the Court. Every physician or midwife in attendance upon the mother, immediately thereafter, shall report the birth of such child to the Commissioner of Health, stating the name and residence of the parents, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, for all births occurring during the preceding month; and in case there is no physician or midwife in attendance at the birth, then the same shall be reported within five days after the birth by the householder of the district in which the birth occurs, or by the parent or parents of such child, or by the person having charge of such child; and in case there is no householder, parent or person having charge of such child, then the same shall be reported by the undertaker who shall bury the body of any dead child, or by the person who shall perform any rite or ceremony in connection with the burial of such child, within the time aforesaid. And every person who shall neglect or refuse to report the birth of any child, as aforesaid, shall be subject to a penalty of ten dollars for each offense, to be recovered before any justice of the peace, as other penalties are recoverable.

GEO. A. MUNDUS & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race, (if of color or not of the white race) White
3. Date of Birth, July 16, 1890
4. Place of Birth, (Street and Number) 126 N. Lanvale St.
5. Full Name of Mother, Louise Sinclair
6. Mother's Maiden Name, Swann
7. Mother's Birthplace, Virginia
8. Full Name of Father, Wm. H. Sinclair
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. G. Lane Taneyhill

Address, 1103 Madison Avenue

Remarks,

1890 00 3317

AUG 18 1890

REGISTERED

...is or is to be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each month to the person or the Commissioner of Health, or Board of Health, or other person by said Board appointed to receive the same, or the Commissioner of Health, or Board of Health, or other person by said Board appointed to receive the same, or the Commissioner of Health, or Board of Health, or other person by said attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 23342.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th July 1890
4. *Place of Birth, (Street and Number)* 11 Front St.
5. *Full Name of Mother,* Bertha Steinhart
6. *Mother's Maiden Name,* Rottstein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Barry Steinhart
9. *Father's Occupation,* Jeweler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. C. Sherman

Address, 103 Albemarle St.

Remarks,

1890-003318

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted to be set forth in the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance, then the nurse, immediately thereafter if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 233[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

... shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 July 1890
4. Place of Birth, (Street and Number) 832 Granby St.
5. Full Name of Mother, Clara Mogalefsky
6. Mother's Maiden Name, Strumaken
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Mogalefsky
9. Father's Occupation, Button-hole-maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Scheman

Address, 103 Albemarle St.

Remarks, 1890-003319

J. C. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 233 JC

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 July 1890
4. Place of Birth, (Street and Number) E. Pratt St.
5. Full Name of Mother, Beccie Rozwitch
6. Mother's Maiden Name, Beccie Cohen
7. Mother's Birthplace, Russia
8. Full Name of Father, Wolf Rozwitch
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. C. L. Sherman

Address, 103 Albemarle St.

Remarks,

1890-003320

...shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted at the time of the first return) sex, color, occupation of its parents, the date and place of birth; and the name and address of the physician or midwife, if there was either present at the birth, and if delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. If there was no physician or midwife present at the birth of such child, the same shall be returned by the father or mother of such child within ten days after the birth, and if the father or mother shall neglect or refuse to make such return, or should no other person be in attendance upon the birth, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, as other fines and forfeitures are recoverable.

...ORY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 20th 1890

4. Place of Birth, (Street and Number) 430 Exeter st.

5. Full Name of Mother. Rosie Dorella

6. Mother's Maiden Name,

7. Mother's Birthplace, Italy

8. Full Name of Father, Joseph Dorella

9. Father's Occupation, Laborer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs C. Pierrechini

Address, 122 S. Exeter st.

Remarks, 1890-003321

1890-003321

and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been born to such mother before the birth to which the certificate relates, and the sex, color, and date of birth of each such child. If any child shall have been born alive within the said period but shall not be living at the time of making such return, the certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner, or should no other person be required by the provisions of this section to report such birth, it shall be the duty of the person occupying the house in which such birth occurs, and of each parent of such child, if living in said city, to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to the like penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) White
2. Race or color, (if not of the white race)
3. Date of Birth, Aug 21st 1890
4. Place of Birth, (Street and Number) 839 Mc Henry
5. Full Name of Mother, Sarah Galloway
6. Mother's Maiden Name, Hinthroon
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Jno Galloway
9. Father's Occupation, Mach Chinist
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. H. L. Thurston

Address,

Remarks, 1890 : 9033 R 24 Contd C

...months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, its date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or person lawfully authorized to receive the same; and in case there be no such practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall neglect, fail or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 23347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 July 1870
4. Place of Birth, (Street and Number) 818 E. Baltimore St.
5. Full Name of Mother, Katie Cohen
6. Mother's Maiden Name, Katie Sachs
7. Mother's Birthplace, Courland
8. Full Name of Father, Lewis Cohen
9. Father's Occupation, Store-keeper
10. Father's Birthplace, Courland

Name of Medical Attendant, or other person who makes this Return. G. Schenning

Address, 103 Albemarle St.

Remarks,

1090-003323

Every Physician, Midwife, or other person who shall hereafter attend upon any birth, shall, within ten days after the birth, report the same to the Registrar of Vital Statistics, at the office of the Board of Health, and shall state the full name and occupation of its parents, the date and place of birth; and the full name of each child of any mother who shall have been conferred; sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third days of each month after the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person in attendance upon the mother, immediately thereafter, if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered and forfeitures are recoverable.

GEO. J. O. GALANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd
2. *Sex, (state whether male or female)* male
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* July 22nd 1890
   Place of Birth, (Street and Number) 240 Harrison st.
5. *Full Name of Mother,* Rosa Frank
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Morris Frank
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. E. Bernstein

Address, 122 S. Exeter st.

Remarks,

1890 - 003324

PUBLIC HEALTH AUG 1890

"An act to secure the registration of births and deaths. Section 1. Be it enacted by the General Assembly of Maryland, That the full name of each child, if any shall be given, and the sex, color and number of its parents, the date and place of birth; and the name, residence and occupation of the parents, the date and place of birth; and the name, residence and occupation of the parents, shall be registered at the office of the Commissioner of Health, in the city of Baltimore, and in each county of this State, at the office of the Clerk of the Circuit Court, or such other person as may be appointed by the County Commissioners, within ten days after the birth occurs, and it shall be the duty of the person or parents of such child, or in case there be no parents, then the duty of the person having charge of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 23349.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 d July 1890

4. Place of Birth, (Street and Number) 10 Front St.

5. Full Name of Mother, Mollie Silber

6. Mother's Maiden Name, Cramer

7. Mother's Birthplace, Russia

8. Full Name of Father, Elis Silber

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. S. Sherman

Address, 103 Albemarle St.

Remarks,

1890 - 003325

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (State whether male or female) Female
2. Color or race, (if not of the white race) White
3. Date of Birth, July 23 90
4. Place of Birth, (Street and Number) 818 E Balto.
5. Full Name of Mother, Jetta Kahn
6. Mother's Maiden Name, Sachs
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Kahn
9. Father's Occupation, Butcher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Frank Gilroy 5 Md.

Address,

Remarks,

1890 003326

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of each attendant upon the mother. Immediately thereafter, in the manner and within the period above required, said schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 23354.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been born alive), the name and surname, residence, color, and occupation of its parents, the date and place of birth; and the name, residence and occupation of the practitioner in the form of a certificate hereto annexed, which certificate shall be delivered, duly signed by the practitioner in the form of a certificate hereto annexed, which certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person lie in attendance, then the duty of reporting such birth shall devolve upon the city of the person or parents of such child, which report in birth to the Commissioner of Health, in the [illegible] and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as by fines and forfeitures are recoverable.

AUG 16 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 23/90
4. *Place of Birth, (Street and Number)*	31 Wheatsouth
5. *Full Name of Mother,*	Elizabeth Tyler
6. *Mother's Maiden Name,*	Elizabeth Brittle
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Leo Tyler
9. *Father's Occupation,*	Dead
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return.	Jane Woodward
Address,	
Remarks,	

1890 003327

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

NAME ADDED 12-14-54 A 23357

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Rotmansky

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 July 1890
4. Place of Birth, (Street and Number) 605 Lombard St.
5. Full Name of Mother, Sarah Rotmansky
6. Mother's Maiden Name, Goodesky
7. Mother's Birthplace, Russia
8. Full Name of Father, Barnet Rotmansky
9. Father's Occupation, Fore-kuher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Herman

Address, 103 Albemarle St.

Remarks, 1890-003328

...Jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 24 '90
4. *Place of Birth, (Street and Number)*	85-9 W Fayette St
5. *Full Name of Mother,*	Mrs. Lillie Kohner
6. *Mother's Maiden Name,*	" Stonehrimer
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Max Kohner
9. *Father's Occupation,*	Jeweler
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other person who makes this Return.	T Chew Worthington M.D
Address,	840 W Fayette St
Remarks,	

1890 - 003329

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner or person in charge of the case to the Commissioner of Health. In case the birth of any child third day of each month the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 233114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) Colerd
4. Date of Birth, July 25
5. Place of Birth, (Street and Number) Parish alley 1106 ctz
6. Full Name of Mother, Rachel ann Scott
7. Mother's Maiden Name, Rachel ann hood
8. Mother's Birthplace, Montgomery Co Maland
9. Father's Occupation, hod carrier
10. Father's Birthplace, Prince George Co Md.

Name of Medical Attendent, or other person who makes this Return. Sarah Rollins

Address, 1610 Vincent ave near Oaks

Remarks,

1890 003330

JUL 15 1890

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 25th 1890

4. Place of Birth, (Street and Number) 1412 Eastern Ave.

5. Full Name of Mother, Rosa Lemon

6. Mother's Maiden Name,

7. Mother's Birthplace, Italy

8. Full Name of Father, Joseph Lemon

9. Father's Occupation, Laborer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Bernstein

Address, 122 S. Exeter st.

Remarks, 5 9 0 - 0 0 3 3 1

RECEIVED JAN 5 1900

... as the same can be ascertained, the full name of each child, if any shall have ... delivered, duly signed by the practitioner in the form of a certificate between the first and ... day of each and every month to the office of the Commissioner of Health. If a child be born ... occur within the mother, immediately thereafter. It shall become the duty of the person or parents of such ... to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... ject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 23386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 25th 1890

4. Place of Birth, (Street and Number) 1208 Bank st

5. Full Name of Mother, Margeretto Maffaele

6. Mother's Maiden Name,

7. Mother's Birthplace, Italy

8. Full Name of Father, Anton Maffaele

9. Father's Occupation, Laborer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

C 90 00 3 3 3 2

Every birth must be registered. The full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the collector of the district in which such birth may occur. Each collector shall deliver with every return of births a list of the names of all children reported by him as born during the month, and shall receive a receipt therefor. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 23334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girle
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 26th 1890
4. Place of Birth, (Street and Number) Boyd Street No 28
5. Full Name of Mother, Maggie Sennet
6. Mother's Maiden Name, Maggie Ruark
7. Mother's Birthplace, Ireland
8. Full Name of Father, Nicholas Sennet
9. Father's Occupation. Labourer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks, 1890 2 26 333 A D

AUG 5 1890 CORY

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of such child in the order of birth of the children of the mother, and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the parent in charge of such child within thirty days after the birth thereof. In case the birth of any child shall occur after the expiration of the usual time of the visit of the midwife or practitioner, such third day of each and every month, to any midwife or practitioner of misfeasance, malfeasance or neglect of duty, or shall no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the midwife or practitioner, and such midwife or practitioner shall be subject to the penalties hereinafter prescribed. In the event of the failure of any midwife or practitioner to comply with the provisions of this section, he shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 2335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 - of

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 July 1890
4. Place of Birth, (Street and Number) 26 Albemarle St.
5. Full Name of Mother, Annie Rosen
6. Mother's Maiden Name, Annie Starkensky
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Rosen
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 103 Albemarle St.

Remarks,

1890 - 003334

...person conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be to shall occur without the attendance of a physician or midwife, the parent of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 11 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 26th 1890
4. Place of Birth, (Street and Number) 234 Harrison st.
5. Full Name of Mother, Jennie Salinsky
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Charles Salinsky
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Ethen st.

Remarks, 1890-003335

Section 12. Be it further enacted, That it shall be the duty of every physician or midwife, or other person who shall be present at the birth of any child born within the limits of Baltimore City, to report the birth of such child to the Commissioner of Health, and within ten days after the date of such birth, and the neglect or refusal of any physician or midwife, or other person who shall be present at the birth of any child born within the limits of Baltimore City, to report the birth of such child to the Commissioner of Health, and within ten days after the date of such birth, shall be deemed a misdemeanor, and upon conviction thereof, such physician or midwife, or other person who shall be present at the birth of any child born within the limits of Baltimore City, shall be liable to a fine of not less than five dollars nor more than ten dollars for each offense, to be recovered as other fines are recovered.

Section 13. Be it further enacted, That it shall be the duty of every physician or midwife, or other person who shall be present at the birth of any child born within the limits of Baltimore City, to report the birth of such child to the Commissioner of Health, and within ten days after the date of such birth, and the neglect or refusal of any physician or midwife, or other person who shall be present at the birth of any child born within the limits of Baltimore City, to report the birth of such child to the Commissioner of Health, and within ten days after the date of such birth, shall be deemed a misdemeanor, and upon conviction thereof, such physician or midwife, or other person who shall be present at the birth of any child born within the limits of Baltimore City, shall be liable to a fine of not less than five dollars nor more than ten dollars for each offense, to be recovered as other fines are recovered.

GIVEN NAME ADDED: 7-28-35

RETURN OF A BIRTH. A 23360.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Era Kaufman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 July 1899
4. Place of Birth, (Street and Number) 188 High St.
5. Full Name of Mother, Nettie Kaufman
6. Mother's Maiden Name, Comanke
7. Mother's Birthplace, Russia
8. Full Name of Father, Solman Kaufman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Shaman

Address, 153 Aisquith St.

Remarks, 1899 003333

Every person who shall hereafter perform the rite of circumcision, or have the same performed upon any child, shall within ten days thereafter make a return in writing to the Registrar of Vital Statistics, Board of Health, Baltimore City, of the full name and residence of the child, the date of birth, and the name and residence of the parent or parents of such child, and the name and residence of the person performing the operation; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 4336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27 July 1880

4. Place of Birth, (Street and Number) E. Pratt St 1801

5. Full Name of Mother, Ethel Friend (Fried)

6. Mother's Maiden Name, " Lifsitz

7. Mother's Birthplace, Russia

8. Full Name of Father, Jacob Friend

9. Father's Occupation, Pedlar

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 1123 Aliceanna St

Remarks, 1590003337

FILED

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out in the form of a certificate between the first and fifth days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and it shall be the duty of the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEC. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 233625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 27 90
4. Place of Birth, (Street and Number) 103 Spring Row
5. Full Name of Mother, Elizabeth Wilwerg
6. Mother's Maiden Name, " Hahn
7. Mother's Birthplace, Germany
8. Full Name of Father, Laurence Wilwerg
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Frank G. Wagner M.D.

Address, 4 S Eutaw St.

Remarks, 1890 00333 8

been conferred; its sex, color, the full name and occupation of its parents the date and place of birth; and the name and residence of the attending physician or midwife, if there was one, in the form of a certificate between the first and second days of each month, duly signed and verified by oath or affirmation, to the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed and verified by oath or affirmation, to the Commissioner of Health. In case the birth of any child shall occur on the third day of each month, or during the month next following, and no other person or parents of such child to report its birth to the Commissioner of Births, as herein required, and in the absence of such report, the midwife in attendance upon the mother, immediately thereafter, shall become liable to the penalty above required, and shall forthwith report the birth to the Commissioner of Births, as herein required, and in the absence of such report, the midwife in attendance upon the mother, immediately thereafter, shall become liable to the penalty above required, and any such person or persons or midwife in attendance upon the mother, who shall neglect or refuse within the period above required, and child to report its birth to the Commissioner of Births, as herein required, and in the absence of such report, the midwife in attendance upon the mother, immediately thereafter, shall become liable to the penalty above required, and any such person or persons or midwife in attendance upon the mother, who shall neglect or refuse within the period above required, and shall thereafter fail to comply with the provisions of this section shall be subjected to the use of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 23363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) girle
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 28th 1890
4. Place of Birth, (Street and Number) Columbia Ave No 712
5. Full Name of Mother, Eliza Mcatee
6. Mother's Maiden Name, Eliza Dunn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Mcatee
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Michell

Address, No 848 west Pratt Street

Remarks,

1890-003339

SEE, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every physician, midwife or other person who shall hereafter attend upon the birth of any child in this city shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health, upon the blanks furnished for the purpose, and in the said schedule shall be delivered, duly signed by the practitioner in the form required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be required to report the same, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 2336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 28th 1890

4. Place of Birth, (Street and Number) 1208 Bank st

5. Full Name of Mother, Anne Bruno

6. Mother's Maiden Name,

7. Mother's Birthplace, Italy

8. Full Name of Father, Dominick Bruno

9. Father's Occupation, Laborer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1890 C 003340

conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and day or within the first hour of a physician or practitioner of midwifery, to make the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and dance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any person who shall neglect or refuse to make such return, or who shall make a false return, shall be sub- ject to the fine of not less than ten dollars nor more than fifty dollars. This section shall be sub- ject to the fine of not less than ten dollars nor more than fifty dollars. This section shall be sub- ject to the fine of not less than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 23360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 29/98
4. Place of Birth, (Street and Number) 3d Parish &c
5. Full Name of Mother, Clara Smith Thomas
6. Mother's Maiden Name, Clara ~~Smith~~ Thomas
7. Mother's Birthplace, Back
8. Fult Name of Father, Isaac Smith
9. Father's Occupation. Town
10. Father's Birthplace, Back

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

1890 00 3341

Any person who shall neglect or refuse to make the return required by this section, or who shall make a false return, shall be liable to a penalty of not less than five (5) dollars nor more than fifty (50) dollars, to be recovered before any justice of the peace of Baltimore City, on the complaint of the Commissioner of Health, or any person authorized by him, and the said penalty shall be paid into the treasury of Baltimore City for the use of the Board of Health. Any person who shall refuse to give the information required by this section, or who shall give false information, shall be liable to a penalty of not less than five (5) dollars nor more than fifty (50) dollars, to be recovered before any justice of the peace of Baltimore City, on the complaint of the Commissioner of Health, or any person authorized by him, and the said penalty shall be paid into the treasury of Baltimore City for the use of the Board of Health. Any person who shall neglect or refuse to make the return required by this section, or who shall make a false return, shall be liable to a penalty of not less than five (5) dollars nor more than fifty (50) dollars, to be recovered before any justice of the peace of Baltimore City, on the complaint of the Commissioner of Health, or any person authorized by him, and the said penalty shall be paid into the treasury of Baltimore City for the use of the Board of Health.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23366.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)
2. Sex, (*state whether male or female*) Female
3. Race or Color, (*if not of the white race*) Colored
4. Date of Birth, July 29
5. Place of Birth, (*Street and Number*) 1620 Etting City
6. Full Name of Mother, Lewis Frazier
7. Mother's Maiden Name, Thomas
8. Mother's Birthplace, Tarrant Ala
9. Full Name of Father, Lewis Frazier
10. Father's Occupation, Painter
11. Father's Birthplace, Pikesville

Name of Medical Attendent, or other person who makes this Return. Sarah Billinge

Address, 1610 Vincent Avenue near Baltimore

Remarks, 1890-003342

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Board of Health, and the Registrar shall give a certificate of the same. And such said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate as aforesaid, to the Registrar within ten days after the birth. In case the birth of any child shall occur without the attendance of a Practitioner of Medicine or Midwifery, or should no other person be in attendance as aforesaid, then the owner or occupier of the premises where such birth shall occur shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time aforesaid, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 29th 1892
4. *Place of Birth, (Street and Number)*	1814 E Eager str.
5. *Full Name of Mother,*	Sarah E Yeakle
6. *Mother's Maiden Name,*	Sarah E Kline
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Lewis A. Yeakle
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Frederick Md.
Name of Medical Attendant, or other person who makes this Return.	Charles H. C. Hayer M. D.
Address,	Jay & Dallas Sts.
Remarks,	

1890-003343

If any child now born be not reported as required by this section, the father, mother, nurse, or other person having charge of such child, shall severally forfeit and pay for each offence the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

Every midwife or physician who shall attend at the birth of any child shall report to the Commissioner of Health, within the time above required, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the midwife or physician, to the messenger of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person with whom the mother resides to report the birth as herein required, and such person shall be subject to the same penalty for failure to comply with the provisions of this section as is above prescribed in the case of physicians and midwives.

J. S. GLEASY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 12-7-59

RETURN OF A BIRTH

L 28368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sophia Trahtenberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 July 1890
4. Place of Birth, (Street and Number) 314 Aisquith St.
5. Full Name of Mother, Esther Trahtenberg
6. Mother's Maiden Name, " Margolis
7. Mother's Birthplace, Austria
8. Full Name of Father, Fishel Trahtenberg
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 103 Aisquith St

Remarks,

1890 - 003344

been conferred.) Its sex, color, the full name and occupation of the reputed father, the name of each child. If any shall have said schedule shall be delivered, duly signed by the practitioner, midwife, or other person in attendance, to the Commissioner of Health, at the office of the Commissioner of Health, in case the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately after the birth, make the return required by this section, then the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2337

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 30 90
4. *Place of Birth, (Street and Number)*	032 Frederick Ave Ex Rd
5. *Full Name of Mother,*	Dora Stiefel
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore Co.
8. *Full Name of Father,*	Wm Blair
9. *Father's Occupation,*	Painter U.S. Custom house
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Dr Rutherford M.D.
Address,	949 Madison Ave
Remarks,	

1890 - 033345

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 July 1890
4. *Place of Birth, (Street and Number)* 1117 E Pratt St.
5. *Full Name of Mother,* Jennie Hamden
6. *Mother's Maiden Name,* Davis
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* E. Hamden
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Hermann

Address, 113 Lemmale St.

Remarks, 1890 00033416

FEB

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth, to the parent or person in charge of the child. In case the birth of any child shall occur without the employment of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time above specified, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 2337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. *Sex*, (state whether male or female) Female

2. *Race or Color*, (if not of the white race) White

3. *Date of Birth* July 31 / 90

4. *Place of Birth*, (Street and Number) 1433 Mc. Elderry st.

5. *Full Name of Mother*, Maggie Kelly

6. *Mother's Maiden Name*, Kennedy

7. *Mother's Birthplace*, Balto Md.

8. *Full Name of Father*, Michael V. Kelly

9. *Father's Occupation*, Grocer

10. *Father's Birthplace*, Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Steinmetz

Address, 439 N. Central Ave.

Remarks, Instrumental Labor.

890-003347

ascertained the full name of each child (if any shall have been registered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the address from which the birth occurred. And it shall be the duty of the practitioner in the form of a certificate to be delivered by the practitioner in the Office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practitioner of midwifery, then it shall be the duty of the person in charge of the house in which the birth occurs, or the nearest relative present, or the person who shall hereafter report its birth to the Commissioner of Health, to report the same to the Commissioner of Health, in the form above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...son Murphy & Co., Bay Publishers and Stationers.

RETURN OF A BIRTH. A 233417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	31st July
4. Place of Birth, (Street and Number)	1022 N. Dallas st
5. Full Name of Mother,	Catherine Rothenbaum
6. Mother's Maiden Name,	" Urbaff
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Louis Rothenbaum
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Viola Groomy
Address,	940 N. Gay st
Remarks,	1570 0033418

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as the fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	July 31 1890
4. *Place of Birth, (Street and Number)*	910 Leaden-hall st
5. *Full Name of Mother,*	Lottia Camphor
6. *Mother's Maiden Name,*	Lottia Williams
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Frank Camphor
9. *Father's Occupation,*	Savor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Scharlottia Williams
Address,	910 Leaden-hall st
Remarks,	fined five dollars

1890 003349

1890-003349

Name of each child, if any shall have been entered in the same column; and the full name and occupation of its parents, the date and place of birth; and the third day of each and every month, a like return of each and every birth which may occur within the preceding month. And if any birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Registrar, as required by this section, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 23374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 31 — 1890
4. Place of Birth, (Street and Number) 1437 Hanover st.
5. Full Name of Mother, Margaretha Grebe
6. Mother's Maiden Name, Cremelbein
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl Grebe
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. Lehnvasser midwife

Address, 1032 Hanover st

Remarks,

1890 - 00 - 350

AUG 14 1890

been conferred by law, the full name and occupation of its parents, the date and place of birth; and the said notice shall be signed by the practitioner in the form of a certificate, if such there be, and the said notice of each and every month to the office of the Commissioner of Health, no other person be in attendance upon the mother. Any practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons who shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons who shall be present at the birth, or the mother herself, if able, to cause the birth of any child to be registered, and the said notice shall be signed by the practitioner in the form of a certificate, if such there be, and the said notice of each and every month to the office of the Commissioner of Health, no other person being in attendance upon the mother. Any practitioner of midwifery, or should no other person be in attendance upon the mother, who shall fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female).*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 31 90
4. *Place of Birth, (Street and Number)*	1218 N Amm St.
5. *Full Name of Mother,*	Elizabeth Spencer
6. *Mother's Maiden Name,*	" Oswald
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Joseph Spencer
9. *Father's Occupation,*	Farmer Mason
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Dan'l Gillespie MD
Address,	420 Eutaw
Remarks,	

1890 - 003351

CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the person or persons registering the first and third days of each month, to be transmitted forthwith to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner, he shall, before and within the period above required, and upon the mother, immediately thereafter, if such mother be living and within the city, visit the house, and ascertain the facts required to be reported by this section, and shall forthwith report the same to the Commissioner. Any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 23376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 2 — 1
4. Place of Birth, (Street and Number) Maternite - 115 N. Lombard
5. Full Name of Mother, Rosa Kopps
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. S. H. Allen

Address, 115 N. Lombard St.

Remarks,

0 9 0 0 0 3 3 5 2

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons with whom such child is born, within ten days thereafter, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

REGISTRATION DISTRICT
AUG 22 1901
REGISTERED

GEO. C. GUILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* July 6 90
4. *Residence of Birth, (Street and Number)* Male Infirmary 115 N. Gilmor St.
5. *Full Name of Mother,* Stella Leonard
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. S. H. Adler

Address, 115 N. Gilmor St.

Remarks,

1890 003353

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician or practitioner in the City, if any, in attendance upon the mother, immediately after the birth of such child; and the said schedule shall be delivered, duly signed by the practitioner in the City, if any, in attendance upon the mother, immediately after the birth of such child, or by the father, mother or other person in charge of the mother, within every ninth day to the office of the Commissioner of Health. In case there shall be no physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, the father, mother or other person in charge of the mother shall within every ninth day report the birth to the Commissioner of Health, in the manner and with the particulars above required, and shall deliver to him a certificate to that effect. Every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7 90
4. Place of Birth, (Street and Number) Maternite 115 N Fremont St.
5. Full Name of Mother, Mrs. Mary Moran.
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. S. H. Allen

Address, 115 N. Fremont St.

Remarks,

1890-003354

been committed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of said registry, or should no other person be in attendance upon the mother immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 2337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth July 9 90
4. Place of Birth, (Street and Number) Maternite - 115 W. Fombard
5. Full Name of Mother, Cordie Major
6. Mother's Maiden Name, "
7. Mother's Birthplace, Va.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. H. Allen

Address, 115 W. Fombard St.

Remarks,

1890 - 003355

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS

been committed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no birth or stillbirth shall occur within the attendance of a practitioner or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 22380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, July 14 - 90
4. Place of Birth, (Street and Number) Maternity - 115 N Lombard St.
5. Full Name of Mother, Annie Jones
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. H. Allen.

Address, 115 N. Lombard St.

Remarks,

1890 003356

been conferred.) Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not less than five dollars nor more than Jetsel to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16 - 97
4. Place of Birth, (Street and Number) Maternity - 115 W. Fayette St.
5. Full Name of Mother, Florence Blackwell.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, S. H. Allen.

Address, 115 W. Fayette St.

Remarks, Mother was only 14 years of age.

1890 - 803857

AUG 22 1890

BALTIMORE

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the parent or parents, or other person having attendance upon the mother, immediately thereafter it shall become the duty of the said so other person having child to report its birth to the Commissioner of Health, in the manner and within the period above required, and said schedule to be delivered. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 23357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White.
4. *Date of Birth,* July 16-90
5. *Place of Birth, (Street and Number)* 1003 Hanover St.
6. *Full Name of Mother,* Yeatty Leonsen
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* John Leonsen
10. *Father's Occupation,* Merchant.
11. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. J. H. Cullen.

Address, 115 N. Amberd

Remarks,

6 9 0 - 0 0 3 3 5 8

been conferred) its sex, color, the full name and occupation of its parents, the street and number, if any, of the house in which it was born, and the date and place of birth; and the said physician or midwife shall be entitled to receive from the Commissioner of Health, for each birth so returned, the sum of fifty cents; but no fee shall be allowed for the return of a birth occurring after the expiration of the first month, or for the return of any birth which may have occurred within that period without the attendance of a physician or midwife, or for the return of any birth which shall not be returned within one week after the occurrence thereof. In case the birth of any child occurs without the attendance of a physician or midwife, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and such person or parents shall be entitled to receive from the Commissioner of Health the sum of fifty cents for each birth so reported. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered, with costs and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE MD AUG 29 1890

GEO. J. GUELICH & CO., CITY PRINTERS AND STATIONERS

...name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 23383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 23-90
4. *Place of Birth, (Street and Number)* Maternite - 115 W. Lombard St.
5. *Full Name of Mother,* Roza Pelz
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. T. H. Allen

Address, 115 W. Lombard St.

Remarks, 1890-003359

AUG 22 1890 BALTIMORE

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black.
3. *Date of Birth,*	July 23 90
4. *Place of Birth, (Street and Number)*	Maternity 115 N. Amiland Ave
5. *Full Name of Father,*	Frances Willis
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	S. H. Allen.
Address,	115 N. Amiland Ave.
Remarks,	

1890 - 003360

BALTIMORE CITY BOARD OF HEALTH
AUG 25 1890
RECEIVED

shall any of each and every month to the office of the Commissioner of Health. In case the birth of any child attended without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within ten days after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. If the same be not reported as required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. BALLANTY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 2333.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race, (Color if not of the white race) Black
3. Date of Birth, July 24 90
4. Place of Birth, (Street and Number) Maternite 115 N. Lombard St
5. Full Name of Mother, Nora Carter
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. S. H. Allen.

Address, 115 N. Lombard St.

Remarks,

T 6 9 0 - 0 0 3 3 6 1

AUG 22 1890

can conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and five said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be duly authorized to report the birth to the Commissioner of Health, it shall be the duty of the owner or agent of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 2335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race (color, if not of the white race)*	Black
3. *Date of Birth,*	July 25 - 90
4. *Place of Birth (Street and Number)*	Maternity - 115 W. Fayette St.
5. *Full Name of Mother,*	Lucy Smith
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	J. H. Allen.
Address,	115 W. Fayette St
Remarks,	

1890 - 003362

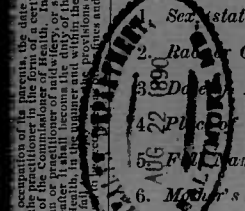
shall occur without the attendance of a physician or practitioner of midwifery, or at once the ... of any child ... attendance upon the mother immediately after the birth, it shall become the duty of the ... to report its birth to the Commissioner of Health in like manner and within the period ... of such ... any such person who shall hereafter fail to comply with the provisions of this section shall be ... and ... jected to the fine of ... dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD AUG 2 1-30

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A23389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Black.

3. Date of Birth, July 30—90

4. Place of Birth, (Street and Number) Maternite-115 N. Amberd St

5. Full Name of Mother, Lucil Jackson

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. S. H. Allen

Address, 115 N. Amberd St.

Remarks,

1890 003363

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above provided, any such person or persons who shall hereafter fail to make such report shall be and subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. SALADY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 23388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 31 - 90

4. Place of Birth, (Street and Number) Watermute - 115 W. Fayette St.

5. Name of Mother, Mary Newton

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Va.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. S. H. Allen.

Address, 115 W. Fayette St.

Remarks,

1890 003364

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and every such child born after the passage of this act shall be registered as aforesaid, and the said physician, midwife or other person in attendance upon the mother, shall report the birth of any child to the Commissioner of Health, in the manner and within the time required, and said schedule shall be delivered to the officer of registration in the form of a certificate of birth; and the third day of each and every month. Or in case there be no physician or midwife in attendance upon the mother, immediately thereafter. It shall become the duty of the person in attendance without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 23.389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4 to

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th July.
4. Place of Birth, (Street and Number) 1403 N. Calhun
5. Full Name of Mother, Julia E. ~~Parmalee~~ Eddy.
6. Mother's Maiden Name, ~~a~~ Parmalee
7. Mother's Birthplace, N. York.
8. Full Name of Father, Geo E Eddy
9. Father's Occupation, Clerk
10. Father's Birthplace, Canada

Name of Medical Attendant, or other person who makes this Return. Thomas F Kinslow

Address, 1401 W. Fayette st

Remarks,

1890 - 007865

...been confirmed) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the person or parents with whom such child resides to report its birth to the Commissioner of Health, in the manner and within the time prescribed in the first section of this ordinance. Immediately thereafter it shall become the duty of the person or parents with whom such child resides to register the same with the Registrar of Vital Statistics, and any such person or persons who shall be convicted of a violation of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 10290

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. July 20th 1890
4. Place of Birth, (Street and Number) 701 Hanford Ave
5. Full Name of Mother, Mary Emma Perry
6. Mother's Maiden Name, Mary Emma Hammel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Buckley Perry
9. Father's Occupation, Grocer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Edward G. Mackenzie M.D.

Address, 324 N. Bidale St.

Remarks, Notary

890-003366

pay more than one hundred dollars for each offence; to be recovered as other fines and penalties are recoverable.

... & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 23 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 17 1890

4. Place of Birth, (Street and Number) 1223 Shields alley

5. Full Name of Mother, Hester Hawkins

6. Mother's Maiden Name, Hester Cooke

7. Mother's Birthplace, Gloucester Co Va

8. Full Name of Father, Robert Hawkins

9. Father's Occupation, Gardener

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Henry C Jones

Address, 1121 Aisquith St

Remarks,

1890-003367

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance when the child is born, the parent or parents shall report its birth to the Commissioner of Health, in manner aforesaid, within ten days after the birth thereof. And if any such person or persons who shall hereafter fail to comply with the provisions of this ordinance shall be subjected to the fine of ten dollars for each offense; to be recovered before any justice of the peace of Baltimore city, with costs.

RETURN OF A BIRTH A 2337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 27 July 1890
4. Place of Birth, (Street and Number) 830 N. Eutaw St.
5. Full Name of Mother, Victoria Gladney
6. Mother's Maiden Name, Porter
7. Mother's Birthplace, Gilmer
8. Full Name of Father, William Gladney
9. Father's Occupation, Porter
10. Father's Birthplace, Culpeper Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs. A. Evans

Address, 1121 Saratoga St.

Remarks,

1890 C 003368

been confirmed) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attendant. In Virginia, the date and place of birth and the name and residence of the person or midwife in attendance at the birth of any child shall be delivered, duly signed by the practitioner in Virginia, or should no other person be in attendance at the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance at the birth of any child, the father or mother of such child, within ten days after the birth, shall report to the office of the Commissioner of Health a certificate setting forth the date and place of birth, the sex of the child, and the full name, residence and occupation of the parents of such child. Certificates of births occurring outside of cities and towns shall be made to the local registrar of the district in which the birth occurs. Certificates of births occurring in cities and towns shall be made to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. Any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A7334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st 1890
4. Place of Birth, (Street and Number) Woodbury Ave Balto Co
5. Full Name of Mother, Florence E. Chambers
6. Mother's Maiden Name, Hare
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, Levi Chambers
9. Father's Occupation, Carpenter
10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other person who makes this Return. D. W. Smith M.D.

Address, 206 32d Ave Woodbury

Remarks,

1890 003369

...sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required upon the blanks furnished by the Registrar. In case the birth of any child occur without the attendance of a physician or practitioner of the healing art, the father or mother of such child, or the householder or owner of the premises where it occurs, shall report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A23344

HEALTH DEPARTMENT SEP 9 1890 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, July 2 1890
4. Place of Birth, (Street and Number) 524 Druid Hill Avenue
5. Full Name of Mother Mary A Squirrel
6. Mother's Maiden Name, Hall
7. Mother's Birthplace, Balto
8. Full Name of Father, Albert Squirrel
9. Father's Occupation, Barber
10. Father's Birthplace, Toronto Canada

Name of Medical Attendant, or other person who makes this Return, Hester Eotaw

Address, 509 Pratt St

Remarks,

1890-003370

...ion conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, under the hand of the practitioner, in the form of a certificate between the first and third day of each and every month to the officer or clerk of the Board of Health, as aforesaid; and no such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, where such mother resides, to procure a certificate, containing the particulars required, and to deliver the same to the officer or clerk of the Board of Health, as aforesaid, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23395.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2nd 1890
4. Place of Birth, (Street and Number) 1032 Hunting Fair Ave
5. Full Name of Mother, Jennie Barton
6. Mother's Maiden Name, Coe
7. Mother's Birthplace, Md
8. Full Name of Father, William Barton
9. Father's Occupation, Machinist
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. D. Wolcott Hall, M.D.

Address, 206 E Third Ave

Remarks, 1890 003371

...shall be delivered, duly signed by the physician, midwife or other person in charge, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the first and third day of each and every month to the office of the Commissioner of Health, in the manner and form prescribed by the Board of Health. Any neglect to make the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in charge of the mother, or in the absence of such person or persons, of the nearest relative present, to report the birth within the period above required, and attendance upon the mother, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 23396.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore.

HEALTH DEPARTMENT SEP 5 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7th '90
4. Place of Birth, (Street and Number) 1219 W. Mosher St.
5. Full Name of Mother, Maggie McLaughlin
6. Mother's Maiden Name, " O'Neil
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Joseph McLaughlin
9. Father's Occupation, Supt. of Insurance
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. J. B. Gardner

Address, 424 N. Greene St.

Remarks,

1890 003372

been conferred) its sex; color; the full name and occupation of its parents, the date and place of birth; and give said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is required to report its birth, then it shall be the duty of the parents or either of them of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, July 7 1890
4. Place of Birth, (Street and Number) 147 Johns Alley
5. Full Name of Mother, Hattie Burk
6. Mother's Maiden Name, Baker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Burk
9. Father's Occupation, Can Factory
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Peter Botaine

Address, 519 Preston

Remarks,

0 - 003373

been conferred, its sex, color, the full name and occupation of its parents, and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of declaration aforesaid, to the Commissioner of Health, in case between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required by this section to report such birth, it shall become the duty of the person or persons in charge of the house in which such birth occurs, within the time and in the manner and with the information above required, such child to report upon the same to the Commissioner of Health. In the manner and with the information above required, such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 23397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 4 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 12, 1890
4. Place of Birth, (Street and Number)	1018 N. Carey st.
5. Full Name of Mother,	Mary Hannah Talbot
6. Mother's Maiden Name,	Carrigan
7. Mother's Birthplace,	Md
8. Full Name of Father,	Allen F. Talbot
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	John Hook
Address,	1137 Harlem ave
Remarks,	1890-003374

been correctly filled, as far as the same can be ascertained the full name of each child, if any that have said schedule shall be filled by the Physician, or other person who shall attend upon the birth of any child, the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person in whose house or on whose premises such birth shall occur, immediately thereafter, to report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 23399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, July 14.
4. Place of Birth, (Street and Number) 819 Dallas St.
5. Full Name of Mother, Agnes E. Hankins
6. Mother's Maiden Name, — Burley
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, George Hankins
9. Father's Occupation, porter
10. Father's Birthplace, Dorchester Co.

Name of Medical Attendant, or other person who makes this Return. Hester Eldridge

Address, 709 Preston St.

Remarks,

1890 - 003375

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the mother or in her absence by the attendant, to the Registrar of the district in which the birth occurred, within the period above required, and attendance without the delivery of such schedule, the father or person having charge of such child shall report its birth to the Commissioner of Health, in the case of the first and third day of each and every month to the office of the Commissioner of Health, in the case of the first and child to report its birth to the Commissioner, as hereinafter provided. Any midwife or other person who shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 23400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 5 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15th 1890
4. Place of Birth, (Street and Number) 730 W. German St
5. Full Name of Mother, Mrs Jas. Fuller Jr
6. Mother's Maiden Name, Sophia Schreiber
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph Fuller Jr
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Seebach

Address,

Remarks,

1890 003376

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third days of every month, to the officer of health, under a penalty of ten dollars for every case in which he shall occur without the attendance of a physician or practitioner of midwifery, or should the child die before the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall be liable to the penalty above mentioned, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. CLEARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, July 17. 1890
4. Place of Birth, (Street and Number) 1119 Division Street
5. Full Name of Mother, Ada Reade
6. Mother's Maiden Name, Patterson
7. Mother's Birthplace, Belford Va
8. Full Name of Father, B. B Reade
9. Father's Occupation. Waiter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Dr. Estava

Address, 5 [illegible] Preston Street

Remarks,

690-003377

been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the mother, father or other person having charge of such child before the third day of each and every month to the office of the Commissioner of Health. A certificate between the first and third days of each and every month to the office of the Commissioner of Health, in like manner, of any child born without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of such child, the mother, father or other person having charge of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 21. 1890
4. Place of Birth, (Street and Number) 214 Wayne ave
5. Full Name of Mother, Mary Johnson
6. Mother's Maiden Name, Mary Williams
7. Mother's Birthplace, Calvert county
8. Full Name of Father, Henry Williams
9. Father's Occupation, Fireman
10. Father's Birthplace, Calvert county

Name of Medical Attendant, or other person who makes this return. Emily Hughes

Address, 131 Wilgate alley

Remarks, No Remarks

8906-003578

(Penalty) (as sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health, and have the certificate thereof duly signed by the said schedule shall be delivered, duly signed by the practitioner in the case, or by the nurse or midwife present at the birth, or by the father or mother of the child, within five days after the birth, and every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required by him, and in accordance with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 23403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 22 1890
4. Place of Birth, (Street and Number) 219 Canal Alley
5. Full Name of Mother, Annie Carroll
6. Mother's Maiden Name, Ellen
7. Mother's Birthplace, Anarundel Co. Md
8. Full Name of Father, Frederick Carroll
9. Father's Occupation, Laboring
10. Father's Birthplace, Anarundel Del Co. Md

Name of Medical Attendant, or other person who makes this Return. Hector Eolance

Address, 569 Preston Street

Remarks, 1890 - 003370

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or persons having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

490 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 23402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

3. Date of Birth, July 23 1890

4. Place of Birth, (Street and Number) 918 William St.

5. Full Name of Mother, Frank Epley

6. Mother's Maiden Name, Frances Johnston

Mother's Birthplace, Balto.

8. Full Name of Father, George Epley

9. Father's Occupation, Labarer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Leasley

Address, 213 E. Heath St.

Remarks, Forceps Deliv

1890 - 003380

BALTIMORE MD. AUG 25 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Volume: 11
Page: 12

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-23428

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. S. Paca & W. Pratt (If rural give location)

3. Full name of child

4. Date of birth August 1, 1890 (Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet | If so—born 1st, 2d, or 3rd | 7. Number weeks of pregnancy | 8. Hour of birth M.

FATHER OF CHILD

9. Full Name John J. Goodmanson
10. Color or race White 11. Age at time of this birth yrs.
12. Birthplace Maryland (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Ella Hodges
16. Color or race White 17. Age at time of this birth yrs.
18. Birthplace Maryland (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Mother's mailing address for registration notice:
S. Paca & W. Pratt

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..., related to this child as

24. Date rec'd by local registrar August 26, 1890

25. Signed Dr. George F. Robe Registrar

26. Given name added by Registrar per

(Signed) R. F. Phillips M. D.
Physician (or midwife) who attended this birth (Midwife)
or Gilbert E. Tinley M.D.
Commissioner of Health and Registrar
Address February 11, 1970 Date

VS 100

No information appears on the original filing for information not shown on this certificate.

890-00 3381

RETURN OF A BIRTH A 23405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 27/90
4. Place of Birth, (Street and Number) 210 Jefferson Place
5. Full Name of Mother, Lydie Burke
6. Mother's Maiden Name, Lydie Comer
7. Mother's Birthplace, Ohio
8. Full Name of Father, Emil. A. Burke
9. Father's Occupation, Nurseryman
10. Father's Birthplace, Newton, New Jersey

Name of Medical Attendant, or other person who makes this Return. Joseph Blum

Address, 641 Columbia Ave.

Remarks,

... shall set forth as far as the same can be ascertained the ... of such ... been delivered) its sex, color, the full name and occupation of its parents, the date and ... of birth; and the said ... shall be delivered, duly signed by the ... Commissioner of Health, or ... to such ... as the Commissioner of Health may ... To cause the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, to comply with the provisions of this section in relation to the ... of such ... and ... shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and ... are recoverable.

RETURN OF A BIRTH A 23406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 20th 1895
4. *Place of Birth, (Street and Number)* 204 & 206 Pagen St.
5. *Full Name of Mother,* Elizabeth Seibert
6. *Mother's Maiden Name,* Wolf
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Valentine Seibert
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Jepsen Hillegeist

Address, 206 S. Pagen St.

Remarks, 890-003783

890-003364

...and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate for the birth of any child born alive, to the person in charge of the premises at the time of the birth of any child third day of each and every month to the office of the Commissioner of Vital Statistics, or should no other person be in charge of the premises at the time of the birth of any child born alive, then the person in charge of the premises at the time of the birth of any child born alive shall become the duty of the person or parties of such shall occur without the attendance of a physician or midwife, then it shall become the duty of the person or parties of such shall cause notice of its birth to the Commissioner of Vital Statistics, as aforesaid, within the time and in the manner and subject to the penalties hereinbefore prescribed; and any violation of this section shall be subject to the fine of ten (10) dollars for each offense. Penalties for other fines and forfeitures are recoverable.

...ords, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate for the birth of any child born alive, to the person in charge of the premises at the time of the birth of any child third day of each and every month to the office of the Commissioner of Vital Statistics, or should no other person be in charge of the premises at the time of the birth of any child born alive, then the person in charge of the premises at the time of the birth of any child born alive shall become the duty of the person or parties of such shall occur without the attendance of a physician or midwife, then it shall become the duty of the person or parties of such shall cause notice of its birth to the Commissioner of Vital Statistics, as aforesaid, within the time and in the manner and subject to the penalties hereinbefore prescribed; and any violation of this section shall be subject to the fine of ten (10) dollars for each offense. Penalties for other fines and forfeitures are recoverable.

WM. A. O. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A

To the Office of Registrar of Vital Statistics, Boar

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colore
3. Date of Birth, July 31st
4. Place of Birth (Street and Number), 1211 Whi
5. Full Name of Mother, Mary B. Chi
6. Mother's Maiden Name, Mary B. W
7. Mother's Birthplace, Virginia
8. Full Name of Father, Richard Chi
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

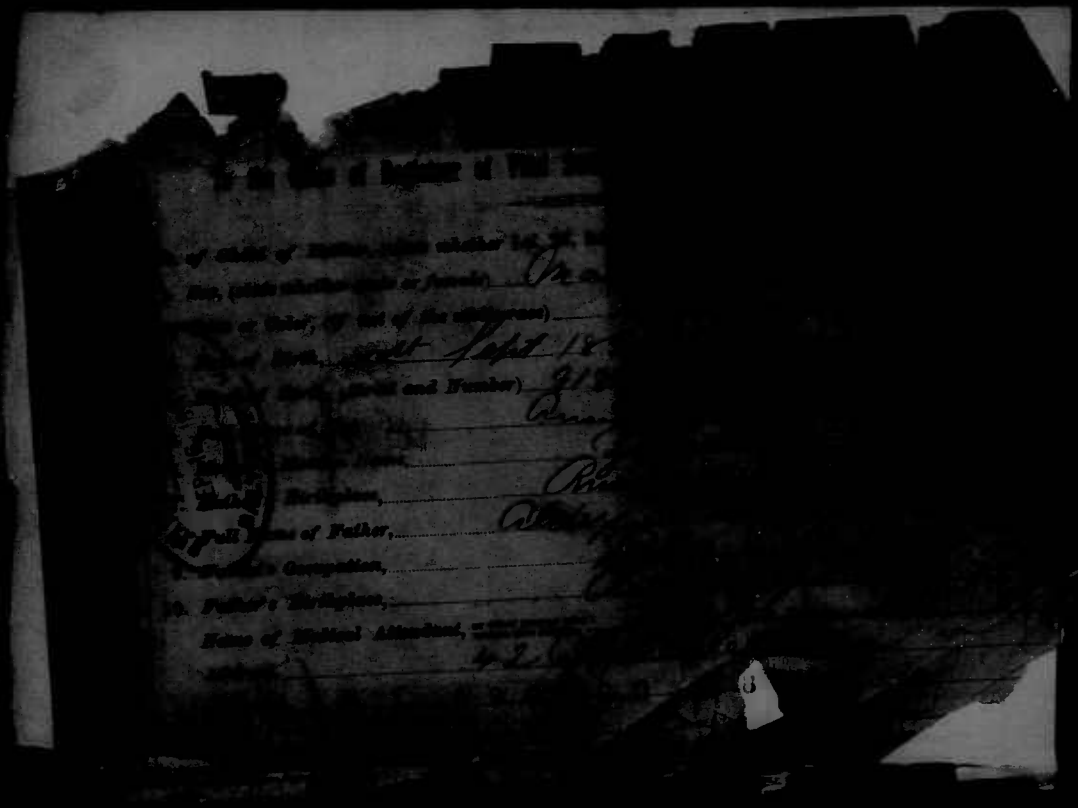
Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

890-003584

...shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child born, the sex and color of the child, the full name and residence of its parents, the date and place of birth; and the said schedule shall be verified by the oath or affirmation of the person making the same, which oath or affirmation may be administered by the physician or midwife, or person in attendance upon the mother, [illegible] Registrar shall keep a record of the births reported to him, and shall report the same each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1 Lt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Sept 1 1890

4. Place of Birth, (Street and Number) 1612 W. Biway

5. Full Name of Mother, Nora Purnell

6. Mother's Maiden Name, North

7. Mother's Birthplace, Balto

8. Full Name of Father, Roby Purnell

9. Father's Occupation, Salesman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return J. R. Schmatka M.D.

Address, 1003 W. Biway

Remarks, 1890-0.0 86

SEP 8 1890

RETURN OF A BIRTH

A 242252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 1st 1890
4. Place of Birth, (Street and Number) N. W. Cor. Carlton St & Easton Ave
5. Full Name of Mother, Rebecca Cheesebrough
6. Mother's Maiden Name, Deaver
7. Mother's Birthplace, Virginia
8. Full Name of Father, Joseph Cheesebrough
9. Father's Occupation, Liquor dealer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. S. H. Seldner M. D.

Address, 1001 E. Eager St.

Remarks,

1890 003387

RETURN OF A BIRTH A 742 29

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

HEALTH DEPARTMENT SEP 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 1st 1890
4. *Place of Birth, (Street and Number)*	638 Adolphin Street
5. *Full Name of Mother,*	Katie Lambert
6. *Mother's Maiden Name,*	Katie Weaver
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Kilbon Lambert
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Rina Messing
Address,	543 N^c Madison st
Remarks,	1890 0033388

...as far as the same can be ascertained, the full name of each child born alive, the sex and color, the full name and occupation of its parents, the date and place of birth; and the certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second births, and in the case of the occurrence of triplets or more births at one confinement, without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the midwife or person who shall have charge of the mother shall report the birth to the Commissioner of Health, in the manner and within the period above required, and upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and failure to do so in either case shall subject the person making such default to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A n 223.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Sept 1st 1890
4. *Place of Birth (Street and Number)*	422 Register St
5. *Full Name of Mother*	Annie Dickson
6. *Mother's Maiden Name*	Annie Denby
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	John Dickson
9. *Father's Occupation*	Steamer Steward
10. *Father's Birthplace*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Catharine De Coney
Address	213 Spring St
Remarks	Healthy Child

1890 - 003389

RETURN OF A BIRTH A 2+226.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.)	2 out
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 1st 1890
4. *Place of Birth, (Street and Number)*	576 Robert St.
5. *Full Name of Mother,*	Halcyone Crane
6. *Mother's Maiden Name,*	Caulk
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Arthur B. Crane
9. *Father's Occupation,*	U.S. Sig. Ser Observ
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover St.
Remarks,	

1890 - 003390

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur while such mother is under the care of a midwife, it shall be the duty of such midwife to report such birth and to procure a like certificate to be signed by the attending physician or nurse in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 2777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 Sept
4. Place of Birth, (Street and Number) 1806 East Eager st
5. Full Name of Mother, Harriette E. Booze
6. Mother's Maiden Name, Harriette Simpson
7. Mother's Birthplace, Balto
8. Full Name of Father, William E. Booze
9. Father's Occupation, Collector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary A Alexander

Address, 712 McDonough

Remarks,

890-003391

Every person in charge of any case of birth occurring after the first day of July, 1898, shall report the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the house of a certificate between the first and third day of each and every month to the Commissioner of Health, or such other officer as may be appointed to receive such returns; or in the absence of such practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Light brown skin
3. Date of Birth, 1st of septemer 1890
4. Place of Birth, (Street and Number) Raburg st 1038
5. Full Name of Mother, Lillie Broton
6. Mother's Maiden Name, Lillie Burks
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Broton
9. Father's Occupation, Laborer
10. Father's Birthplace, City of Bal

Name of Medical Attendant, or other person who makes this Return. Lydia L. Somerville

Address, 616 Clinton ave

Remarks,

1890-003392

DEC 31 1890 REGISTERED BALTIMORE

been conferred) its sex, color, the full name and occupation of its parents, the date of birth, and the said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month, a certificate setting forth the name or names of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the use of not more than one hundred dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, A 27729

HEALTH DEPARTMENT SEP 5 1890 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth September 1st 1890
4. Place of Birth, (Street and Number) 1223 Battery Avenue
5. Full Name of Mother Ella T. Diehl
6. Mother's Maiden Name " " Aeryon
7. Mother's Birthplace Frederick Md.
8. Full Name of Father Chas. T. Diehl
9. Father's Occupation Dentist
10. Father's Birthplace Mount Carroll Pa

Name of Medical Attendant, or other Person who makes this Return. Mr Conway

Address

Remarks

890 - 003393

Any Physician, Midwife or other person who shall neglect or refuse to report to the Registrar aforesaid, within the City of Baltimore, any case of birth occurring within his or her knowledge, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 7130.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 10 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, September 10th 1890
4. Place of Birth, (Street and Number) 34 Carrollton Ave. Carroll Balto
5. Full Name of Mother, Ellen C. Decker
6. Mother's Maiden Name, Ellen C. Henrickle
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Decker Jr
9. Father's Occupation, Cemetery Hand
10. Father's Birthplace, Wurtemberg, Germany

Name of Medical Attendant or other person who makes this Return. Mr Elizabeth Wicks

Address, Dorsey's Lane Carroll P O City Baltimore Md

Remarks, Fat and Hearty

1890 - 003394

Every physician, midwife or other person who shall give the name and occupation of the parents, the date and place of birth of each child born alive and not reported by the physician in attendance, and shall deliver to the person required to make the return of such birth a certificate in the form of the said schedule, duly signed by the practitioner in attendance, or if there be no such practitioner in attendance upon the mother, then by the mother or father of such child, if able to do so, shall within the third day of each and every month, or within the third day after the birth of any child which may occur during the interval between the first and any subsequent month, as the case may be, report the birth of any child or children born during the month or interval aforesaid to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BALANY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A № 231.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT SEP 10 '90 BALTIMORE

1890-003395

...connected his sex, color, the full name and occupation of its parents, the date and place of birth, and the ...said schedule shall be delivered, duly signed by the ... attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... and every such person who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. G. SLADY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Monday Sept. 1st 1890.
4. Place of Birth, (Street and Number) 1211 W. Lombard St.
5. Full Name of Mother, Margaret A. Mooney
6. Mother's Maiden Name, Margaret A. Sweeney
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edward P. Mooney
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Payne Street

Remarks,

1890 - 003396

Health.—This schedule shall contain a list of the births which have occurred in each family or house, and shall be filled out by the physician or midwife in attendance upon the mother, or by the householder, if there was no physician or midwife in attendance, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health, at the office of the Board of Health, in the room over the entrance to the Exchange. If the child was born dead, or died before the first visit of the physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 71733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 11 1890
4. Place of Birth, (Street and Number) Washington 204
5. Full Name of Mother, Mary Stenger
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Stenger
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Coppis

Address, Washington 203

Remarks,

890-003397

HEALTH DEPARTMENT SEP 1890 BALTIMORE

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. It shall be the duty of any child-nurse, midwife or other person in attendance upon the mother, immediately thereafter if it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 74734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 1 1899
4. *Place of Birth, (Street and Number)* Eager Place No 236
5. *Full Name of Mother,* Rose Lafinette
6. *Mother's Maiden Name,* Penbas
7. *Mother's Birthplace,* Bahamas
8. *Full Name of Father,* Joseph Penbas
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bahamas

Name of Medical Attendant, or other person who makes this Return. Mary Lofton

Address, W Eager 205

Remarks,

C 900 - 00 3 3 9 8

SEP 2 1899 390 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child if any shall have been born alive, the sex and color of each child, the time and place of birth, the name and residence of the parents, and such other information as may be required by the said schedule. Such return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance as above mentioned, it shall be the duty of the person occupying the premises in which such child was born, within the period above required, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1890 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 13th 1890
4. Place of Birth (Street and Number)	431 S. Gilmore St
5. Full Name of Mother	Emma Comfort
6. Mother's Maiden Name	Laura Beall
7. Mother's Birthplace	Prince George County Md.
8. Full Name of Father	George Comfort
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J. T. Miller M.D.
Address	601 W. Fayette St.
Remarks	

890-003399

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A no 436.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 2nd 1890
4. Place of Birth (Street and Number)	#2133 Boundary Ave
5. Full Name of Mother	Louisa Glatfelt
6. Mother's Maiden Name	Louisa Bulck
7. Mother's Birthplace	Gardenville Balto Co Md
8. Full Name of Father	Louis Glatfelt
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Gardenville Md.
Name of Medical Attendant, or other Person who makes this Return.	George T. Cove Md.
Address	Gardenville Balto Co. Md.
Remarks	

1890 - 003400

Every Physician or Midwife in attendance upon any case, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 10-13-54

RETURN OF A BIRTH. A 71236 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Selma Doersch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sep 2, 1890
4. Place of Birth, (Street and Number) Castle st 222
5. Full Name of Mother, Emilie Doersch
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, George Doersch
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kopatsis

Address, Washington 208

Remarks,

6 9 0 - 0 0 3 4 0 1

Every person required by the foregoing section to report a birth, who shall neglect to make such report, or shall refuse or neglect to give the full name and occupation of its parents, the date and place of birth, and the sex, color, and number of children to which the mother has given birth, and the number of such children living, at the time of making such report, as required by the foregoing section, shall be deemed guilty of a misdemeanor, and shall, on conviction thereof, be fined not less than five dollars nor more than twenty dollars for each offense. It shall become the duty of the person or parents of each child born in the City of Baltimore, to report the birth of such child to the Registrar of Vital Statistics, within ten days after the birth of such child, and every person required by this section to report the birth of a child, who shall neglect or refuse to report the same within the time specified, shall forfeit and pay for each offense the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 24237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 6 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Sept 2 d 1890
4. *Place of Birth, (Street and Number)*	# 53 Oregon Str
5. *Full Name of Mother,*	Mrs Lena Scharf
6. *Mother's Maiden Name,*	Miess " Pulsmiller
7. *Mother's Birthplace,*	Buckholz Germany
8. *Full Name of Father,*	Mr Friederick Scharf
9. *Father's Occupation,*	Locksmith
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Miller
Address,	2127 West Pratt Str
Remarks,	

1890 003402

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and have said certificate delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or person having charge of such child shall within ten days after the birth report the same to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse so to do shall be guilty of a misdemeanor, and on conviction shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 22107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st -

1. *Sex, (state whether male or female)* Female -
2. *Race or Color, (if not of the white race)* White -
3. *Date of Birth,* September 2d - 1890 -
4. *Place of Birth, (Street and Number)* 811 N. Gilmor st -
5. *Full Name of Mother,* Emma E. Breckenridge -
6. *Mother's Maiden Name.* Emma E. Sims - -
7. *Mother's Birthplace,* Washington - D. C -
8. *Full Name of Father,* David A. Breckenridge -
9. *Father's Occupation,* Salesman -
10. *Father's Birthplace,* Virginia -

Name of Medical Attendant, or other Person who makes this Return. Dr. H. Goldsmith M.D

Address, Fulton ave & Calhoun st

Remarks,

HEALTH DEPARTMENT SEP 6 90 BALTIMORE

1890 - 003403

Murphy & Co., City Printers and Stationers.

Amer

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 2nd 90
4. Place of Birth, (Street and Number) 325 S. Bond St.
5. Full Name of Mother, Josephine Jurke
6. Mother's Maiden Name, Rasmussen
7. Mother's Birthplace, Norway
8. Full Name of Father, John Jurke
9. Father's Occupation, Sailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Ricka Goetzke

Address, 114 S. Bond St.

Remarks,

1890 003404

Every midwife, or other person, not being a physician or practitioner of midwifery, who shall be present at the birth of any child, shall, within ten days after the birth of such child, report to the Commissioner of Health, in writing, the name, sex, color, date and place of birth, and residence of the parents of such child, and the name and residence of such midwife or other person; and every midwife or other person who shall neglect or refuse to make such report, shall forfeit and pay for each and every such offence a sum not exceeding fifty dollars; and every midwife or other person who shall practice midwifery after the expiration of one month from the passage of this ordinance, without having first obtained a certificate of qualification from the Commissioner of Health, shall forfeit and pay for each and every offence a sum not exceeding fifty dollars; and no midwife or other person shall be entitled to sue for or recover any fee for services rendered after the expiration of one month from the passage of this ordinance, unless such midwife or other person shall have obtained a certificate of qualification from the Commissioner of Health; and every physician who shall neglect or refuse to report to the Commissioner of Health, in writing, any case of malformation, premature birth, or stillbirth, which may occur in his practice, the date and place of birth, and the name, residence and occupation of its parents, to the extent of his knowledge, shall forfeit and pay for each offence a sum not exceeding fifty dollars; and every undertaker who shall bury any child, or cause the burial of any child, without a certificate of the Commissioner of Health, in each case, that the birth of such child has been reported, as required by this ordinance, shall forfeit and pay for each offence a sum not exceeding fifty dollars; and every person who shall hereafter fail to comply with the provisions of this ordinance shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (State whether male ~~or female~~)
2. Race or color, (if not of the white race) Negro
3. Date of Birth, Sep 2nd 1890
4. Place of Birth, (Street and Number) 534 St Mary St.
5. Full Name of Mother, Annie Nash.
6. Mother's Maiden Name, Burgess
7. Mother's Birthplace, Balto
8. Full Name of Father, Clarence Nash
9. Father's Occupation, Porter.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Pearce Hintzing MD

Address, 601 Franklin St.

Remarks, L.O.A.

1890 - 003405

BOARD OF HEALTH

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

been entered in the sex, color, the full name and description of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person making the same, to the Commissioner in the form of a certificate, within the first third day of each and every month, and the Commissioner shall forthwith transmit the same to the office of the Board of Health. In case the birth shall occur without the attendance of a physician or practitioner of said city, or should no other person be required by this section to report it, it shall become the duty of the person or parents in attendance upon the mother, immediately thereafter, to report the same to the Commissioner of Health, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH A 24241.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 9 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Sept 2nd/90
4. *Place of Birth, (Street and Number)* 616 S. Wolfe St.
5. *Full Name of Mother,* Elizabeth Buttemeyer.
6. *Mother's Maiden Name,* " Jochenhane.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Fred Buttemeyer.
9. *Father's Occupation,* Boiler Maker.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Ulrich Goetzke.

Address, 114 S. Bond St.

Remarks,

1890-003406

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 11442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Sept. 2nd 1890.
4. Place of Birth, (Street and Number) 1223 Peabody St
5. Full Name of Mother, Annie Stanley, colored
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, City
8. Full Name of Father, Mr. Reed white
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. E. B. Henby M. D.

Address, 1201 N. Eden St.

Remarks,

890-003407

ascertained the full name of each child (if any shall have been omitted.) Its sex, color, the full name of the parents, the same can be certified, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a birth of any child shall occur without the attendance of a physician or midwife, the parent or parents, or other person in charge of the child, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible] City Printing and Stationery.

A 1920

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 9 20 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 2nd 1890
4. Place of Birth, (Street and Number) 1024 McKim st
5. Full Name of Mother, Rosie Lenback
6. Mother's Maiden Name, " Jemison
7. Mother's Birthplace, City
8. Full Name of Father, William Lenback
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant or other Person who makes this Return, 1201 N. Eden St.

Address, E. B. Henby M.D

Remarks, 1890-003408

ascertained the full name of such child (if any shall have been conferred), its sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a birth certificate, to the Commissioner of Health, or to such person as he may designate, within ten days after the birth. In case the birth occurs in a house where there is no physician or midwife in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 2772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 2/90

4. Place of Birth, (Street and Number) S. E. Cor. Bond and Mc Elderry

5. Full Name of Mother, Emma A. Renz

6. Mother's Maiden Name, " " Schulenberg

7. Mother's Birthplace, Md. C.

8. Full Name of Father, Gerhart A. R. Renz

9. Father's Occupation, Restaurant Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Geo. L. Wilkins M.D.

Address, 2262 E. Bay

Remarks,

1890 003409

month, and shall set forth as far as the same can be ascertained the full name and occupation of each parent, the date and place of birth, and whether such child is the first, second or subsequent child born of the mother, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or persons in charge of the house or tenement in which such birth occurs, within the period above required, and in case the birth shall occur elsewhere than in a house or tenement, then of the person in charge of the house or tenement to which the mother may be removed within said period, to report the particulars required by this section to the Registrar of Vital Statistics, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence. Penalties and forfeitures are recoverable,

SEP 3 1890

RETURN OF A BIRTH

A 44 M.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 4 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	2nd. September.
4. *Place of Birth, (Street and Number)*	No. 825 South Dellet St.
5. *Full Name of Mother,*	Barbara Miller
6. *Mother's Maiden Name,*	Barbara Lobemeier
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert Miller
9. *Father's Occupation,*	Street Paving
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mary Brädel
Address,	No. 838 South Bond St.
Remarks,	none

1890 - 003410

...been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or shall occur in any other than a hospital, the father, mother, householder, or other person or persons in charge of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BALLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 6 1890
4. Place of Birth, (Street and Number) Chatham st 934
5. Full Name of Mother, Rosa Chada
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Chada
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address, Washington av

Remarks,

HEALTH DEPARTMENT SEP 12 1890 BALTIMORE

890 - 003411

Public Ordinance No. 52 of the Year 1875, which have occurred under his or her care during the month, and shall set forth as far as can be ascertained the full name of each child (if any shall have been born), the sex, color, full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein set forth, to the Registrar of Vital Statistics, or such person as may be appointed by the Commissioner of Health, in case no birth of any child shall occur within the said month. Every practitioner of midwifery, or should no other person be in attendance, the parent or parents of such child, shall report the birth of such child to the Registrar of Vital Statistics, or such person as may be appointed by the Commissioner of Health, in the manner and within the period above required, and shall deliver to the Registrar of Vital Statistics, or such person as may be appointed by the Commissioner of Health, a certificate of such birth, duly signed, as above directed. And any practitioner of midwifery, parent or parents, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when no attendance is in attendance, the duty of reporting such birth to the Commissioner of Health, as aforesaid, shall devolve upon the mother, immediately hereafter fail to become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 21 1890
4. Place of Birth, (Street and Number) Eager st 2007
5. Full Name of Mother, Mary Sefcik
6. Mother's Maiden Name, Novak
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Novak
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kopitz

Address, 1 Washington ave

Remarks,

890-003412

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 2nd 1890
4. Place of Birth, (Street and Number) 9 N. Lee St
5. Full Name of Mother, Marion E. Valentine
6. Mother's Maiden Name, " " Todd
7. Mother's Birthplace, Balto Co. Md
8. Full Name of Father, Hos. V. Valentine
9. Father's Occupation, Engineer
10. Father's Birthplace, Franklin Co. Pa

Name of Medical Attendant, or other Person who makes this Return, Geo H. Denson M.D

Address, 916 Hanover St

Remarks, 1890 003413 Balto Md

any name shall have been omitted, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the number of children born to the present mother, in the form of a certificate, between the first and third day of each and every month to the Board of Health. The form of a birth or any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or any other person, he or she is required upon the mother, immediately thereafter, it shall then become the duty of the father, or in case the father is dead, absent from the city, or unable to act, of the mother, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT SEP 23 BALTIMORE

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* ~~1 Dec 1900~~ 1 Dec 1900

4. *Place of Birth, (Street and Number)* 928 N Amity St

5. *Full Name of Mother,* Marcellina C Roberts

6. *Mother's Maiden Name,* Berry

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joseph M Roberts

9. *Father's Occupation,* Marbleizer Laborer

10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return ~~Dr Griffin~~ Mrs Roberts

Address, 928 N Amity St

Remarks,

B 2 0 - 0 2 3 4 1 4

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 2500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sep 3 1890
4. Place of Birth, (Street and Number) Chapple st 181
5. Full Name of Mother, Kaitie Kapanten
6. Mother's Maiden Name, Knoll
7. Mother's Birthplace, Bohemen
8. Full Name of Father, John Knoll
9. Father's Occupation, tailor
10. Father's Birthplace, Bohaimen

Name of Medical Attendant, or other person who makes this Return. Mary Kapatin

Address, Washington 20 c

Remarks,

1890 - 003415

HEALTH DEPARTMENT SEP 12 1890 BALTIMORE

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the name, residence and official station of the person giving information of a certificate between the first and said schedule shall be delivered, duly signed by the person giving information, to the Commissioner of Health. In case the birth of any child third day of each and every month, and in case the birth of any child shall occur upon the last day of the month, the said schedule shall be delivered on the first day of the month following. If the mother of such child shall die within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A W251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 6 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born Sept 3th 1890
4. *Place of Birth, (Street and Number)* # 2234 Frederick Ave
5. *Full Name of Mother,* Mrs Rosa Weiss
6. *Mother's Maiden Name,* Miss " Seitz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr Lewis Weiss
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mr Hiller

Address, 2127 West Pratt Str

Remarks, 1890-003416

RETURN OF A BIRTH A 7423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 10 1890 BALTIMO

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 3d 1890
4. Place of Birth, (Street and Number) 1127 W. Mulberry St (Balto
5. Full Name of Mother, Emma Agnes Boarman.
6. Mother's Maiden Name, Emma Agnes Comegys
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Macatee Boarman
9. Father's Occupation, Saleesman
10. Father's Birthplace, Harford Co

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppleton St

Remarks, 1890-003417

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, by the practitioner in the form of a certificate, before the birth of any child third day of each month to the office of the Commissioner of Health, in the manner and within the time prescribed child to report its birth to the Board, shall hereafter fail to comply with the provisions of this section shall be any such person of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 71263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 4 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3 September
4. Place of Birth, (Street and Number) 847 South Dallee St.
5. Full Name of Mother, Annie Tartarli maiden name
6. Mother's Maiden Name, Annie Ulbrich
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jakob Ulbrich
9. Father's Occupation, Ship Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Bradell

Address, No 1833 South Broad St.

Remarks, none

1890 C 003418

been conferred) its sex; color; the full names and occupations of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, within ten days after the birth of each child. If any child shall die before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person in charge of the house where such child is born, or of the parent of such child, to report its birth to the Commissioner of Health, in the manner and within the time required as aforesaid; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 7425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT SEP 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Chilaen

1. Sex, (state whether male or female) femal
2. Race or Color, (if not of the white race) colard
3. Date of Birth, 3 September 1890
4. Place of Birth, (Street and Number) 1220 Edward st
5. Full Name of Mother, Emmer Hersey
6. Mother's Maiden Name, Emmer deary
7. Mother's Birthplace, Cambridge Md dorchester
8. Full Name of Father, Joseph Henry Hersey
9. Father's Occupation, Labor
10. Father's Birthplace, Cambridge Md

Name of Medical Attendant, or other person who makes this Return. Mother Jordan

Address, 117 Chestnut st Baltimore Md

Remarks, Twins as well as can be Expected 8 6 3 4 1 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, if any shall have been omitted, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if a physician or midwife shall not be in attendance upon the mother, immediately thereafter it shall become the duty of the person occupying such a position to report its birth to the Commissioner of Health, in the manner and within the period above required, and any physician or person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 24258.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1890 BALTIMORE.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~ &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 3rd 1890
4. Place of Birth (Street and Number) 202 N Schroeder Street
5. Full Name of Mother Amelia Habert
6. Mother's Maiden Name " Wickmann
7. Mother's Birthplace German
8. Full Name of Father John D. Habert
9. Father's Occupation Cutter
10. Father's Birthplace German

Name of Medical Attendant, or other Person who makes this Return. Frank W. Gunon M.D.
Address 322 N Greene Street
Remarks

1890 - 003420

Every Physician or Midwife in attendance upon any case within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. A 2206.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 12 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 3rd Sept
4. Place of Birth, (Street and Number) 1643 E. Central ave
5. Full Name of Mother, Anne Miller
6. Mother's Maiden Name, " Akerman
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Miller
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Geary

Address, 1946 N. Gay st

Remarks,

1890 003421

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate hereinafter given, to the registrar of the district in which the birth occurred, within ten days after the birth of any child. It shall be the duty of each and every midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 74257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 2nd 8 A.M. 1890
4. *Place of Birth, (Street and Number)* 2513 E Avenue
5. *Full Name of Mother,* Marion Elsa Donohue
6. *Mother's Maiden Name,* W. E. Cattell
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Joseph Edward Donohue
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return. Samuel E. Donnelly M.D.

Address, 1701 E. Baltimore St.

Remarks,

1890 - 003422

REGISTERED
APR 15 1891

Every midwife, physician or other person who shall attend upon any case of birth, shall, within ten days after the birth, make a return thereof to the office of the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

J. C. DELANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 14258.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) .....

1. Sex, (~~state whether~~ male ~~or female~~) .....
2. Race or Color, (~~if not of the~~ white race) .....
3. Date of Birth, Sept 3d 1890.
4. Place of Birth, (Street and Number) 1316 E Fayette
5. Full Name of Mother, Mary Getz,
6. Mother's Maiden Name, Schwab,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Getz.
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City,

Name of Medical Attendant, or other person who makes this Return. J. Ridgway Hudrè M D

Address, 1123 E Balto St

Remarks, ...

1890 - 003423

HEALTH DEPARTMENT SEP 4 1890 BALTIMORE

Section 1. Be it enacted, That the following shall be the duty of every physician, midwife, or other person who shall be in attendance upon any case of birth occurring within the limits of Baltimore City, to make a return of the same, and the particulars thereof, to the Registrar of Vital Statistics, Board of Health, Baltimore City, on a blank schedule which shall be delivered, duly signed by the person in charge of the case, to the parent or guardian of the child, or to the nearest relative present at the birth, within ten days after the birth occurs; and the said schedule shall be called for by the person in charge of the case, or delivered by the parent or guardian of the child, within ten days after the birth occurs, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of the case, the parent or guardian of the child shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above specified. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 74254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3rd of September 1890
4. *Place of Birth, (Street and Number)*	2429 East Monument st.
5. *Full Name of Mother,*	Lizzie Drösler
6. *Mother's Maiden Name,*	Lizzie Beatenbach
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Beatenbach
9. *Father's Occupation,*	Potter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Crescintia Kunkel
Address,	213 North Chapel st per Justina Kunkel
Remarks,	Health

00342

been conferred) in sex, color, the full name and occupation of its parents, the date and place of birth and such other information as may be required by the Commissioner of Health. In case the birth of any child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the person in attendance upon the mother, immediately thereafter to report such birth to the Commissioner of Health, and it shall become the duty of the person or persons in charge of any house in which a birth occurs after full to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. GILBERT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept 3d
4. Place of Birth (Street and Number), 330 N. Calvert
5. Full Name of Mother, Lizzie Kernan
6. Mother's Maiden Name, Lizzie McGlone
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mathew Kernan
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Thos F Black M D

Address, City Hospital

Remarks, Birth followed by Post partum Hemorrhage

690-003425

HEALTH DEPARTMENT SEP 5 BALTIMORE

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this Ordinance, it shall be the duty of every physician, midwife or other person who shall hereafter be in attendance upon the birth of any child, to cause the same to be registered, and to make return thereof to the Commissioner of Health, in the manner and within the period hereinafter provided; and if any such child shall have been born dead, or shall die before the return of the birth is required to be made, the fact shall be stated in the return, with the cause of death, if known. And if any child born alive within the limits of Baltimore City shall die after the return of its birth has been made, and before the return of its death is required to be made, the fact of such death shall be added to the return of birth.

Sec. 2. And be it ordained, That the return of each birth shall be made in writing, and shall be signed by the physician, midwife or other person in attendance upon the birth, or by the parent of the child, if no such person was in attendance, or if present, refuses to sign the return. The return shall be made to the Commissioner of Health, at his office, within ten days after the birth, and shall state the place of birth, the sex, color, the full name and occupation of the parents, the maiden name of the mother, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the limits of Baltimore City, but the parents, or either of them, shall reside within the limits of Baltimore City, the return of birth shall be made by the parent residing in Baltimore City, in the manner and within the time above required.

Sec. 3. And be it ordained, That the return of each birth shall be made in writing, and shall be signed by the physician, midwife or other person in attendance upon the birth, or by the parent of the child, if no such person was in attendance, or if present, refuses to sign the return. The return shall be made to the Commissioner of Health, at his office, within ten days after the birth, and shall state the place of birth, the sex, color, the full name and occupation of the parents, the maiden name of the mother, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the limits of Baltimore City, but the parents, or either of them, shall reside within the limits of Baltimore City, the return of birth shall be made by the parent residing in Baltimore City, in the manner and within the time above required.

Sec. 4. And be it ordained, That the return of each birth shall be made in writing, and shall be signed by the physician, midwife or other person in attendance upon the birth, or by the parent of the child, if no such person was in attendance, or if present, refuses to sign the return. The return shall be made to the Commissioner of Health, at his office, within ten days after the birth, and shall state the place of birth, the sex, color, the full name and occupation of the parents, the maiden name of the mother, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the limits of Baltimore City, but the parents, or either of them, shall reside within the limits of Baltimore City, the return of birth shall be made by the parent residing in Baltimore City, in the manner and within the time above required.

Sec. 5. And be it ordained, That the return of each birth shall be made in writing, and shall be signed by the physician, midwife or other person in attendance upon the birth, or by the parent of the child, if no such person was in attendance, or if present, refuses to sign the return. The return shall be made to the Commissioner of Health, at his office, within ten days after the birth, and shall state the place of birth, the sex, color, the full name and occupation of the parents, the maiden name of the mother, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the limits of Baltimore City, but the parents, or either of them, shall reside within the limits of Baltimore City, the return of birth shall be made by the parent residing in Baltimore City, in the manner and within the time above required.

Sec. 6. And be it ordained, That the return of each birth shall be made in writing, and shall be signed by the physician, midwife or other person in attendance upon the birth, or by the parent of the child, if no such person was in attendance, or if present, refuses to sign the return. The return shall be made to the Commissioner of Health, at his office, within ten days after the birth, and shall state the place of birth, the sex, color, the full name and occupation of the parents, the maiden name of the mother, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the limits of Baltimore City, but the parents, or either of them, shall reside within the limits of Baltimore City, the return of birth shall be made by the parent residing in Baltimore City, in the manner and within the time above required.

Sec. 7. And be it ordained, That the return of each birth shall be made in writing, and shall be signed by the physician, midwife or other person in attendance upon the birth, or by the parent of the child, if no such person was in attendance, or if present, refuses to sign the return. The return shall be made to the Commissioner of Health, at his office, within ten days after the birth, and shall state the place of birth, the sex, color, the full name and occupation of the parents, the maiden name of the mother, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the limits of Baltimore City, but the parents, or either of them, shall reside within the limits of Baltimore City, the return of birth shall be made by the parent residing in Baltimore City, in the manner and within the time above required.

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Sec. 48. And be it ordained, That the return of each birth shall be made in writing, and shall be signed by the physician, midwife or other person in attendance upon the birth, or by the parent of the child, if no such person was in attendance, or if present, refuses to sign the return. The return shall be made to the Commissioner of Health, at his office, within ten days after the birth, and shall state the place of birth, the sex, color, the full name and occupation of the parents, the maiden name of the mother, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the limits of Baltimore City, but the parents, or either of them, shall reside within the limits of Baltimore City, the return of birth shall be made by the parent residing in Baltimore City, in the manner and within the time above required.

Sec. 49. And be it ordained, That the return of each birth shall be made in writing, and shall be signed by the physician, midwife or other person in attendance upon the birth, or by the parent of the child, if no such person was in attendance, or if present, refuses to sign the return. The return shall be made to the Commissioner of Health, at his office, within ten days after the birth, and shall state the place of birth, the sex, color, the full name and occupation of the parents, the maiden name of the mother, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the limits of Baltimore City, but the parents, or either of them, shall reside within the limits of Baltimore City, the return of birth shall be made by the parent residing in Baltimore City, in the manner and within the time above required.

Sec. 50. And be it ordained, That the return of each birth shall be made in writing, and shall be signed by the physician, midwife or other person in attendance upon the birth, or by the parent of the child, if no such person was in attendance, or if present, refuses to sign the return. The return shall be made to the Commissioner of Health, at his office, within ten days after the birth, and shall state the place of birth, the sex, color, the full name and occupation of the parents, the maiden name of the mother, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the limits of Baltimore City, but the parents, or either of them, shall reside within the limits of Baltimore City, the return of birth shall be made by the parent residing in Baltimore City, in the manner and within the time above required.

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Sec. 54. And be it ordained, That the return of each birth shall be made in writing, and shall be signed by the physician, midwife or other person in attendance upon the birth, or by the parent of the child, if no such person was in attendance, or if present, refuses to sign the return. The return shall be made to the Commissioner of Health, at his office, within ten days after the birth, and shall state the place of birth, the sex, color, the full name and occupation of the parents, the maiden name of the mother, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the limits of Baltimore City, but the parents, or either of them, shall reside within the limits of Baltimore City, the return of birth shall be made by the parent residing in Baltimore City, in the manner and within the time above required.

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RETURN OF A BIRTH A 44261.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 5 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 8 Sep.
4. Place of Birth, (Street and Number) 1227 Jackson St
5. Full Name of Mother, Alice Aron
6. Mother's Maiden Name, Brannon
7. Mother's Birthplace, Phila. Penn
8. Full Name of Father, Samuel Aron
9. Father's Occupation, Cap maker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ellis M.D.

Address, 1302 Hollins St.

Remarks,

1890 003426

been conferred upon, as far as the same can be ascertained, the following information concerning each birth, viz.: the name and occupation of its parents, the date and place of birth of any child, and the name and residence of the physician or practitioner in attendance upon the case. And the said schedule shall be delivered, duly signed by the Commissioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person to whose knowledge the fact first comes, or who is present at the birth, or the attendant upon the mother, or the father of the child, or the occupant of the house or tenement in which the birth occurs, or the undertaker who shall hereafter be employed to bury the body of the child, if the same be buried without a certificate of birth, to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DALANY & CO., CITY PRINTERS AND STATIONERS

[illegible] set forth as far as the same can be ascertained [illegible] which have occurred under his or her care during the [illegible] Commissioner of been conferred) its sex, color, the full name of each child, (if any shall have been conferred) the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 24267.

GIVEN NAME ADDED 8-14-48

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louis Katz

HEALTH DEPARTMENT SEP 5 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewist
3. Date of Birth, 3 Sep, 1890
4. Place of Birth, (Street and Number) 316 N. Eden St
5. Full Name of Mother, Lina Katz
6. Mother's Maiden Name, " Cohn
7. Mother's Birthplace, Balto.
8. Full Name of Father, Benyamin Katz
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ullig

Address, 1302 Holland St

Remarks,

1890-003427

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 21263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles A. Nicodemus, Jr.

HEALTH DEPARTMENT SEP 5 1890 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 3rd 1890
4. *Place of Birth, (Street and Number)* 1707 Druid Hill Ave
5. *Full Name of Mother,* Sallie Nicodemus
6. *Mother's Maiden Name,* Emig
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles A. Nicodemus
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Thomas O'Brien M.D.

Address, 600 N. Howard St.

Remarks, GIVEN NAME ADDED. 1-7-53

1890 - 003425.

been corrected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third days of each month, to the Commissioner of Health, as a return of births of the month; and no child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BLANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 602 14

HEALTH DEPARTMENT SEP 8 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 3rd 1890
4. *Place of Birth, (Street and Number)*	1231 Gilmor Street
5. *Full Name of Mother,*	Mary Genzlow
6. *Mother's Maiden Name,*	Mary Wigan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert Genzlow
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Merrill
Address,	543 N Eden St
Remarks,	

1890 ⁼ 003429

...be conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the officer or person appointed to receive the same, and the said officer or person shall thereupon give a receipt therefor. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such any such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BLANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 112665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 5 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ne

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, sept 3
4. Place of Birth, (Street and Number) 867 Pitkin st
5. Full Name of Mother, Rebecca Jefferson
6. Mother's Maiden Name, Dalton
7. Mother's Birthplace, Dalton Va
8. Full Name of Father, [illegible] Peterson
9. Father's Occupation, [illegible]
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. E W Lobeth M.D.

Address, 709 Pitkin st

Remarks,

1890 - 003430

born concerned in sex, color, the full name of such person, and the full name of each child, if any shall said schedule shall be delivered, duly signed by the practitioner in the form, or to the effect as herein set forth; and third day of each and every month to the office of the Commissioner of Health. In case the birth of any such shall omit to make such return, or shall knowingly and wilfully make any false return, and attendance upon the mother, instead of the physician or midwife, or should no other person be child to report the birth to the Commissioner of Health, in like manner and within the time above mentioned. subject to a fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number).* [illegible] Washington
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other Person who makes this Return.

Address, [illegible]

Remarks,

8 9 0 0 0 3 4 3 1

When sick boys hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH A 24266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 12 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sep 8 1890
4. Place of Birth, (Street and Number) Wolf St 216
5. Full Name of Mother, Emma Podbrodsky
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Emil Podbradsky
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kopta

Address, Washington st 205

Remarks,

1890 - 003432

Every person who shall be present at the birth of any child, or within ten days thereafter, shall, within the time aforesaid, deliver to the Registrar of Vital Statistics, or to the Commissioner of Health, a certificate of such birth, containing the name and occupation of the parents, the date and place of birth; and the sex and color; the full name and occupation of the father, if the mother be not living, and the name and residence of the attending physician or midwife, if any; and if no physician or midwife has been present at the birth, then the name and residence of the person who has been present at the birth, or who has been informed of the birth, shall be delivered, duly signed by the person giving the information, in the form of a certificate between the first and fifth days of each and every month to the Commissioner of Health. In case the father or mother of such child shall not be living, then the certificate shall be signed by the person or parents of such said deceased parent. In case of the absence of the father or mother, the certificate shall be signed by the person in charge of the house in which the birth occurs, and if there be no such person, then by the nearest attendant or other person present at the birth. No person shall remove the body of any child from the house in which it was born, or cause the same to be buried, without the attendance of a physician or midwife, or the person who shall have been present at the birth, unless the latter shall satisfactorily account for the absence of such attendance upon the ground that he has been unable to procure the attendance of a physician or midwife, and has himself given due notice of the birth to the Commissioner of Health, in compliance with the provisions of this section. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 7426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 3 1890
4. *Place of Birth, (Street and Number)* Chapple st. 812
5. *Full Name of Mother,* Mary Lebeda
6. *Mother's Maiden Name,* Vojtko
7. *Mother's Birthplace,* Galizien
8. *Full Name of Father,* Frank Vojtko
9. *Father's Occupation,* tailor
10. *Father's Birthplace,* Galizien

Name of Medical Attendant, or other person who makes this Return. Mary Kapetin

Address, Washington 205

Remarks,

890-003433

been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be filled out by the physician in the case of births occurring in his practice, and by the midwife in the case of births occurring in her practice, and by the father or mother of any child in all other cases; and the same shall be delivered to the Registrar of Vital Statistics of Baltimore City within the first and third day of each and every month to the office of said Registrar; and the Registrar shall issue a certificate therefor; and it shall be the duty of the person or parents of each child to report the birth of such child to the Registrar of Vital Statistics of Baltimore City within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should neither parent reside upon the premises where such birth occurs, then the undertaker who shall bury such child shall report the same to the Registrar of Vital Statistics of Baltimore City within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 3/90
4. Place of Birth (Street and Number),	1104 E. Fayette St
5. Full Name of Mother,	Ella Lentz
6. Mother's Maiden Name,	Ella Smith
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Lewis Lentz
9. Father's Occupation,	Barber
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M. D.
Address,	129 E. Broadway
Remarks,	1890-003434

Baltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 9-7-55

RETURN OF A BIRTH. A 21264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 8 1890 BALTIMORE.

Frederick William Lewis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 4 th September - 1890
4. Place of Birth, (Street and Number) 310 South Conkling St
5. Full Name of Mother, Caroline Lewis
6. Mother's Maiden Name, Wolf
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wilson Lewis
9. Father's Occupation, Bottle maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L Schultz

Address, 1834 E Monument

Remarks,

1890-003435

been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the name and residence of the physician or midwife, if any, in attendance upon the birth, or of the person or parents of such child to report its birth to the office of the Commissioner of Health. In case the birth occurs in a hospital, asylum or other institution, the superintendent or other officer thereof shall be required to report the birth of any child born therein, and the name and residence of the parents of such child, if known, and the name and residence of the person who shall have been in attendance upon the mother, immediately after such birth. All the matters and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A.2270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 16 '90 BALTO. MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 4th Sept
4. Place of Birth, (Street and Number) 224 Back St Baltimore
5. Full Name of Mother, Caroline Brockenridge
6. Mother's Maiden Name, " Pitts
7. Mother's Birthplace, Essex County Va
8. Full Name of Father, John Brockenridge
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890-003436

Every birth which shall occur within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the attending physician or midwife, or in case there be no physician or midwife in attendance, by the householder or owner of the premises where the birth occurs, within ten days after the birth shall have occurred, and before the interment of the body of the child, and in case the birth shall occur without the attendance of a physician or midwife, and the parents or householder or owner of the premises shall be unable to report the same, then it shall be the duty of the undertaker who shall be employed to bury the body of the child, to report the same, as herein required, and before burying the body of the child. Any person who shall neglect to report any birth as herein required, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 4 90
4. Place of Birth, (Street and Number) 1419 Riggs Ave -
5. Full Name of Mother, Catherine A. Connelly
6. Mother's Maiden Name, Catherine McCarthy
7. Mother's Birthplace, Balt Md
8. Full Name of Father, James W. Connelly
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, W. Va

Name of Medical Attendant, or other person who makes this Return. J. A. Keene M.D.

Address, 1520 Druid Hill Ave

Remarks, 1890-003437

(considered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child delivered with it. The Commissioner of Health may require the evidence of the attendant to be given under oath. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report the birth as herein required, and in case any person shall wilfully neglect or refuse to report such birth as herein required, or shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 24797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 4 1890
4. *Place of Birth, (Street and Number)* Castle st
5. *Full Name of Mother,* Emma Rustling
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frood Rustling
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopstein

Address, Washington 20 S

Remarks,

1890-003438

BOARD OF HEALTH SEP 10 BALTIMORE

...the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall declare upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 2427/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 4 1890
4. *Place of Birth, (Street and Number)* N. Broadfut at 100
5. *Full Name of Mother,* Mary Zvimela
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bavarian
8. *Full Name of Father,* John Zvimek
9. *Father's Occupation.* tailor
10. *Father's Birthplace,* Bavarian

Name of Medical Attendant, or other person who makes this Return. Mary Lupton

Address, Washington 205

Remarks,

1890-003439

SEP 15 1890 BALTIMORE MD

(Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, that from and after the passage of this ordinance, it shall be the duty of every midwife, physician, surgeon, or other person who shall have been concerned in the case, to report the full name and occupation of its parents, the date and place of birth, and the color, sex, and number of each child born alive, within the limits of Baltimore City, and shall make out and sign a certificate to that effect, which certificate shall be delivered, duly signed by the practitioner in the form of a certificate for the birth of any child born alive, within the limits of Baltimore City, to the person in charge of the premises where the birth occurs, or to the parent or guardian of such child, or to the nearest relative present at the birth, or to the person in charge of the house in which the birth occurs, within thirty-six hours after the birth of such child, and every midwife, physician, surgeon, or other person who shall be concerned in the case of the birth of any child born alive, within the limits of Baltimore City, and shall neglect or refuse to report the birth of any child to the practitioner or midwife, or should no other person be in attendance, then the mother immediately thereafter, if she shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every midwife, physician, surgeon, or other person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEE, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 24774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 16th
4. Place of Birth, (Street and Number) 1401 N Fayette
5. Full Name of Mother, Caroline E Hill
6. Mother's Maiden Name, " " Robins
7. Mother's Birthplace, Md
8. Full Name of Father, Norman F Hill
9. Father's Occupation, Physician
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Norman F Hill

Address, 1401 N. Fayette

Remarks,

1890-003440

...person conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent of such child, if any, and if there be none, to the owner or keeper of the house in which such child was born, within ten days after the birth of any child. Every midwife or other person who shall attend upon any woman in labor, shall, within the first ten days of each and every month, report to the office of the Commissioner of Health, on blanks to be furnished by the Commissioner of Midwifery, or should no other person be in attendance, such midwife or other person shall immediately thereafter make out and deliver to the parent of such child, if any, and if there be none, to the owner or keeper of the house in which such child was born, a certificate of the birth of such child, and shall report its birth to the Commissioner of Health, in the manner and within the period above required. Every midwife or other person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Septmber 5

1. Sex, (state whether male or female) badate 8 jeattal

2. Race or Color, (if not of the white race) coled race Spratort

3. Date of Birth, September 5

4. Place of Birth, (Street and Number) Wescot Street bear rastoraa W

5. Full Name of Mother, jualen roBe 112 bond clock

6. Mother's Maiden Name, jlenbert friday bight Set

7. Mother's Birthplace, batiMore bater

8. Full Name of Father, Samel t bart

9. Father's Occupation, drav lumber Wag n

10. Father's Birthplace, baltiMore

Name of Medical Attendant, or other Person who makes this Return. joatgen W 24 iat alz

Address,

Remarks,

1890-0003441

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 20373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st first
2. Sex (state whether male or female), male
3. Race or Color (if not of the white race), Colored
4. Date of Birth, 3rd September 1890
5. Place of Birth (Street and Number), Mullikin st 1630
6. Full Name of Mother, Jennie Brown
7. Mother's Maiden Name, Jennie Gardner
8. Mother's Birthplace, Baltimore MD
9. Full Name of Father, Charles Brown
10. Father's Occupation, Laboring
11. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return. Elizabeth Madeira M

Address, mullikin st 1702

Remarks,

1890 - 003442

Wilmer & Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 2276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th. child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th. day of September 1890

4. Place of Birth, (Street and Number) Baltimore. 929 Columbia Ave

5. Full Name of Mother, Mary Gayleard.

6. Mother's Maiden Name, Mary Smith.

7. Mother's Birthplace, Baltimore City.

8. Full Name of Father, Charles H. Gayleard.

9. Father's Occupation, Iron moulder.

10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N. Perpetual Ct

Remarks,

1890 - 003443

SEP 16 1890 BALTIMORE

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or in case the birth of any child in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall refuse or neglect to make such report, as herein required, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

RETURN OF A BIRTH. A 2277.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 5 1890.
4. Place of Birth, (Street and Number) 629 St. Joseph St
5. Full Name of Mother, Annie Popp
6. Mother's Maiden Name, Virgil
7. Mother's Birthplace, Germany
8. Full Name of Father, Adam Popp
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 605 Miller St.

Remarks,

1890-003444

...the name of each child, if any, shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth, and the name and residence of the physician or midwife in attendance upon the mother, and within five days thereafter the physician or midwife, or other person who shall become the duty of the person or parents to report the birth of any child as aforesaid, shall make a return of the facts required to be reported in relation to such birth, in the form of a certificate to be furnished by the Commissioner of Health, to the office of the Commissioner of Health, in the manner and within the time prescribed by the ordinances of Baltimore City; and if any physician or midwife, or other person who shall become the duty of the person or parents to report the birth of any child as aforesaid, shall neglect or refuse to make such return within the time and in the manner prescribed by the ordinances of Baltimore City, he shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...same as a misdemeanor, punishable by a fine not exceeding ... dollars, and imprisonment not exceeding ... months, at the discretion of the court; and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 22278.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th September 1890
4. *Place of Birth, (Street and Number)* 106 Eden Street
5. *Full Name of Mother,* Maltie Goldenberg
6. *Mother's Maiden Name,* Goldsmith
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Samuel Goldenberg
9. *Father's Occupation,* Trimmer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Scherman

Address, 42 Albemarle St

Remarks,

1890-003445

[illegible] place of birth; and the [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH A 2779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 10 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 5th
4. Place of Birth, (Street and Number) Baltimore 503 S. Howard St
5. Full Name of Mother, Martha Louisa Rodenkii
6. Mother's Maiden Name, Martha Louisa Feibel
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, F. Gross Rodenkii
9. Father's Occupation, Fireman
10. Father's Birthplace, Annapolis Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N. Poppleton St

Remarks,

1890 - 003446

...delivered, duly signed by the practitioner in the form of a certificate, stating the place of birth, and the third day of each and every month to the office of the Commissioner of Health a certificate between the first and the tenth days of the succeeding month, stating the name, residence and number of each person whose attendance upon the mother hereafter, or should the birth of any child hereafter occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child occur without the attendance of any person required by this section to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...J. B. BAILEY & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d &c.~~)

1. Sex, (~~State whether~~ male ~~or female~~)
2. Race or color, (if not of the white race) Negro.
3. Date of Birth, Dec 5 1890
4. Place of Birth, (Street and Number) 670 Chestnut al.
5. Full Name of Mother, Mary Jane Jones,
6. Mother's Maiden Name, Keys.
7. Mother's Birthplace, Virginia
8. Full Name of Father, Amos Jones
9. Father's Occupation, Porter
10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return. Pearce Kintzing M.D.

Address, 601 Franklin

Remarks, L.O. Ant.

1890-003447

With fees of one dollar to be delivered, duly signed, by the practitioner in attendance, or the person who shall make the return, to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any person or parents who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

…the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 8 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 5 of september 1890
4. *Place of Birth, (Street and Number)* Baltimore 2304 Hudson st
5. *Full Name of Mother,* Drucilla Burtonen
6. *Mother's Maiden Name,* Drualla Connell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert H Burtonen
9. *Father's Occupation,* Mate on tugboat
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. Mary Conner

Address, 402 S Collington Ave

Remarks, Not full time eight months

1890-083448

… & Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 24782

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 5th
4. Place of Birth (Street and Number)	914 Chew St
5. Full Name of Mother	Laura Mc Guire
6. Mother's Maiden Name	Lee
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Thomas Mc Guire
9. Father's Occupation	None
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Dr Gorsuch
Address	1435 Asbury
Remarks	

1890 003449

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 74783.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th child

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), white
3. Date of Birth, 4th
4. Place of Birth (Street and Number), no 10 conway st
5. Full Name of Mother, Mary reilly
6. Mother's Maiden Name, Mary Lyden
7. Mother's Birthplace, ireland
8. Full Name of Father, Tomas reidy
9. Father's Occupation, labor
10. Father's Birthplace, ireland

Name of Medical Attendant, or other person who makes this Return. Elizabeth Garbrough

Address, same

Remarks,

HEALTH DEPARTMENT SEP 6 1890 BALTIMORE

1890 - 003450

...ore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 34784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 30 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 + 6th Child Born

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 5th 1890
4. Place of Birth, (Street and Number) 755 Cross St
5. Full Name of Mother, Margaret Schwarzenbach
6. Mother's Maiden Name, Margaret Zimmler
7. Mother's Birthplace, Cumberland
8. Full Name of Father, Chas. Schwarzenbach
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Joseph Blum M. D.

Address, 641 Columbia

Remarks,

1890 - 003451

and vehicles shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month. Any physician or midwife, or other person who shall cause the birth of any child to occur without the attendance of a physician or practitioner of midwifery, or shall neglect to cause the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 74288.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 5th of September

4. Place of Birth, (Street and Number) Rialto 209 Montgomery st.

5. Full Name of Mother, Fannie Reid

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Northampton Co. Va.

8. Full Name of Father, Frank Reid

9. Father's Occupation, Drayman

10. Father's Birthplace, Accomac Co. Va.

Name of Medical Attendant, or other person who makes this Return. Kelly Grace

Address, 229 York st.

Remarks,

1890 - 003452

GEO. A. C. BLANEY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the medical attendant, or in case there is no such attendant, by the nearest relative present in the City of a certificate between the first and third day of each and every month, to the Registrar of the Board of Health, or to such person as the Commissioner of Health may designate to receive the same. In case the birth of any child shall occur in the absence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and be the duty of such mother, within the period above required, and if she be unable to do so, then the nurse in attendance, or the person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 24786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 9 '90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 5 — 1890
4. *Place of Birth, (Street and Number)*	926 Hanover st.
5. *Full Name of Mother,*	Margareth Berlau
6. *Mother's Maiden Name,*	Brandt
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Berlau
9. *Father's Occupation,*	Cabinetmaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Lohmasser midwife
Address,	1032 Hanover st.
Remarks,	

1890-003453

Every midwife, and every physician or practitioner in the form of a certificate between the first and third day of each and every month of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in whose family or house such birth shall occur, and who is required, and ehild to report its birth to the Commissioner of Health, to the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 7428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 9 '90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 5 — 1890
4. *Place of Birth, (Street and Number)*	1710 Patapsco st.
5. *Full Name of Mother,*	Mary L. Floyd
6. *Mother's Maiden Name,*	Mc. Cambridg
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	George Floyd
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser midwife
Address,	1032 Hanover st.
Remarks,	

1890 - 03451

third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the city limits, or if such birth occur in the absence of the parents of such child, the person in attendance upon the mother, immediately thereafter, if he shall be a resident of the city, and if not, then the parents of such child, if residents of the city, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 24211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 10 1898 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sept 5th
4. Place of Birth, (Street and Number) 851 Columbia ave
5. Full Name of Mother, Julia Barnaby
6. Mother's Maiden Name, Julia Starky
7. Mother's Birthplace, Belmont
8. Full Name of Father, Charles Barnaby
9. Father's Occupation, Barber
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Shelmyoke Clyke

Address, 6 ft Fountain Pl

Remarks, 1898 005435

Every Physician, Midwife or other person who shall sign any certificate of birth, and fail to report the birth to the Commissioner of Health within the time prescribed by law, shall be subject to a penalty of ten dollars for each offense. Every such certificate shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the child be still born, a certificate to that effect shall be given by the attendant, stating the cause of death, as far as can be ascertained, and no burial shall occur without the attendance of a physician or person in charge of a burial ground, who shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 72789

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th of September
4. Place of Birth, (Street and Number) 509 W. Lanvbroog St
5. Full Name of Mother, Lucy Robins Waddell
6. Mother's Maiden Name, Lucy Robins
7. Mother's Birthplace, Virginia
8. Full Name of Father. Marcus Waddell
9. Father's Occupation, R. R. Brakeman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return R. W. Mifflin M.D.

Address, 321 N. Paca St

Remarks, 1890-003456

HEALTH DEPARTMENT SEP 10 1890 BALTIMORE

"Number each child born to the mother, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

GUILARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 24790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sep 5 1890
4. Place of Birth, (Street and Number) Monument St 2431
5. Full Name of Mother, Theresa Schinnett
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Schinnett
9. Father's Occupation, tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary L Coffin

Address, Washington 205

Remarks,

1890 00 03457

third day of each and every month to the office of the Commissioner of Health, certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and with the particulars hereinbefore required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 8-29-58

RETURN OF A BIRTH

7291.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rosalie

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 6 1890
4. Place of Birth, (Street and Number) 1429 Monument St.
5. Full Name of Mother, Fannie Benash
6. Mother's Maiden Name, Bensch
7. Mother's Birthplace, Poland
8. Full Name of Father, Charles Bensch
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Caroline C. Miller

Address, 605 Wallace St.

Remarks,

1890-003458

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parent of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

No. 21292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colord.
3. Date of Birth, September 6. 1890
4. Place of Birth (Street and Number), No 21 Lee st
5. Full Name of Mother, Mary Kneale Green
6. Mother's Maiden Name, Mary Kneale Jadden
7. Mother's Birthplace, Easternshore
8. Full Name of Father, John Peter Green
9. Father's Occupation, Steamdersh
10. Father's Birthplace, St Mary County Maryland.

Name of Medical Attendant, or other person who makes this Return. Mrs Ann Taylor

Address, 41 Guilford alley

Remarks, ...

8 9 0 - 0 0 3 4 5 9

Each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten to fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. L 12293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th September 1870
4. Place of Birth, (Street and Number) 60 Hanover Street
5. Full Name of Mother, Rachel Stineberg.
6. Mother's Maiden Name, Becker
7. Mother's Birthplace, Russia
8. Full Name of Father, Lezial Stineberg.
9. Father's Occupation, Cigar-maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 E Albemarle St

Remarks,

1890 - 003460

All births occurring in this city hereafter must be reported to the Commissioner of Health, in the manner and within the period above required, and certified to in the form above prescribed, by the physician or midwife in attendance upon the mother, or by the person or parents of such child, if there be no physician or midwife in attendance; and the provisions of this section shall be applicable to all births occurring in families, as well as those occurring in public institutions. Any person who shall neglect or refuse to report any birth as required by this section, or who shall report a birth otherwise than as herein required, shall be subject to a fine of ten (10) dollars for each offence, and the penalties and forfeitures are recoverable.

SEP 16 1890

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 72794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPART SEP 10 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (~~state whether male or~~ female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, Sept. 6th 1890
4. Place of Birth, (Street and Number) 619 N. Calhoun St.
5. Full Name of Mother, Alice A. White
6. Mother's Maiden Name, Slater
7. Mother's Birthplace, Baltimore
8. Full Name of Father, R. W. White
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Thomas Lee M.D.

Address, 600 N. Howard St.

Remarks, 1890 - 003461

shall occur without the attendance of a physician or the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or the Commissioner of Health, the father or mother, or in the absence of the father and mother, the householder or nurse in attendance upon the mother, immediately thereafter, if said parent or householder or nurse be aware of the birth of such child, or any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 24294

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 9 90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 6th 90

4. Place of Birth, (Street and Number) 1825 Orleans St.

5. Full Name of Mother, Christina Fulst.

6. Mother's Maiden Name, Feit

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Carl Fulst.

9. Father's Occupation, Barber.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Ulricka Gotzke

Address, 114 S. Bond St

Remarks,

1890 - 003462

The practitioner in the form of a certificate between the first and tenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person required, and attendance upon births to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 24296.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 6. 1890
4. Place of Birth, (Street and Number) No 1038 N. Central Ave.
5. Full Name of Mother, Annie Stengel
6. Mother's Maiden Name, Annie Helling
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Julius Stengel
9. Father's Occupation, Letter Carrier
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. W. C. Sandrock, M.D.

Address, Broadway & Chase St.

Remarks, 1890 003463

Every physician or midwife in attendance upon any birth shall, within ten days after such birth, send to the office of the Commissioner of Health a certificate between the first and tenth days of each and every month, to the effect that he or she was in attendance upon such birth, and shall state the name of the child, if it has been named, and the sex, color, and parentage of such child, and the street and number of the house where such birth occurred; and if he or she shall neglect to make such certificate within the time aforesaid, or shall refuse to make the same, he or she shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable. Every person required by this section to report a birth, who shall neglect to report its birth to the Commissioner of Health, in the manner and within the period above required, and every person who shall refuse to answer any question required by the Commissioner of Health touching any birth, shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 2 SEP 10 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 of Mother

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Saturday Sept 1st to 4 121
4. Place of Birth, (Street and Number) Chancery ST
5. Full Name of Mother, Nancy V Harris
6. Mother's Maiden Name, Nancy V Harris
7. Mother's Birthplace, Baltimore M D
8. Full Name of Father, James A Bowers
9. Father's Occupation, Barring
10. Father's Birthplace, Raleigh N C

Name of Medical Attendant, or other person who makes this Return. Jordan

Address, 117 Chestnut Street

Remarks, Remarkable well

1890 C 003464

the practitioner in attendance upon the birth of a certificate between the first and second day of each month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, such midwife or other person shall within the period above required, and shall not report the same as aforesaid, such midwife or other person shall within the period above required, and shall forward a like certificate to the Commissioner of Health, in the manner and with the like penalties for neglect as is provided in the case of the physician. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, such mother shall within the period above required, and shall not report the same as aforesaid, such mother shall become liable to the penalties of this section. It shall be the duty of each and every midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 21398.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d &c.~~) 2d Twin Female.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) —
3. Date of Birth, Sept 6th
4. Place of Birth, (Street and Number) 1601 W. Lanvale
5. Full Name of Mother, Sarah Dunkle
6. Mother's Maiden Name, " Pue.
7. Mother's Birthplace, Md
8. Full Name of Father, Irvin Dunkle
9. Father's Occupation, Colrk
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Newman F Hill

Address, 1601 W. Fayette.

Remarks,

1890-003465

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become and shall within the period above required, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

488.—J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 10779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) " Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6th of September 1890.

4. Place of Birth, (Street and Number) 208 North Wolf street

5. Full Name of Mother, Mary Louth

6. Mother's Maiden Name, ~~Mary~~ Single

7. Mother's Birthplace, Baltimore

8. Full Name of Father, /

9. Father's Occupation, /

10. Father's Birthplace, /

Name of Medical Attendant, or other person who makes this Return, Crescentia Kunkel

Address, 23 North Chapel st. for Justina Kunkel

Remarks, Health.

1890 003466

Every birth occurring in the City of Baltimore, and every still-birth at or after the full period of gestation, shall be reported to the Commissioner in the form of a certificate between the hours of 9 A. M. and 3 P. M. of the third day of each and every month following the occurrence of such birth or still-birth, and the certificate shall be signed by the physician, midwife or other person in attendance upon the mother at the time of such birth or still-birth, or, should the birth or still-birth occur without the attendance of a physician, midwife or other person, then the certificate shall be signed by the father or mother of the child if able, or by the householder or owner of the premises where the birth or still-birth occurred. Any such person neglecting or refusing to report such birth or still-birth as herein required, and any physician, midwife or other person who shall wilfully report a false birth or still-birth, or who shall in any manner violate the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 14300

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Saturday Sept 6th 90 (1.45 a.m.)

4. Place of Birth, (Street and Number) 716 N. Monroe St

5. Full Name of Mother, Margaret Morgan

6. Mother's Maiden Name, Margaret Basil

7. Mother's Birthplace, Annapolis Md

8. Full Name of Father, Littleton B. Morgan

9. Father's Occupation, Car Driver

10. Father's Birthplace. Anne Arundel County Md

Name of Medical Attendant, or other Person who makes this Return Dr. Willett

Address, Park Ave & Mulberry St

Remarks.

1890 - 003167

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

A 14201

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 9 '90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 6, 1890
4. Place of Birth, (Street and Number) 434 N. Front St.
5. Full Name of Mother, Emma J. Hood
6. Mother's Maiden Name, Lucas
7. Mother's Birthplace, Balt.
8. Full Name of Father, Emma H. Hood
9. Father's Occupation, Salesman
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Dan'l Smith M.D.

Address, 408 N. Eutaw

Remarks,

1890 003468

Third day of each and every month to the office of the Commissioner of Health, in the form of certificate between the first and third days of each and every month to the office of the Commissioner of Health, in the form of certificate between the first and third days of each month, in case the birth of any child shall occur without the attendance of a physician or midwifery or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of said child to report the birth as soon as possible thereafter. It shall be the duty of any person required to make any such return or report under this section of this article, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 2 43 02.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry Ainsworth Jr

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 6th
4. Place of Birth, (Street and Number) 2145 N. Linwood
5. Full Name of Mother, Ann Ainsworth
6. Mother's Maiden Name, Boyle
7. Mother's Birthplace, England
8. Full Name of Father, Harry Ainsworth
9. Father's Occupation, Editor
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Truman F Kelly

Address, 1401 N. Fayette st

Remarks, 1890-003469

BALTIMORE

third days of each and every month of a physician or midwife, or other person required to report a birth, to the office of the Commissioner of Health, to the office of the practitioner in the form of a certificate between the first and shall cause upon the Commissioner of Health, to the office of the practitioner in the form of a certificate between the first and child to report in a manner satisfactory to the Commissioner of Health, to the office of the practitioner in the form of a certificate between the first and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 11303.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 8 1890 BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) Male

1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not of the white race~~) Sept 7th 1890.
3. Date of Birth, 1621 Madison Ave.
4. Place of Birth, (Street and Number) Ward Maryland
5. Full Name of Mother, Ward Orleans
6. Mother's Maiden Name, Baltimore Md
7. Mother's Birthplace, Maurice J. Regan
8. Full Name of Father, Wholesale Clothier
9. Father's Occupation, Lagrange Michigan
10. Father's Birthplace, John L. Regan Jr.

Name of Medical Attendant, or other person who makes this Return. 662. W. Lafayette Ave

Address,

Remarks, 1890-003470

Sept 7 1890 A 24304 Balto City
Wards.

No of Child if mother state [illegible] (2)
State male or Female / Male
Race or color not of white / Colored.
Date of Birth Sept 6. 1890
Full name of mother / Rosa Ky.
Mother maiden name / Rosa Jones
Birth Place / Eastern Shore
Full name of Father. Laurance Ky
Father occupation / Laborer
Father birth place / [illegible] 1890
Laurence Kaiser [illegible]

A. 24303.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPART SEP 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th Child

1. Sex, (state whether male or female) male Child

2. Race or Color, (if not of the white race) Colored Child

3. Date of Birth, 7th of Sept 1890

4. Place of Birth, (Street and Number) Jeffarson st nr quaker Lane Balt Co

5. Full Name of Mother, Maggie Fletcher

6. Mother's Maiden Name, Maggie Sayers

7. Mother's Birthplace, Virginia

8. Full Name of Father, William Fletcher

9. Father's Occupation, Latner

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Margret Steinkel

Address, No 28 Mount st nr Valley st Balt City Md

Remarks,

1890-003472

day of such birth, and the certificate of a physician or midwife (if there was one present) or if not, then the certificate of the father or mother of the child, or occupier of the house in which the birth happened, shall be sufficient evidence of the facts therein stated; and it shall be the duty of the person or parent required as aforesaid to report the birth to the Commissioner of Health, or should no other person be in the house when the child was born, it shall become the duty of the person or parents so required to report the birth to the Commissioner of Health, in the manner and within the period aforesaid, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 2606.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd,
1. *Sex, (State whether male or female)*	Male,
2. *Race or color, (if not of the white race)*	White,
3. *Date of Birth,*	Sept 7th 1890,
4. *Place of Birth, (Street and Number)*	1402 Holbrook Ave,
5. *Full Name of Mother,*	Kate Colbert,
6. *Mother's Maiden Name,*	Kate Callahan,
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	R. B. Colbert,
9. *Father's Occupation,*	Can Maker,
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Chas B. Kelly MD
Address,	920 N. Broadway
Remarks,	

1890 - 003473

third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance within the time specified, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above specified. Any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GUARDY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sept. 7/90

4. *Place of Birth, (Street and Number)* 205 E. Pleasant St

5. *Full Name of Mother,* Margaret J. Ryan

6. *Mother's Maiden Name,* " McCourt.

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Andrew Ryan

9. *Father's Occupation,* Assist. Lif. Lamps.

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Edward J. McDevitt

Address, 208 Aisquith St.

Remarks,

1890 003474

Every case of birth shall be reported, within ten days after the occurrence thereof, by the attending physician or midwife, and in the absence of such attendance, by the householder, or owner of the premises where such birth occurs, within ten days after the occurrence thereof. It shall become the duty of the person or persons required to report a birth to the Commissioner of Health, to cause the birth of any child to be registered without unnecessary delay, and to make a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and to deliver, or cause to be delivered, duly signed, the certificate of birth, and the name, color, age, and occupation of its parents, the date and place of birth, and the name of each child, if any, born subsequent to the first birth, and the address of the person or persons who shall have attended as physician or midwife, or who shall have been present at the birth, or who shall have been informed of the birth, and who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 24308.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 12 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 7 1890
4. Place of Birth, (Street and Number) Cordelia 915
5. Full Name of Mother, Rose Fiedler
6. Mother's Maiden Name, Stefan
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Stefan
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Fiedler

Address, Eutaw Pl 905

Remarks,

1890-003475

The practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, any child born without the attendance of a physician or practitioner; and should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. SULLIVAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 24309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 7 1890
4. *Place of Birth, (Street and Number)* Dunham st 108
5. *Full Name of Mother,* Mary Stasek
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohiant
8. *Full Name of Father,* John Stasek
9. *Father's Occupation,* tailor
10. *Father's Birthplace,* Columbiana

Name of Medical Attendant, or other person who makes this Return. Mary Wolfe

Address, Washington

Remarks,

1890-003476

SEP 12 1890 BALTIMORE

...considered) to sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled out by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, the duty of reporting such birth shall devolve upon the nurse in attendance; child to report its birth to the Commissioner of Health as in the manner and within the period above provided; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ave ...and the ...ate of ...ertificate between the ...ths; and the ...ny child ...ould no other person be ...la ...duty of ...parents of such ...and ...

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 24310.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 7 / 899
4. Place of Birth, (Street and Number) Castle st 18
5. Full Name of Mother, Mary Holz
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Charles Holz
9. Father's Occupation, baby
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kupitz

Address, Washington st 226

Remarks,

690-003477

HEALTH DEPARTMENT SEP 12 1899 BALTIMORE

Every physician or midwife in attendance upon any case of birth shall, within ten days after the birth, report the same to the office of the Commissioner of Health, in case there be no physician or midwife in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SUN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, Sept 8 1890
5. Place of Birth, (Street and Number) 632 E. Baltimore
6. Full Name of Mother, Estie Krylewitch
7. Mother's Maiden Name, Sapheo
8. Mother's Birthplace, Russia Poland
9. Full Name of Father, Philip Krulewitch
10. Father's Occupation, Merchant
11. Father's Birthplace, Russia Poland
12. Name of Medical Attendant, or other person who makes this Return. Edward F. Miller
13. Address, 108 Aisquith st.
14. Remarks,

1890 - 003478

BALTIMORE MD.
SEP 10 1890
Registered

RETURN OF A BIRTH A 22317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 29 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)	Frist
1. Sex (~~state whether male~~ or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 8 th
4. Place of Birth (Street and Number),	196 N High
5. Full Name of Mother,	Mrs Minnie Friedlander
6. Mother's Maiden Name,	Minnie Sore
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Israel Friedman
9. Father's Occupation,	Tose maker
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return.	Rachel Zigler
Address,	114 Market Place
Remarks,	1590-003479

Publishing Co., City Printers and Stationers

A 11318

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 9 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sept 5th 90
4. Place of Birth, (Street and Number) 2004 Eastmount Ave.
5. Full Name of Mother, Annie C. Rossing.
6. Mother's Maiden Name, " " Fisher.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Harry A. Rossing.
9. Father's Occupation, Butcher.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Ulrich Fritze.

Address, 114 S. Caul St.

Remarks,

1890 003480

third day of each and every month to the office of the Commissioner of Health, a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child, or in the absence of the parents, of the nurse last within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 24314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 14 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 8th.
4. Place of Birth, (Street and Number) 708 Portland st.
5. Full Name of Mother, Louisa Häsemeier
6. Mother's Maiden Name, Ford
7. Mother's Birthplace, Balto.
8. Full Name of Father, George Häsemeier
9. Father's Occupation, Cigar-Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, L. L. Goldsmith

Address, 418 S. Paca st.

Remarks,

1890 - 003481

Every person who shall neglect or refuse to make any report required by this practitioner or the form of a certificate between the first and tenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or a midwife, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 12313.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sep 8 1890
4. Place of Birth, (Street and Number) Abbott 1613
5. Full Name of Mother, Mary Victoriano
6. Mother's Maiden Name, Ruiz
7. Mother's Birthplace, Asturias
8. Full Name of Father, Geary Roada
9. Father's Occupation, Tailor
10. Father's Birthplace, Asturias

Name of Medical Attendant, or other person who makes this Return. Mary Kopitas

Address, Washington Ave

Remarks,

1890 - 003482

HEALTH DEPARTMENT SEP 12 1890 BALTIMORE

If the practitioner is the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, herein before provided, for every birth of any child which may occur without the attendance of a physician or practitioner of midwifery, or should no other person have so reported such birth, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 1869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 11 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, September 8th
4. Place of Birth, (Street and Number) No. 5, Kassulke St.
5. Full Name of Mother, Annie J. Stegmann.
6. Mother's Maiden Name, Annie J. Birkmeyer
7. Mother's Birthplace, Germany
8. Full Name of Father, Rudolph Stegmann
9. Father's Occupation, Day Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Elizabeth Fiola

Address, Carroll P.S. Office, Balto. Md.

Remarks,

1690 - 003483

...shall day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the person or parents of such child to report or persons who shall have the management of the person or parents of such child to report or persons who shall have the management and within the period above required, and attendance upon the birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to such report or persons who shall have the management and within the period above required, and such person or persons who shall have the attendance upon the birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...DELAHAY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 7317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 12 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 3d
4. Place of Birth, (Street and Number) 1413 E. Madison st
5. Full Name of Mother, Mary L. Bladin
6. Mother's Maiden Name, L. Diehl
7. Mother's Birthplace, Balto
8. Full Name of Father, Boar Carl Bladin
9. Father's Occupation, Musician
10. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Tierney

Address, 940 N. Gay st

Remarks, 1890-003484

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every midwife or other person who shall assist at the birth of any child, and every householder in whose house any child shall be born, when there is no midwife or other person present to assist at the birth, shall cause the same to be registered, and duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife or physician, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the householder in whose house such child was born, to cause the same to be registered within the period above required, and such householder shall immediately thereafter give notice of such birth to the Commissioner of Health. In the event of any failure to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

14318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Howard E. Eigner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth, 6th Oct 1890

Place of Birth, (Street and Number) 1105 Pearl St

5. Full Name of Mother, Maria Eigner

6. Mother's Maiden Name, Maria A. Walter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas Eigner

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. W. Hoffman M.D.

Address, 354 Pearl St Baltimore

Remarks,

1890 - 014485

...ppy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 31818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Monday Sept 8th (2 P.M.)

4. Place of Birth, (Street and Number) 264 N. Calvert St

5. Full Name of Mother, Annie Di Stefano

6. Mother's Maiden Name, Annie Di Paulo

7. Mother's Birthplace, Italy

8. Full Name of Father, Luigi Di Stefano

9. Father's Occupation. Stone Mason

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Elizabeth Fox M.

Address, Park Ave & Madison St Baltimore Md

Remarks, 1890-003486

Third day of each and every month to the office of the Commissioner of Health, in the city of Baltimore, a certificate between the first and of the birth of any child which shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned; and every such person who shall hereafter fail to comply with this section of this article shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 2319.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth (8th)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 5th 1890.
4. *Place of Birth, (Street and Number)*	1704 N. John St.
5. *Full Name of Mother,*	Louisa Mann Grimes
6. *Mother's Maiden Name,*	Baltimore, Md.
7. *Mother's Birthplace,*	George Mann
8. *Full Name of Father,*	Stone-cutter
9. *Father's Occupation,*	Scotland
10. *Father's Birthplace,*	Louis W. Knight M.D.
Name of Medical Attendant, or other Person who makes this Return.	414 N. Green
Address,	
Remarks,	1890 - 003487

of the parents, and the maiden name of the mother of such child or children.

D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. A 74330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 13 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 of September
4. Place of Birth, (Street and Number) 1927 Ryan Eldridge St
5. Full Name of Mother, Elizabeth Grund
6. Mother's Maiden Name, Bahr
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georg Grund
9. Father's Occupation, Police
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Rose E Schuette

Address, 1892 E Monument St.

Remarks,

1890 - 003488

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BALANTY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept 9 1890
4. Place of Birth (Street and Number), 1333 Fulton Ave
5. Full Name of Mother, Minnie Lucas
6. Mother's Maiden Name, Minnie Orem
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James H Armstrong
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. W.W. Wright M.D.

Address, 220 N. Gilmor St

Remarks, 1890-003489

shall be delivered duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur in the absence of a physician or practitioner of midwifery, or should no such attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, as herein required, within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 8

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Sept 9th 1890
4. Place of Birth, (Street and Number) 36 Warfield Road = Darley Pl
5. Full Name of Mother. Louisa Friedrich
6. Mother's Maiden Name, Hahn
7. Mother's Birthplace, Germany
8. Full Name of Father. John B. Friedrich
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Thos. P. Wherry M.D.

Address, 1102 E. Baltimore St.

Remarks,

1890 ~ 003490

HEALTH DEPARTMENT SEP 10 BALTIMORE

...CITY PRINTERS AND STATIONERS

...of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

a 21323

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th & 6th (Twins)

1. *Sex (state whether Male or Female)* Both Males
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Tuesday Sept. 9th 1890
4. *Place of Birth (Street and Number)* 1620 W. Fayette St.
5. *Full Name of Mother* Mary Louisa Nolen
6. *Mother's Maiden Name* " " Barrett
7. *Mother's Birthplace* Phila. Pa.
8. *Full Name of Father* A. W. Nolen
9. *Father's Occupation* Manager, Balt. Steam Carpet Clean'g Co
10. *Father's Birthplace* Philadelphia, Pa.

Name of Medical Attendant, or other Person who makes this Return. Charles G. Ch. M.D.

Address 312 N. Carey St.

Remarks

1890 ~ 003491

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

... practitioner in the form of a certificate between the first ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 74374.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 10 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~state whether~~ male ~~or female~~)

2. Race or Color, (~~if not of~~ the white race)

3. Date of Birth, Sept. 9th 1890

4. Place of Birth, (Street and Number) No 408 N. Eden st

5. Full Name of Mother, Josephine M. Warner

6. Mother's Maiden Name, " " Primrose

7. Mother's Birthplace, D.C.

8. Full Name of Father, William C. Warner

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. Ridgway André M.D.

Address, 1123 E Baltimore st

Remarks,

1890-003492

RETURN OF A BIRTH A 24323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 9th 1890
4. Place of Birth, (Street and Number) #243. Parkin St
5. Full Name of Mother, Mary Augusta Childs
6. Mother's Maiden Name, Mary Augusta Zimmerman
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, John T. Childs
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Pongretton St

Remarks,

1890-003493

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother's premises and no physician or midwife or other person be in attendance upon the mother at the birth, then it will become the duty of the nurse or person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. C. HALLETT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 70326.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPART SEP 10 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) .....

1. Sex, (~~state whether male or female~~) .....
2. Race or Color, (~~if not of~~ the white race) .....
3. Date of Birth, Sept. 9th 1890.
4. Place of Birth, (Street and Number) 1121 E Baltimore,
5. Full Name of Mother, Emma Mannion.
6. Mother's Maiden Name, " Cauling.
7. Mother's Birthplace, Va
8. Full Name of Father, James M Mannion
9. Father's Occupation, Sewing Machine agent
10. Father's Birthplace, N Y

Name of Medical Attendant, or other person who makes this Return. J. Ridgway Andre M.D.

Address, 1123 E Baltimore St.

Remarks, ...

1890 - 003494

...ay of each and every month to the office of the Commissioner of Health, a certificate between the 1st and 5th days of each month, stating the name, residence and occupation of each and every person who shall attend any child born during the preceding month, and the number of children born to each mother; and if no person shall attend any child born during the month, the mother of such child shall be required to report its birth to the Commissioner of Health within ten days after the expiration of such month. It shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health within ten days after the birth of such child, and in default of such report being made by the person in attendance, the parents of such child shall be required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 24027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 13 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, September 7/90
4. Place of Birth, (Street and Number) No 204 Church St
5. Full Name of Mother, Emma Zelbe
6. Mother's Maiden Name, M. Eckert.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Joseph Zelbe
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. Emile Jeune

Address, 1603 E Pleasant St.

Remarks, Yours respectfully. 1 6 0 3 4 5

RETURN OF A BIRTH. A 24328.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	September 9
4. Place of Birth (Street and Number)	818 Howard Street
5. Full Name of Mother	Jennie Brown
6. Mother's Maiden Name	Jennie Diey
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	William Brown
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Julia A Johnson
Address	813 Ohio Avenue
Remarks	

1890-003496

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

FILED [illegible] 9-27-35

RETURN OF A BIRTH A 24379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 14 1935 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Edith Virginia Lutz 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 27-1890
4. Place of Birth, (Street and Number) 1250 Light
5. Full Name of Mother, Addie Elb. Lutz
6. Mother's Maiden Name, " " Hess
7. Mother's Birthplace, Calto.
8. Full Name of Father, John G. Lutz
9. Father's Occupation, Minister
10. Father's Birthplace, New Haven Conn.

Name of Medical Attendant, or other person who makes this Return. C. L. Baddenhorn

Address, C. L. Baddenhorn

Remarks,

1890-003497

Every birth occurring in the City of Baltimore shall be registered, duly signed by the practitioner in the form of a certificate between the first and second pages hereof, to the office of the Commissioner of Health, within ten days after such birth occurs without the attendance of a physician or midwife, the certificate shall be signed by the father or mother, or householder having knowledge of the facts, and in the case of the birth of any child to persons not living together, the certificate shall be signed by the parent having the custody of such child. Any midwife or physician who shall become the duty of the person or persons required by this section to report the birth of any child, as aforesaid, shall within the period above required, report the same to the Commissioner of Health, in the manner and with the particulars above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DELANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7*

Sex, (state whether male or female) female

Race or Color, (if not of the white race) white

Date of Birth, September 9* 1890

Place of Birth, (Street and Number) No 32 Leman St

5. Full Name of Mother, Annie Sanders

6. Mother's Maiden Name, Annie Singer

7. Mother's Birthplace, Washington

8. Full Name of Father, James H Sanders

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890 - 003498

SEP 1890

...delivered, duly signed by the practitioner, in the form of a certificate hereto annexed, to the Commissioner of Health, or to such other person as he may appoint to receive the same, within ten days after the birth of any child ... each and every month to the Commissioner of Health, or to such other person as he may appoint to receive the same, a ... child occurring within the month, and within the period above specified, which he has attended, or of which he has had knowledge, and which he has not reported; and any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each and every offence. ... other fines and forfeitures are recoverable.

10-21-56

RETURN OF A BIRTH A 2331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louise Elizabeth Garbade

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep. 9th 1890
4. Place of Birth, (Street and Number) 46 N. Cary st.
5. Full Name of Mother, Sarah E. Garbade
6. Mother's Maiden Name, " " Karn.
7. Mother's Birthplace, Frederick Co. Md
8. Full Name of Father, Wm B Garbade
9. Father's Occupation, Book keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M.D.

Address, 811 Jefferson Ave Baltimore Md

Remarks,

1890 003499

HEALTH DEPARTMENT SEP 13 1890 BALTIMORE

Every Physician, Midwife or other person who shall assist at the birth of any child in this City, shall, within ten days after such birth, report the same to the Commissioner of Health, at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and for every neglect of any Physician to report the birth of any child attended by him, he shall forfeit to the Commissioner of Health, in the manner and within the period above required, and for every neglect of any Midwife or other person who shall assist at the birth of any child to report the same, such person or persons shall forfeit to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 24332

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 9 - Presstonian 2
4. Place of Birth (Street and Number)	337
5. Full Name of Mother	Laura F. Murphy
6. Mother's Maiden Name	" Boatman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John J. Murphy.
9. Father's Occupation	Merchant
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	L. A. Gaston
Address	1435 Mad
Remarks	

1890 - 003500

RETURN OF A BIRTH

A 24353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 9th 1890
4. Place of Birth, (Street and Number) 309 South Dallas Street
5. Full Name of Mother, Annie Louisa Thomas
6. Mother's Maiden Name, Annie Louisa Lee
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Tristy Thomas
9. Father's Occupation, Hostler
10. Father's Birthplace, Talbot County

Name of Medical Attendant, or other Person who makes this Return. Georgeanna ~~Webb~~ Brooks

Address, 24 Iron Alley Baltimore City

Remarks, 1890-003501

SEP 15 1890

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

No. 11334.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept. 10th 4 40 A.M. 1890
4. Place of Birth, (Street and Number) 318 N Bolling Shoe Ave
5. Full Name of Mother, E. A. Howard
6. Mother's Maiden Name, E. A. Norton
7. Mother's Birthplace, Virginia
8. Full Name of Father, Edward Franklin Howard
9. Father's Occupation, Mariner
10. Father's Birthplace, Maryland

Name of Medical Attendant or other person who makes this Return, James E. Donnelle M.D

Address, 1701 E. Baltimore St.

Remarks,

1890-003502

The ... day of each and every month it is the duty of the ... to report in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, the birth of any child which may have been born within his district during the preceding month, and in case there be no other person ... shall become aware of the birth of any child ... it shall become the duty of the ... immediately thereafter, it shall become the duty of the ... or nurse of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... BRUNY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 21338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 11 1918 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Colord Race
3. Date of Birth, 10th of Sept
4. Place of Birth, (Street and Number) No 842 Stockholom St Balto md
5. Full Name of Mother, Drallia A Brown
6. Mother's Maiden Name, Drallia A Brown
7. Mother's Birthplace, Baltimore M D
8. Full Name of Father, Robert Harris.
9. Father's Occupation, labron Work
10. Father's Birthplace, King Williams Co Vaginia

Name of Medical Attendant, or other person who makes this Return. gracy Harris

Address, No 818 Stockholom St Baltimore

Remarks, Doing well - 003503

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

COLBERT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 10 1890 BALTIMORE

Name of Child: Ellis Stansbury Armstrong

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept 10th 1890
4. Place of Birth (Street and Number), 1124 N Stricker st
5. Full Name of Mother, Mary Ewalena Armstrong
6. Mother's Maiden Name, Mary Ewalena Stansbury
7. Mother's Birthplace, Winchester Va
8. Full Name of Father, Joseph Ellis Armstrong
9. Father's Occupation, Commercial traveller
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. W. W. Wright M.D.

Address, 220 N Gilmor st

Remarks, 1890-003504

...shall be delivered, duly signed by the practitioner in the form of a certificate of birth, to the person the first and third of whom shall be present at the birth, or in case no physician or midwife shall be present, then to the father of such child, or in case of his absence from the house, to the mother thereof, within ten days after the birth of any child, and before the burial of such child, upon the penalty of ten dollars for each and every month's neglect to deliver such certificate to the office of the Registrar of Vital Statistics, Board of Health. In case no other person be present at the birth, or in case of the absence of the father or mother, the midwife or person who shall become the duty of reporting the same, shall report the birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person who shall neglect so to do shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recovered.

...n Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 24337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 10 — 1890.
4. Place of Birth, (Street and Number) 152 8 Hanover st
5. Full Name of Mother, Louise Kreis.
6. Mother's Maiden Name, Schulz.
7. Mother's Birthplace, America.
8. Full Name of Father, Michel Kreis
9. Father's Occupation. Gasfitter.
10. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return. J. Lokwasser Midwife

Address, 1032 Hanover st.

Remarks,

1890 - 003505

third day of each and every month to the office of the Commissioner of Health. In case the birth occurs in a family where there is no physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the child immediately thereafter is not within the provisions of this section and the same shall occur without the attendance of a physician or midwife, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

2.3.38

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) W

3. Date of Birth Sept 10 - 20

4. Place of Birth, (Street and Number) 3 Edmondson Ave

5. Full Name of Mother, Martha Simpson

6. Mother's Maiden Name, Montgomery

7. Mother's Birthplace, Md

8. Full Name of Father, James Simpson

9. Father's Occupation, Florist

10. Father's Birthplace, Scotland

Name of Medical Attendant, or other Person who makes this Return. Irving Miller

Address, 1207 Edmondson Ave

Remarks,

1890-00350 6

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second days of each and every month to the Commissioner of Health, or to such person as he may designate, and a receipt for the same obtained therefor; and no other person shall be entitled to receive the fee for the birth of any child, nor shall any practitioner of midwifery, or parents of such child, be entitled to receive such fee, without the attendance of a physician or practitioner of midwifery, as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines are recovered, etc.

SEP 20 1938

PAID

Wm. Kemp & Co., City Printers and Stationers.

RETURN OF A BIRTH A 21039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 13 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d birth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 10th 1890
4. Place of Birth, (Street and Number) 239 Arch St
5. Full Name of Mother, Annie Jones
6. Mother's Maiden Name, Annie Burrows
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Cyrus Jones
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mary A Thompson

Address, 655 Dolphine St

Remarks, none

1890 - 003507

Any Schedule which shall not be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of the month next after the birth, at the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a practitioner, or if the practitioner shall neglect to make such return after attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 71340

Twin #2. 65250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twin 1st Virgie Lee Douglass

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, September 11, 1890
4. Place of Birth (Street and Number), 1108 N. Green St.
5. Full Name of Mother, Minnie Douglass
6. Mother's Maiden Name, Minnie Beal
7. Mother's Birthplace, Washington, D. C.
8. Full Name of Father, John Douglass
9. Father's Occupation, Dentist
10. Father's Birthplace, Georgia

Name of Medical Attendant, or other person who makes this Return. J. A. Wright M. D.

Address, 220 N. Gilmor St.

Remarks, This child is twin with that of the other return herewith enclosed

1890 003508

Penalty, to sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of such child, then it shall become the duty of the person having charge of the house to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Sept. 11 - 1890
4. Place of Birth, (Street and Number) 152 Bond St.
5. Full Name of Mother. Annie E Craig
6. Mother's Maiden Name, Lochner
7. Mother's Birthplace, Balto Md
8. Full Name of Father. George W Craig
9. Father's Occupation, Laborer
10. Father's Birthplace, Mass

Name of Medical Attendant, or other person who makes this Return. J. M. Dunnigan M.D.
6 Hall Place

Address,

Remarks, 1890 - 003509

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7 1890
4. Place of Birth, (Street and Number) No 1126 East Cor
5. Full Name of Mother, Barbara Hoffman
6. Mother's Maiden Name, Barbara Landis
7. Mother's Birthplace, Germany
8. Full Name of Father, Julius Hoffman
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm Ch Lauer

Address, No 105 Harford Ave Balt Md

Remarks, 690-00357 190

Schools shall be returned daily signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~2nd.~~

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, September 11, 1895.
4. Place of Birth (Street and Number), 408 N. Green St.
5. Full Name of Mother, Minnie Douglass
6. Mother's Maiden Name, Minnie Beal
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, John Douglass
9. Father's Occupation, Dentist
10. Father's Birthplace, Georgia

Name of Medical Attendant, or other person who makes this Return. H.O. Obright M.D.

Address, 220 N. Gilmor St.

Remarks, This child is twin with that of the other return herewith enclosed. 8905003511

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person required to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 24344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT SEP 13 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 11th 1890
4. *Place of Birth, (Street and Number)*	1410 W Baltimore
5. *Full Name of Mother,*	Elizabeth Dantzerich
6. *Mother's Maiden Name,*	" Lombardi
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Henry Dantzerich
9. *Father's Occupation,*	Clergyman & Clerk
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	D W Cathell M.D
Address,	1308 N Charles St
Remarks,	1890-003512

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be authorized to report such birth within the time above required, it shall become the duty of the parent or nurse of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. KELLY & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 2534.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 13 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 11th 1890
4. Place of Birth, (Street and Number) 324 N. Front
5. Full Name of Mother, Sarah E. Horan
6. Mother's Maiden Name, " " Corrigan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard E. Horan
9. Father's Occupation.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo. B. Reynolds

Address, 711 N. Calvert St

Remarks,

1890 003513

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate, to whom the first and every subsequent attendance upon the mother, immediately after the birth of any child shall occur; and a like certificate shall be delivered every month to the office of the Commissioner of Health, in the manner and within the period above mentioned, by any such person or persons as shall hereafter attend upon the mother, unless the birth of such child shall be reported as herein required by some other person who shall have previously reported the same; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 21 321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 11th 1890
4. Place of Birth, (Street and Number) Independent St Annex
5. Full Name of Mother, Lillie M Bayliss
6. Mother's Maiden Name, " " Linthicum
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Wm H. Bayliss
9. Father's Occupation, Collector
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M D

Address, 1811 Jefferson Av. Baltimore Md.

Remarks,

1890 - 003514

HEALTH DEPART SEP 13 1890 BALTIMO

Any person who shall be fairnished, duly signed by the physician or midwife in attendance, or if there is no physician or midwife in attendance, by the father or mother of such child, a certificate setting forth the fact and the day of birth of such child, shall forthwith make a return thereof to the Commissioner of Health, in case he lives in the city, and shall every month, to the office of the Commissioner of Health, a list of births which have occurred during the month preceding, and which have not been returned; and any physician or midwife who shall neglect or refuse to make such return, or any person who shall attend the birth of a child without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of each child born within the limits of the city within ten days after the birth, to make a return of the same, as required by this section, and any such person or persons who shall neglect or refuse to comply with the terms of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 2347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 11 th 1890

4. Place of Birth, (Street and Number) 81 W. Franklin St.

5. Full Name of Mother, Laura Roth

6. Mother's Maiden Name, Laura Miller

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Louis Roth

9. Father's Occupation, Barnisher

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return Thos Cooke Jr Md

Address, 914 N Charles

Remarks,

1890 - 003515

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the person or parents of such child refuse to report its birth to the Commissioner of Health, the duty of reporting the same shall devolve upon the mother, immediately thereafter, who will be required to comply with the provisions of this section, and shall report to the Commissioner of Health, to the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEP 13 1890 BALTIMORE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 21348

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 13 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White - American
3. Date of Birth Sept. 12th 1890
4. Place of Birth, (Street and Number) 6th St., Rogers Hill.
5. Full Name of Mother, Carrie Ellen Justice
6. Mother's Maiden Name, Carrie Ellen Hardyshell
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Horatio Nelson Justice
9. Father's Occupation, Laborer
10. Father's Birthplace, Woodberry, Md.

Name of Medical Attendant, or other Person who makes this Return. Eugene F. Cordell, M.D.

Address, 211 Maryland Avenue.

Remarks,

1890 - 003516

...parents, the date and place of birth, and whether said child was delivered, duly signed by the practitioner in charge of the case, or other person, on a form of a certificate to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health in the manner and within the period above required; and any person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 74209

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 13th 1890
4. Place of Birth (Street and Number)	No 412 Harford Road
5. Full Name of Mother	Minnie Kauffman
6. Mother's Maiden Name	Suckoff
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John D. Kauffman
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	George F. Case M.D.
Address	Gardenville P.O.
Remarks	

1890 - 003517

RETURN OF A BIRTH A 24330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ... Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of birth, Sept 12th 90
4. Place of Birth, (Street and Number) 8 S. Washington St
5. Full Name of Mother, Ellis Ino Shellbourne
6. Mother's Maiden Name, " Seare
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Monkelbourne
9. Father's Occupation, Ship Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Ulsicka Gaethe

Address, 114 S. Bond St

Remarks,

1890-003518

and schedule shall be delivered, duly signed by the practitioner in charge, or midwife, or other person, to the Registrar of Vital Statistics, Board of Health, certificate between the first and third day of each and every month, to the office of the Commissioner of Health, certificate between the first and attendance upon the mother, or if there be no such practitioner or midwife in attendance, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 4351.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, September 12 90
4. Place of Birth, (Street and Number) 248 So Mosher
5. Full Name of Mother, Mary E. Stansbury
6. Mother's Maiden Name, " " Wise
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, William Stansbury
9. Father's Occupation, Ship Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Frank Ellinger M.D.

Address, 4 So Exeter St

Remarks,

0 9 0 - 0 3 5 1 9

shall be severally duly signed by the practitioner in the form of a certificate between the first third day of each and every month to the office of the Commissioner of Health. In case the birth of any ch shall occur without the attendance of any person or practitioner of midwifery, or should no other person be attendance upon the birth to the Commissioner of Health, in the manner and within the time aforesaid, the child or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverab

D. BALAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 7th
7

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 12-90
4. Place of Birth, (Street and Number) 1508 Hanover St
5. Full Name of Mother, Mrs Rockrodt
6. Mother's Maiden Name, Ida Frankenbach
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo: J Rockrodt
9. Father's Occupation, Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return J. Mason Hundley

Address, 1002 St Mondawmin Ave

Remarks,

1890 - 003520

Dirve of its birth, and the said midwife shall be delivered, duly sworn by the practitioner, in the form of a certificate, to the first medical visit of such child to report its birth to the Board of Health, in the manner, and within the time prescribed by the ordinances of the Board of Health. In case the said midwife or other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time prescribed by the ordinances of the Board of Health. In case of illegitimate children, said midwife or other person in attendance shall be exempt from the duties and penalties hereby imposed, and the duty of reporting such births shall devolve upon the mother, and she shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 24353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 14 90 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12th Sept
4. *Place of Birth, (Street and Number)* 1435 Prospect Lane
5. *Full Name of Mother,* Virginia Shepard
6. *Mother's Maiden Name,* " Bamberger
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* August Shepard
9. *Father's Occupation.* Cigar Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Gorry

Address, 916 N. Gay st

Remarks,

1890-003521

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Geo. J. C. Dulany & Co., City Printers and Stationers.

A 7304

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 12 1890 6 P M.

4. Place of Birth, (Street and Number) N E Cor Gay ln & Fallsway

5. Full Name of Mother, Nora A Canton

6. Mother's Maiden Name, Nora A McGraw

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, M. A Canton

9. Father's Occupation, Clerk

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. A. A. Sartoris M D

Address, 1136 Gay ln St

Remarks,

1890 - 003522

SEP 15 1890 BALTIMORE MD

Certificate between the first and third day of each and every month to the Office of the Commissioner of Health, in the form of a certificate which will be furnished by the Commissioner of Health, to any practitioner in the form of a birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons in charge of such child to be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are now collected.

I. A. 24336.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 14 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	13th september
4. Place of Birth, (Street and Number)	1427 Hull st
5. Full Name of Mother,	Emma Roth
6. Mother's Maiden Name,	Emma Copriva
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Roth
9. Father's Occupation,	Steam Baker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Mahon
Address,	Fawn street 1423 Locus Point.
Remarks,	6th Month.

1890 - 003523

Every birth must be reported, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health, or should no other person be liable to report it, then the same shall be reported by the householder, immediately thereafter, in the manner and within the period above specified. Every such certificate shall contain the full name of the mother, and the place of birth, and shall declare whether the child is living or dead at the time of the report. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 21336.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 13 1890.
4. *Place of Birth, (Street and Number)*	15 West st.
5. *Full Name of Mother,*	Katie Seifert.
6. *Mother's Maiden Name,*	Wolschleger.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	John Seifert.
9. *Father's Occupation,*	Stone-cutter.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser. Midwife
Address,	1032 Hanover st.
Remarks,	

1890 - 003524

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, then the parent, or the person who performs the office of parent to such child, or person in charge of the house where such birth occurs, shall within the period above required, and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 24367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 19 1890 HEALTH DEPT.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	white
Date of Birth,	Sept 13th 1890
Place of Birth, (Street and Number)	801 Harlem ave
Full Name of Mother,	Martha McNiell
Mother's Maiden Name,	Martha Adair
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thomas McNiell
9. Father's Occupation,	Grocer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Amanda J. Norris, M.D.
Address,	871 Harlem Ave
Remarks,	1890-003525

And each and every person required by this section to make such return shall be subject to the fine of ten (10) dollars for each offense.

J. C. BULAMY & CO., CITY REGISTERS AND STATIONERS.

RETURN OF A BIRTH A 7431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 13. 1890
4. Place of Birth, (Street and Number) No. 730 Light St.
5. Full Name of Mother, Barbara Schwartz
6. Mother's Maiden Name, Barbara Hick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ferdinand Schwartz
9. Father's Occupation, Box Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. W. C. Sandrock, M. D.

Address, Broadway & Chase St.

Remarks, Premature birth Age of child 6 months 3 weeks 6 days Weight 5 lbs 2 oz child doing very well so far.

SEP 1890

Third day of each and every month, a list signed by the practitioner, in form of certificate between the first and third days of the month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, which report, in case it is the parent, shall be made by any such person or persons within ten days after the occurrence of such birth, and shall be subject to the fine of ten (10) dollars for each offence. All penalties incurred under this section shall be sued for and recovered as forfeitures are recoverable.

GEO. J. C. BALLEY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate ... the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 24359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* 13 of September
4. *Place of Birth, (Street and Number)* 605 North [illegible] st.
5. *Full Name of Mother,* Johanna Streit
6. *Mother's Maiden Name,* Schurmann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Georg Streit
9. *Father's Occupation,* Bookmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 1834 E. Monument

Remarks,

1890-003527

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 243149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first
2. *ex, (state whether male or female)* female
3. *ce or Color, (if not of the white race)* color
4. *ate of Birth,* 13 september
5. *lace of Birth, (Street and Number)* 137 john ally Balt in
6. *Full Name of Mother,* Janez crankuan
7. *Mother's Maiden Name,* Janez Larkan
8. *Mother's Birthplace,* Marlad
9. *Full Name of Father,* William crankuan
10. *Father's Occupation,* Labard
    Father's Birthplace, Washington
    Name of Medical Attendant, or other person who makes this Return. solise cook
    Address, 1008 schild ally
    Remarks,

SEP 17 1890

1890 003528

...ble shall be delivered, duly signed by his practitioner in the f... ...ent, to the office of the Commissioner of Health, within ... ...first day of each and every month, a certificate ... ...of a physician or practitioner in attendance upon ... ...shall occur without the intervention of such physician ... ...attendance at its birth to the Commissioner of Health ... ...and within ten days after the birth, in the manner and with the ... ...case such person or persons shall neglect or refuse to comply with any of the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered, with other fines and forfeitures are recoverable ...

RETURN OF A BIRTH. A 213600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 13th 1890

4. Place of Birth, (Street and Number) 102 Carlton Street

5. Full Name of Mother, Mary E Jones

6. Mother's Maiden Name, Mary E Patterson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Henry Jones

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah A Livingston

Address, 924 Druid Hill Street

Remarks,

1890-003529

and schools shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, and every such practitioner who shall neglect or refuse to deliver such certificate as aforesaid, shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable.

SEP 19 1890

ENGR. J. C. DILLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Sept 14/90
4. *Place of Birth, (Street and Number)*	24/5 Hudson St.
5. *Full Name of Mother,*	Mary Henson
6. *Mother's Maiden Name,*	Bastorf.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Arthur Henson.
9. *Father's Occupation,*	Sea Captain.
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Ulrich Fatke.
Address,	114 S Bond St.
Remarks,	

1890 003530

said schedule shall be delivered, duly signed by the practitioner in the case of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no one of the parents of such child be in a condition to report its birth to the Commissioner of Health, in the manner the provisions of this section shall require, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 24367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Sept 14 — 1890.
4. Place of Birth, (Street and Number)	178 Cross st.
5. Full Name of Mother,	Gurda Disney
6. Mother's Maiden Name,	Herdel.
7. Mother's Birthplace,	America
8. Full Name of Father,	George Disney.
9. Father's Occupation,	Engenier.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Schwaeser. Midwife.
Address,	1032 Hanover st.
Remarks,	

1890 003531

SEP 18 1890

SEC. 26. Be it further enacted, That the certificate required by the preceding section to be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the Registrar of Vital Statistics, shall contain a statement of every birth which shall occur without the attendance of a physician or midwife, and in case the birth of any child shall occur without the attendance of any person required by this section to report the same, the mother, immediately thereafter, shall become the duty of the parent or other person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. L. 24363

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th
2. *Sex (state whether male or female)* female
3. *Race or Color (if not of the white race)* Colored
4. *Date of Birth* Sept 14 1896
5. *Place of Birth (Street and Number)* 532 N. Biddle St.
6. *Full Name of Mother* Mary E. Saunders
7. *Mother's Maiden Name* Mary E. Augustus
8. *Mother's Birthplace* Baltimore Md
9. *Full Name of Father* James H. Saunders
10. *Father's Occupation* Waiter
11. *Father's Birthplace* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. A. Hoffman M.D.

Address 246 N. Biddle St.

Remarks

1690-003532

All Returns are to be made to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

A 24364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 of Sept 1890
4. Place of Birth, (Street and Number) No 360 Stirling St
5. Full Name of Mother, Sophia Kalbach
6. Mother's Maiden Name, Sophia Kelbleis
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry C. Kalbach
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. C. H. Lawes

Address, No 10 54 Hanford Ave

Remarks, Bal. md

1890 - 063330

said midwife shall be delivered duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, as the case may be. It shall be the duty of any physician or midwife who shall occur without the attendance of a physician or practitioner of midwifery, or shall be in charge of such attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child, as soon as practicable, but within the period above required, and duly sworn before some one authorized to administer oaths, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24366½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 te

1. Sex, (state whether male or female) Madchen

2. Race or Color, (if not of the white race) Weiss

3. Date of Birth, 14 th September 1890

4. Place of Birth, (Street and Number) Fiel St. No 11

5. Full Name of Mother, Dora Pabst

6. Mother's Maiden Name, Rehrmann

7. Mother's Birthplace, Germanien

8. Full Name of Father, Karl Pabst

9. Father's Occupation, Hotel Mann

10. Father's Birthplace, Germanien

Name of Medical Attendant, or other person who makes this Return.

Address, Caroline Schnaf Fel St No 939

Remarks, 1890 - 003534

said schedule shall be delivered, duly signed by the practitioner in the form aforesaid, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required to report its birth to the Commissioner of Health, in the manner hereinbefore provided, the owner or occupier of the premises where the birth occurs shall report the same within the first and third days of every month to the office of the Commissioner of Health. It shall become the duty of the person required, and in case there is more than one person required, the person who shall first have knowledge of the birth shall be subject to the fine of ten (10) dollars for each offense. The penalties and forfeitures of this section shall be sub-
ject to the fine of ten (10) dollars for each offense. The penalties and forfeitures are recoverable.

RETURN OF A BIRTH

A 26366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 12 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 4/90

4. Place of Birth, (Street and Number) 205 Pine ave Middle

5. Full Name of Mother, Ellen Beck

6. Mother's Maiden Name, Ellen Weller

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Henry Beck

9. Father's Occupation, Chicken Huckster

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Jos W Norris M.D

Address, 1501 Pentonia

Remarks,

1890-003535

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Consumers of Vitals, in case the birth of any child shall occur without the attendance of a physician or practitioner, then the mother, or in her default, the person to be in attendance on the mother immediately thereafter, shall become liable to the penalty of the person or persons who shall refuse or neglect to report the birth of the child as aforesaid. All penalties and forfeitures are recoverable. any such person or persons who shall refuse or neglect to make the return required by this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1—

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) W

3. Date of Birth Sept 14—90

4. Place of Birth, (Street and Number) 702 N Bay

5. Full Name of Mother, Carrie Hall.

6. Mother's Maiden Name, Cross

7. Mother's Birthplace, Balto

8. Full Name of Father, Robt C Hall

9. Father's Occupation, Machinist

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. Dr Wm Mills

Address, 1407 E Monument St

Remarks,

1890-003536

Permits the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each and every month to the Commissioner of Health, or other person appointed by him for the purpose, at the office of the Commissioner of Health, and any such person who shall be in attendance at a birth shall become the duty of the person required, and any such failure on the part of the mother, immediately after the birth of any child shall neglect or refuse to comply with the provisions of this section, such person shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Wm. Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 21367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 2nd

1. Sex, *(state whether male or female)* Male

2. Race or Color, *(if not of the white race)* —

3. Date of Birth, Sept 15, 1890

4. Place of Birth, *(Street and Number)* 912 N. Caroline St.

5. Full Name of Mother, Mrs. Mary Elizabeth Beck Brown

6. Mother's Maiden Name, Miss " " Beck

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Howell Cobb Brown

9. Father's Occupation, Confectioner

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Rusk M.D.

Address, 1005 E. Balt. St.

Remarks, Natural delivery

1890-003537

[illegible] ... the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, to the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 34318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born Sept 15 th 1890
4. Place of Birth, (Street and Number)	#313. Forrest Str
5. Full Name of Mother,	Mrs Carolina Pfeifer
6. Mother's Maiden Name,	Meiss " Böhm
7. Mother's Birthplace,	Bayern Germany
8. Full Name of Father,	Mr Conrad Pfeifer
9. Father's Occupation,	Brewer
10. Father's Birthplace,	Prussia Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hilker
Address,	2127. W Pratt Str
Remarks,	890-003538

APR 26 1890

Every birth shall be entered, duly signed by the practitioner, in the form of a certificate between the first and fifth day of each and every month, at the office of the Commissioner of Health, and a certificate of any child that shall occur without the attendance of a physician or midwife, or should no other person, such attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and shall forthwith report the same to the Commissioner of Health, in the manner and within the period above required, and child to report as herein required, and shall comply with the provisions of this section shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM. A. G. WILSON & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 7336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d -

1. *Sex, (state whether male or female)* Male -
2. *Race or Color, (if not of the white race)* White -
3. *Date of Birth,* September 15th - 1890 -
4. *Place of Birth, (Street and Number)* 1537 N. Edmondson Avenue.
5. *Full Name of Mother,* Mary A. Sheahan -
6. *Mother's Maiden Name,* Liddane -
7. *Mother's Birthplace,* Washington, D. C.
8. *Full Name of Father,* John Sheahan -
9. *Father's Occupation,* Plumber -
10. *Father's Birthplace,* Ireland -

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith, M.D.

Address, Harlem Av. & Calhoun

Remarks,

1890 - 003539

SEP 20 1890

Murphy & Co., Lithographers and Stationers.

RETURN OF A BIRTH. E 24370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 15 1890
4. Place of Birth, (Street and Number) 1808 Fayette
5. Full Name of Mother, Mary Rhoads
6. Mother's Maiden Name, M Lippincott
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Rhoads
9. Father's Occupation, Coal Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo W Stone M.D

Address, 1201 Pendleton

Remarks,

1890 - 003540

SEP 17 1890

and certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health within ten days thereafter, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are recoverable, and forfeitures are recoverable.

GEO. J. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 74376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 17 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15th of September 1890.

4. Place of Birth, (Street and Number) 2031 East Orlean street

5. Full Name of Mother, Maggie Mink

6. Mother's Maiden Name, Maggie Schmitt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Schmitt

9. Father's Occupation, Can maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel st. for Crestina Kunkel

Remarks, Healthy.

1890-003541

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Registrar or Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter. If the person required to report the birth or any of the particulars required, and any such person neglects or refuses for the period above required, and child to report its birth to the Commissioner of Health, or duly signed by the practitioner, as aforesaid, or any such person shall knowingly make any false statement in relation to the matters required to be reported, such person shall be subjected to the fine of ten dollars for each offense, to be recovered as fines and penalties are recoverable.

RETURN OF A BIRTH. A 24377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, immediately thereafter, is required to report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 15 of Sept. 1870
4. *Place of Birth, (Street and Number)*	No 622 Sterling Av
5. *Full Name of Mother,*	Kate Cooper
6. *Mother's Maiden Name,*	Kate Grimes
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Stephen Cooper
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Philadelphia
Name of Medical Attendant, or other person who makes this Return.	Mrs. C. L. Lewis
Address,	No 103 Harford Ave
Remarks,	Bal. Md.

1890-003542

GEO. J. G. MULVANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 20373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth, to the Registrar of the district in which the birth occurred, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately hereafter it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	September 15 1890
4. *Place of Birth, (Street and Number)*	1605 Hillman St
5. *Full Name of Mother,*	Mary Silversalen
6. *Mother's Maiden Name,*	Setterman
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Henry Silversalen
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1605 Walker St
Remarks,	

1890 - 003543

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 21374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 15 1890
4. Place of Birth, (Street and Number) 616 Bethel Ct.
5. Full Name of Mother, Mary Semmes
6. Mother's Maiden Name, Latham
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles Semmes
9. Father's Occupation, Lawyer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Wallace St.

Remarks,

1890 - 003544

SEP 25 1890

GEO. J. O. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 2307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, Sept. 15/90

4. Place of Birth, (Street and Number) 307 Ga. Washington

5. Full Name of Mother, Caroline Pittman

6. Mother's Maiden Name, Rosenhaus

7. Mother's Birthplace, "

8. Full Name of Father, Ed. Pittman

9. Father's Occupation, Sweden Watchman.

10. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return. Geo L. Christian M.D.

Address, 2 26 L. Bday

Remarks,

1890 003545

SEP 18 1890

BALTIMORE

been conferred, all be delivered, duly signed by the Commissioner of Health, or should no other person with said schedule of each and every month of a pregnancy of the person or persons required, and shall occur without the attendance of a person duly authorized to practice medicine, to be recovered as other attendance upon the birth to the Commissioner of Health, or should no other person with child to report or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other

RETURN OF A BIRTH A 24376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 15, 1890.
4. Place of Birth, (Street and Number) 1312 Greenmount Ave.
5. Full Name of Mother, Mary Adams.
6. Mother's Maiden Name, Mary Ball.
7. Mother's Birthplace, Liverpool.
8. Full Name of Father, Walter Scott Adams.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Wootten.

Address, Greenmount Ave.

Remarks,

1890 - 003546

SEP 1890

been complied, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge upon whom the duty of reporting such birth shall devolve, the owner or agent of the house in which such child is born or the mother of such child, if able, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

WM. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 74377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Sept 16th 1890
4. *Place of Birth, (Street and Number)*	#45 Landwehr Court
5. *Full Name of Mother,*	Mrs Gertrud Kappauff
6. *Mother's Maiden Name,*	Miss " Fabler
7. *Mother's Birthplace,*	Hessen Germany
8. *Full Name of Father,*	Mr Daniel Kappauff
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hillen
Address,	2127 W Pratt St
Remarks,	1890 0035547

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the date of the birth and the third day of each and every month after the birth of any child born alive, to the Office of the Commissioner of Health, in case there be no physician or practitioner of midwifery in attendance upon the mother, immediately thereafter. In case there be such physician or practitioner in attendance upon the mother, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable, subject to the fine of ten (10) dollars for each offense.

RETURN OF A BIRTH A 24378.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Catherine Margaret ~~Sammet~~.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 16th 3 35 A M. 1890
4. *Place of Birth, (Street and Number)* 1214 Caroline St.
5. *Full Name of Mother,* Mary Sammet
6. *Mother's Maiden Name,* M. Bachman
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Albert Sammet
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. James E. Dwinelle

Address, 1701 E. Baltimore St.

Remarks, GIVEN NAME ADDED. 10-3-55

1890-003548

GIVEN NAME ADDED 6-8-36

RETURN OF A BIRTH

A 43179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Catherine Maria Gilby

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 Feb 1890
4. *Place of Birth, (Street and Number)* 311 Pearl St
5. *Full Name of Mother,* Mary Gilby
6. *Mother's Maiden Name,* Mary Murphy
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Dominicus Gilby
9. *Father's Occupation,* Cook
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Wilmans M.D.

Address, 208 Pearl St Baltimore

Remarks,

1890 00 35 19

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician, midwife, or should no other person be in attendance, then the parent or parents of such child, or the head of the family in which such birth occurs, shall within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 21380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 16th 1890
4. Place of Birth, (Street and Number) 783 Columbus
5. Full Name of Mother, Emma Kaumma
6. Mother's Maiden Name, Emma Fitzbergen
7. Mother's Birthplace, Balto City Md
8. Full Name of Father, Henry H Kaumer
9. Father's Occupation, Baker
10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke MD

Address, 914 N Charles

Remarks,

1890-09-550

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of such attendant upon the mother, immediately after the birth, to report the particulars of such birth to the Registrar of Vital Statistics, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 24381

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Herbert Wesley ~~Chenoweth~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* September 16, 1890.
4. *Place of Birth (Street and Number),* #622 N. Mount St.
5. *Full Name of Mother,* Martha S. Chenoweth
6. *Mother's Maiden Name,* Martha S. Morrison
7. *Mother's Birthplace,* Baltimore Co. Md.
8. *Full Name of Father,* Oliver B. Chenoweth
9. *Father's Occupation,* Horse dealer
10. *Father's Birthplace,* Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return. R. A. Wright M.D.

Address, #220 N. Gilmor St. Baltimore City

Remarks, 890-003551

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 24387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Color, (if not of the white race) white
3. Date of Birth, September 16 1890
4. Place of Birth, (Street and Number) 1316 E. Fayette 4.
5. Full Name of Mother, Hannah ~~Hashland~~ Somerborn
6. Mother's Maiden Name, Koshland
7. Mother's Birthplace, Balto.
8. Full Name of Father, Hearts Somerborn
9. Father's Occupation, Salesman
10. Father's Birthplace, N.Y.

Name of Medical Attendant, or other person who makes this Return. David Streett MD

Address, 403 N. Exeter 4

Remarks,

1890 003552

...shall be delivered, duly signed by the practitioner in the form of a certificate as to the facts required to be recorded concerning the birth of any child ...of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth, then it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period which shall be prescribed by the rules and regulations of the Board of Health; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...and the date and place of birth, and the ...shall occur without the attendance of a physician or midwife, or should no other person be in

RETURN OF A BIRTH. A 24383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 16th 1890
4. Place of Birth, (Street and Number) 607 E. Lanvale Street
5. Full Name of Mother, Louise M. E. Covington
6. Mother's Maiden Name, " Cronberger
7. Mother's Birthplace, Germany
8. Full Name of Father, George Covington
9. Father's Occupation. Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah C. Harrington

Address, 224 Linden Ave

Remarks,

1890-003553

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the health district line, the physician or midwife in attendance upon the mother since the birth of such child, shall become the party on whom the duty to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 74384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child. John Frederick Kratz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	M
2. Race or Color, (if not of the white race)	W
3. Date of Birth,	Sept 17 1870
4. Place of Birth, (Street and Number)	912 Penna Ave
5. Full Name of Mother,	Emma Kratz
6. Mother's Maiden Name,	Schwinger
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Fredk Kratz
9. Father's Occupation,	Baker
10. Father's Birthplace,	Balto ?
Name of Medical Attendant, or other person who makes this Return.	R. Winslow M.D
Address,	1 Mt Royal Terrace
Remarks,	

1890 - 003554

SEP 19 1890

said schedule shall be delivered, duly signed by the practitioner in charge, to the registrar of his district, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the father, mother, householder or nurse present at the birth, or the parent or guardian of such child to report its birth to the Commissioner of Health, within ten days after the birth, and in default thereof may such person or persons who shall hereafter neglect or refuse to comply with any of the requirements of this section shall be subjected to the fine of ten ($10) dollars for each offense. [illegible] recovered as other forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 243845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) Maid

2. Race or Color, (if not of the white race) Colored Boy

3. Date of Birth, September 17 1890

4. Place of Birth, (Street and Number) 1419 Ward St

5. Full Name of Mother, Miss. alice hall

6. Mother's Maiden Name, Spratley

7. Mother's Birthplace, port for via.

8. Full Name of Father, John E. hall

9. Father's Occupation, labor man

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wirt mills.

Address, She is coming Sipia well

Remarks,

1890-003555

Every physician or midwife in attendance upon a case of birth shall report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth occurs, and the certificate required by this section shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or persons in attendance upon the mother, immediately after the birth, shall neglect or refuse to report the same as herein required, and the said child or children shall not be registered within ten days after the birth occurs, it shall be the duty of each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. GALEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 24386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, Sept 18 — 1890
5. Place of Birth, (Street and Number) 1704 Patapsico st
6. Full Name of Mother, Hannah Gottschalk
7. Mother's Maiden Name, Schweitzer
8. Mother's Birthplace, Germany
9. Full Name of Father, George Gottschalk
10. Father's Occupation, Druggist
11. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser Midwife

Address, 1032 Hanover st

Remarks,

1690 - 003556

Every midwife, or other person not a physician, who shall be in attendance upon any case of child-birth; and the head of every family in which a birth shall occur without the attendance of a physician or midwife, shall cause a certificate to be given to the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons in attendance upon the mother next after the child is born to report the same to the Commissioner of Health, in the manner and within the time required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED

RETURN OF A BIRTH

A 71387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Earle Adam Roman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 17/90
4. Place of Birth, (Street and Number)	2228 E Lombard St.
5. Full Name of Mother,	Emma ~~(Roman)~~ Roman
6. Mother's Maiden Name,	" (~~Tate~~) Gregory
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	John ~~(Roman)~~ Roman
9. Father's Occupation,	Salesman.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Wicka Fatzke.
Address,	114 S. Bond St.
Remarks,	

1890 - 003557

Registered (a sex, color, the full name and occupation of its parents, the date and place of birth; and the name and address of the person who attended the mother at the birth of any child born in the City of Baltimore after the first day of January, 1875, and the Registrar of Vital Statistics shall furnish blank forms for the purpose of registering such births. It shall be the duty of any physician or midwife who shall be in attendance upon the mother, immediately thereafter to report such birth to the Commissioner of Health, and in case there be no physician or midwife in attendance upon the mother, then the father or mother of such child, if able to do so, or in case of his or her inability, then the householder or owner of the premises where the birth occurs, shall report such birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section, and any person or persons failing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 2638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, September 19th 1890 —
4. Place of Birth (Strect and Number), 2003 E. Fourth St —
5. Full Name of Mother, Adolphina Sommerwerck
6. Mother's Maiden Name, Adolphina Offney —
7. Mother's Birthplace, Balto. Md —
8. Full Name of Father, Charles Sommerwerck
9. Father's Occupation, Grocer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. H. Radicee Jr M.D.

Address, 700 S. Broadway

Remarks, Born 12.30 P.M. —

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

A 203

GIVEN NAME ADDED 12-7-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Name: Howard Edward Quigley Jr
Sex, (state whether male or female) M
Race or Color, (if not of the white race) W
3. Date of Birth Sept 19 - 90
4. Place of Birth, (Street and Number) 1112 E. Monument St
5. Full Name of Mother, Mary Quigley
6. Mother's Maiden Name, Young
7. Mother's Birthplace, Md
8. Full Name of Father, John Henry Quigley
9. Father's Occupation, Undertaker
10. Father's Birthplace, Md
Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. Miller
Address, 1209 E. Monument St.
Remarks,

1890 - 003559

STATE BOARD OF HEALTH

...Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of the physician, midwife, or other person in attendance upon any case of birth occurring within the City of Baltimore, to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of a certificate to be furnished by the Registrar of Vital Statistics, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to be furnished by the Registrar of Vital Statistics, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner, it shall be the duty of the person or parents of such child, to be in attendance upon the mother, immediately, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 24390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 2, 1890.
4. Place of Birth, (Street and Number) Res. 1535 Aisquith street
5. Full Name of Mother, Elizabeth Hughes
6. Mother's Maiden Name, Elizabeth Pinkerton
7. Mother's Birthplace, Maryland
8. Full Name of Father, Frank P. Hughes
9. Father's Occupation, Carpenter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return.

Address, (No professional attendant. Prepared this by request — Elwell)

Remarks,

1890 - 003560

SEP 22 1890 BALTIMORE MD

Said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the parent or other person having charge of such child, within ten days after the birth of such child, and every such practitioner shall make a record of the facts required to be reported in said schedule, and shall preserve the same for future reference. Any such practitioner who shall neglect or refuse to report the birth of any child as required by this section, or who shall fail to make such record and preserve the same, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense. And it shall be the duty of the Commissioner of Health, in the manner and form prescribed by the Board of Health, to report to the Commissioner of Health, all births which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the parent or other person having charge of such child shall become liable to report the same as required by this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 74391.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 4th 1890
4. *Place of Birth, (Street and Number)*	764 Jefferson St Waverly
5. *Full Name of Mother,*	Lindora G Short
6. *Mother's Maiden Name,*	Lindora G. Rowley
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Alfred Ernest Short
9. *Father's Occupation,*	Millwright
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	Mrs Harriet Blakely
Address,	5114 Old York Road Govans Balto Md
Remarks,	

1890 003561

...confirmed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate herein prescribed; and the said midwife shall make a like return to the Commissioner of Health of every child born by her without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any person who shall wilfully refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...SEC. 4 C. HILLIARY & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 74397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 22 18[illegible] BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male and female twins

2. Race or Color, (if not of the white race) white

3. Date of Birth, 4 September

4. Place of Birth, (Street and Number) 1604 Lancaster St.

5. Full Name of Mother, Emma Sage

6. Mother's Maiden Name, Emma Rosa

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Sosa

9. Father's Occupation, Painter

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Riedel

Address, No. 838 South Bond St.

Remarks, none

1890 - 003562

Every Physician, Midwife or other person who shall attend upon any birth, shall write, or cause to be written, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health, and shall sign his or her name to a certificate thereof, which shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no such person be in charge at the time of the birth, the father, mother, or other person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH A 74393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th September 1890
4. Place of Birth, (Street and Number) 203 High Street
5. Full Name of Mother, Rachel Simon
6. Mother's Maiden Name, Rachel Silberman
7. Mother's Birthplace, Russia
8. Full Name of Father, Solomon Simon
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, S Scherman

Address, 42 S Albemarle St

Remarks,

1890-003563

said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health; and the third day of each and every month, to the office of a certificate between the two; and the attendant or midwife, in the absence of the physician or midwife, shall report to the Commissioner of Health, in case the birth of any child occurs without the attendance of a physician or midwife, the name of the person or persons in attendance upon the mother, immediately thereafter; and it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in like manner and within the period aforesaid. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1890-003564

RETURN OF A BIRTH A 24396.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	7th of Sept. '90
4. Place of Birth, (Street and Number)	2304 Pennsylvania Ave.
5. Full Name of Mother,	Eliz. Traeger
6. Mother's Maiden Name,	Mosberger
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Traeger
9. Father's Occupation,	Baker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Jenny Turner
Address,	19 S. Eden St.
Remarks,	

1890 - 003565

SEP 10 1890 BOARD OF HEALTH

...considered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each month, to the Commissioner of Health. If such birth be that of a child born dead, or without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons so neglecting or refusing shall, for every such neglect or refusal, be subjected to the fine of ten ...dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 24396.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 9 th September
4. *Place of Birth, (Street and Number)* Thames St.
5. *Full Name of Mother,* Maria Riemiryk
6. *Mother's Maiden Name.* Maria Piechotta
7. *Mother's Birthplace,* Polen
8. *Full Name of Father,* Andrew Riemiryk
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Polen

Name of Medical Attendant, or other person who makes this Return. Mary Brädel

Address, No. 838 South Bond St.

Remarks, none

1890-003566

RETURN OF A BIRTH. A 2n397.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18th September 1897

4. Place of Birth, (Street and Number) 1427 E. Lombard St

5. Full Name of Mother, Fannie Rosenfeld

6. Mother's Maiden Name, " Cursill

7. Mother's Birthplace, Austria

8. Full Name of Father, Elee Rosenfeld

9. Father's Occupation, Cutter

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, S. Scherman

Address, 42 S. Albemarle St.

Remarks,

1890-003567

SEP 23 1897 BALTIMORE CITY HEALTH DEPT.

Any Physician, Midwife, or other person who shall neglect or refuse to report, within the time prescribed by law, any case of birth coming within his knowledge, or who shall report any false statement touching any of the particulars required by law to be reported, or who shall refuse to furnish any information in his possession relative to any birth, upon the application of the Commissioner of Health, or his authorized agent, shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. p. 298.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1st September 1897.

4. Place of Birth, (Street and Number) 512 E Lombard St

5. Full Name of Mother, Lena Shecter

6. Mother's Maiden Name, Simon

7. Mother's Birthplace, Russia

8. Full Name of Father, Cesar Shecter

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return E. Sherman

Address, 72 S. Albemarle St

Remarks,

1890-003568

And the said physician, midwife or other person required to report the birth of any child, shall also report the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then it shall be the duty of the parent or head of the family where such birth occurs to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DALRAMY & BRO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. n399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th September 1890
4. Place of Birth, (Street and Number) 104 S. Concord St.
5. Full Name of Mother, Mary A. Twist
6. Mother's Maiden Name, " " Logue
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry C. Twist
9. Father's Occupation, Laborer
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. E. Scherman

Address, 42 Albemarle St.

Remarks,

1890 - 003569

been committed; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said address shall be delivered, duly signed, to the Commissioner of Health. In case the birth or death is in the city of each and every month, a physician or practitioner in the city of Baltimore, who shall have been in attendance upon such birth or death, shall become the duty of the person or persons who shall have been in attendance upon such birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or persons residing in the house where such birth or death shall occur, or in which the mother, immediately thereafter, to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 24000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2d

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, ~~No. 201 Bantalee St~~ September 12th 1890
4. *Place of Birth*, (*Street and Number*) No. 201 Bantalee St.
5. *Full Name of Mother*, Maggie Stump
6. *Mother's Maiden Name*, Maggie Mohr
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, George Stump
9. *Father's Occupation*, Lowcer
10. *Father's Birthploce*, Pattimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890-003570

...sex, color, the full name and occupation of its parents, the date and place of birth, and the ...said schedule shall be delivered, duly signed by the ... the form of a certificate between the first and ...shall occur without the ... of a physician or practitioner of mid-wifery, or ... cause the birth of any child ...child to report its birth to the Commissioner of Health, ... become the duty of the person or persons ...any such ... of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A24401.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 13th

4. Place of Birth, (Street and Number) 645 Light

5. Full Name of Mother, Eliza B. Bush

6. Mother's Maiden Name, Lindeman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, J. A. Bush

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. C. W. Webster

Address, 403 Hanover St

Remarks,

1690-003571

RETURN OF A BIRTH 24401½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* Colrd

3. *Date of Birth,* Sept 16 1890 4 pm Jordan alley

4. *Place of Birth, (Street and Number)* No 426 Jordan alley

5. *Full Name of Mother,*

6. *Mother's Maiden Name,* Lilie Gilliam

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Thos Hawkins

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Emma Smith

Address, 2 Gold Rd

Remarks,

1890 - 003572

Murphy & Co. (City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 22 1896

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 13th 1896
4. Place of Birth, (Street and Number) 1135 S. Paca St
5. Full Name of Mother, Mary Nicol
6. Mother's Maiden Name, Mary Simmes.
7. Mother's Birthplace, Germany
8. Full Name of Father, Harry Nicol
9. Father's Occupation, Ship Chandler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who made this Return. Dr. Bleuer M.D.
Address, 614 Columbia Av.
Remarks, Did not deliver, left on account to report birth.
Did attend Child 3 days for Mother

0 3 5 7 3
1896-003573

RETURN OF A BIRTH. A. 2d 403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether mate or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 13th of Sept. '90
4. Place of Birth, (Street and Number) 1142 N. Stricker St.
5. Full Name of Mother, Eliz Rogge
6. Mother's Maiden Name, O'Caffy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bernard Rogge
9. Father's Occupation, Bank Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Jenny Turnt

Address, 19 N. Eden St.

Remarks,

1890 - 003574

Each return is to state the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the birth of any child, it shall become the duty of the person or parents of such child to report the same within ten days thereafter, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section are rendered liable to the fine of ten (10) dollars for each offense, to be recovered, as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 7440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 14th
4. Place of Birth, (Street and Number)	112 W. Camden St
5. Full Name of Mother,	Esther Blum
6. Mother's Maiden Name,	Rab
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Jacob Blum
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	H. W. Webster M.D.
Address,	403 Hanover St
Remarks,	

1890 - 003575

...as the same can be ascertained the full name of each child, if any shall have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of each child delivered, duly signed by the practitioner in the first of a certificate between the first and third days of each month next after the delivery. Every case in which the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to make such report as aforesaid, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, as fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 21508.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 14th 1890
4. Place of Birth (Street and Number)	810 E. Fairmount ave
5. Full Name of Mother	Elizabeth Benson
6. Mother's Maiden Name	Elizabeth Hermiger
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Lee H. Benson
9. Father's Occupation	Salesman
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	P. J. Benson M.D.
Address	1047 Hollins st
Remarks	1890-003576

RECEIVED SEP 22 1890 REGISTRAR'S OFFICE

...advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14th September 1890
4. Place of Birth, (Street and Number) 114 Concord St.
5. Full Name of Mother, Mary Catharine Kaufman
6. Mother's Maiden Name, Mary C. Twist
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael John Kaufman
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C. Scherman

Address, 42 Albemarle St.

Remarks, 1890-003577

been confirmed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of each child born attended by him, or by the nurse or other person in charge, to the Commissioner of Health. In case the birth of any child shall occur while no physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required of physicians and midwives by the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED SEP 22 1890 REGISTRAR

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 24406/r

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 =

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* color
3. *Date of Birth* 15 September
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* ella Bradley
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore county
8. *Full Name of Father*
9. *Father's Occupation* Brick yard
10. *Father's Birthplace* Baltimore county

Name of Medical Attendant, or other Person who makes this Return. Dr. Charles Glow

Address 1098 Chappell Rd

Remarks ff

1890 - 003578

RETURN OF A BIRTH A 24007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, September 16th 1890
4. Place of Birth, (Street and Number) No 129 (illegible) Vine St No 742
5. Full Name of Mother, Sarah Johnson
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Essex Co., Va
8. Full Name of Father, George Johnson
9. Father's Occupation, Stableman
10. Father's Birthplace, Orangeville Va

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Park Ave

Remarks, 1890 - 003579

J. G. HEALEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 24608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 17th of Sept., '10

4. Place of Birth, (Street and Number) 410 N. Eden St.

5. Full Name of Mother, Amalie Berlet

6. Mother's Maiden Name, Matteini

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Berlet

9. Father's Occupation, Dealer in Picture Frames (Manufr of)

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Jenny Turnt

Address, 410 N. Eden St

Remarks,

1890-003580

been conferred) states, enter the full name and occupation of its parents, the date and place of birth; and the said certificate, collected, duly signed by the practitioner in the form of a certificate, between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the parent or parents, or the person so required, shall become the duty of the person so required, and child to report to the Commissioner of Health, in the manner and within the limitations of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

GEO. J. O. SULLAVY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	17th September
4. Place of Birth, (Street and Number)	Baltimor Bethel Alley 1626
5. Full Name of Mother,	Margretha Rudolph
6. Mother's Maiden Name,	Margretha Barber
7. Mother's Birthplace,	Pennsellvania
8. Full Name of Father,	George Rudolph
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Pennsellvania
Name of Medical Attendant, or other person who makes this Return.	Wm. Schumann
Address,	327 S. Bond St
Remarks,	Wm Sauerwald

T 890 - 003581

...on conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered with a certificate from a physician, or a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in case the birth of any child ...and who refuses or neglects to do so shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 24410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 17 of September 1890
4. Place of Birth, (Street and Number) No 819 Lemmon St
5. Full Name of Mother, Briget Mall
6. Mother's Maiden Name, Briget Mallone
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Mall
9. Father's Occupation, Carpenter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Ch. Lamer

Address, No 105 Harford Ave

Remarks, Bal Md

1890 - 00358920

...ports as shall set forth as the same can be ascertained the following facts in regard to each birth, which shall have been conferred; to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife or other person in attendance upon the mother immediately thereafter (which shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in case there was no person in attendance) to the Commissioner of Health, in the form prescribed by him. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter (which shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form prescribed by him. In case the birth of any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. KULJAY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), Colord

3. Date of Birth, Sept 17th 90

4. Place of Birth (Street and Number), 1909 Bruce St

5. Full Name of Mother, Charity A. Caster

6. Mother's Maiden Name, Charity A. Johnson

7. Mother's Birthplace, Lancaster Co. Va

8. Full Name of Father, Isaac Caster

9. Father's Occupation, Laborer

10. Father's Birthplace, Lancaster Co of Va.

Name of Medical Attendant, Mrs Fannie Ingers or other person who makes this Return.

Address, 223 Clay St

Remarks,

1890 - 003583

...shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, should no other person be in attendance at the birth to use the services of a physician or practitioner, and the duty of the person or parents of such person or persons under the provisions of this section shall be subjected to the fine of ten (10) dollars who shall neglect or fail to comply with the provisions of this section, which fine is recoverable for each offence, to be recovered as other fines and forfeitures are recoverable.

...Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 24414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .... The 4 Child

1. *Sex, (state whether male or female)* .... male
2. *Race or Color, (if not of the white race)* .... White
3. *Date of Birth,* .... The 17 of Sept 1890
4. *Place of Birth, (Street and Number)* .... No 914 Hillman
5. *Full Name of Mother,* .... Mary McGann
6. *Mother's Maiden Name,* .... Mary Maloney
7. *Mother's Birthplace,* .... Baltimore
8. *Full Name of Father,* .... Micheal McGann
9. *Father's Occupation,* .... Insurance collector
10. *Father's Birthplace,* .... Baltimore

Name of Medical Attendant, or other person who makes this Return. .... Mrs C. H. Lauer

Address, ... No 1059 Hafford Ave Bal Md

Remarks, ... 1890-0003584 1890

J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 24413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord race
3. Date of Birth, Sept 17th
4. Place of Birth, (Street and Number) Baltimore Howard St 107
5. Full Name of Mother, Frazier Marlow
6. Mother's Maiden Name, Frazier Dickens
7. Mother's Birthplace, Northumberland Co Va
8. Full Name of Father, John Marlow
9. Father's Occupation, Laborer man
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cathrine Riley

Address, 1126 Russell

Remarks, born sick

1890-003585

ascertained the full name of each child (if it shall have been ordered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the address of each parent, and shall enter the same in a record kept by him for the purpose, and certificate between the first and third day of each and every month to the Office of Vital Statistics, in the form of a birth or any child shall occur without the attendance of a Physician or practitioner of midwifery, or should the parent or parents or other person having charge of such child fail to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 24414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 18, 1880.
4. Place of Birth, (Street and Number) No. 504 Bloom street.
5. Full Name of Mother, Sarah Brown.
6. Mother's Maiden Name, Sarah Saffin.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Joseph H. Brown.
9. Father's Occupation, Conductor
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return. Aug. A. Elsewell, M.D.

Address, 1241 Hanford ave

Remarks,

1890 - 003586

OCT 25 1890

...shall be delivered. duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately after the birth, the person occupying the premises where such child is born shall report its birth to the Commissioner of Health, in manner and within the period above required; and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

No. 410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White Race.
3. Date of Birth,	September 1900
4. Place of Birth, (Street and Number)	No. 410. W. Lombard St.
5. Full Name of Mother,	Henrietta Henrich.
6. Mother's Maiden Name,	" A Gannon.
7. Mother's Birthplace,	Liverpool.
8. Full Name of Father,	Joseph Henrich.
9. Father's Occupation,	Manager of Germania.
10. Father's Birthplace,	Austria.
Name of Medical Attendant, or other person who makes this Return.	Annie Jennes.
Address,	No. 1608 E Chase St.
Remarks,	Yours Respectfully.

1047-00358?

Each, and shall set forth as far as the same can be ascertained, the full name or each child, if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child third day of each and every month, a like schedule of every birth which may have occurred during the month next preceding; and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 7511.

GIVEN NAME ADDED 8-4-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary ~~Ella~~ Renner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Sept. 19th, '30
4. Place of Birth, (Street and Number)	224 N. Eutaw St.
5. Full Name of Mother,	Marg. Renner
6. Mother's Maiden Name,	Schlauch
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Geo. Renner
9. Father's Occupation,	Miller
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Jenny Turner
Address,	19 N. Eutaw St.
Remarks,	

1690-003588

(Only a single case of ... shall be reported on each sheet. (If any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the person required to report the birth of any child born in the third day of such month, or if the birth occurs on the last day of the month, within the first three days of the next month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form of a certificate between the first and attendance upon the mother, immediately thereafter, a like certificate full to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 20017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 19th Feb'y
4. Place of Birth, (Street and Number) 1010 S. Eutaw St.
5. Full Name of Mother, Annie L. Robinson
6. Mother's Maiden Name, Annie Louisa Conager
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Edward Robinson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Riley

Address, 1126 Russell St.

Remarks, 1890 - 003589

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and the residence of its parents, the date and place of birth; and the said schedule shall be entered, if the same be given by the practitioner in the form of a certificate between the first and fifteenth days of each month, and if given by the parent or other person, between the fifteenth and last days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of full efficacy, or the parent or other person in attendance upon the mother, immediately thereafter, shall neglect or refuse to report the birth as aforesaid, the Commissioner of Health, in the manner and within the period above required, and such other persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 41

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 24 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 19th 90

4. Place of Birth, (Street and Number) 219 Hanover St

5. Full Name of Mother, Ada Schultze

6. Mother's Maiden Name, Hallwig

7. Mother's Birthplace, Baltimore

8. Full Name of Father, E. A. & Schultz

9. Father's Occupation, Retail Druggist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. H. Roberts

Address, 403 Hanover St

Remarks,

1890 : 003590

RETURN OF A BIRTH A 24419.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 19th 1900

4. Place of Birth, (Street and Number) 1010 Saliesbury Al

5. Full Name of Mother, Laura Boardly

6. Mother's Maiden Name, Laura Woolford

7. Mother's Birthplace, Accomac Co. Va

8. Full Name of Father, Henry Boardly

9. Father's Occupation, Steward

10. Father's Birthplace, West Indies

Name of Medical Attendant, or other person who makes this Return. Hubert Henson

Address, 430 S Dallas St.

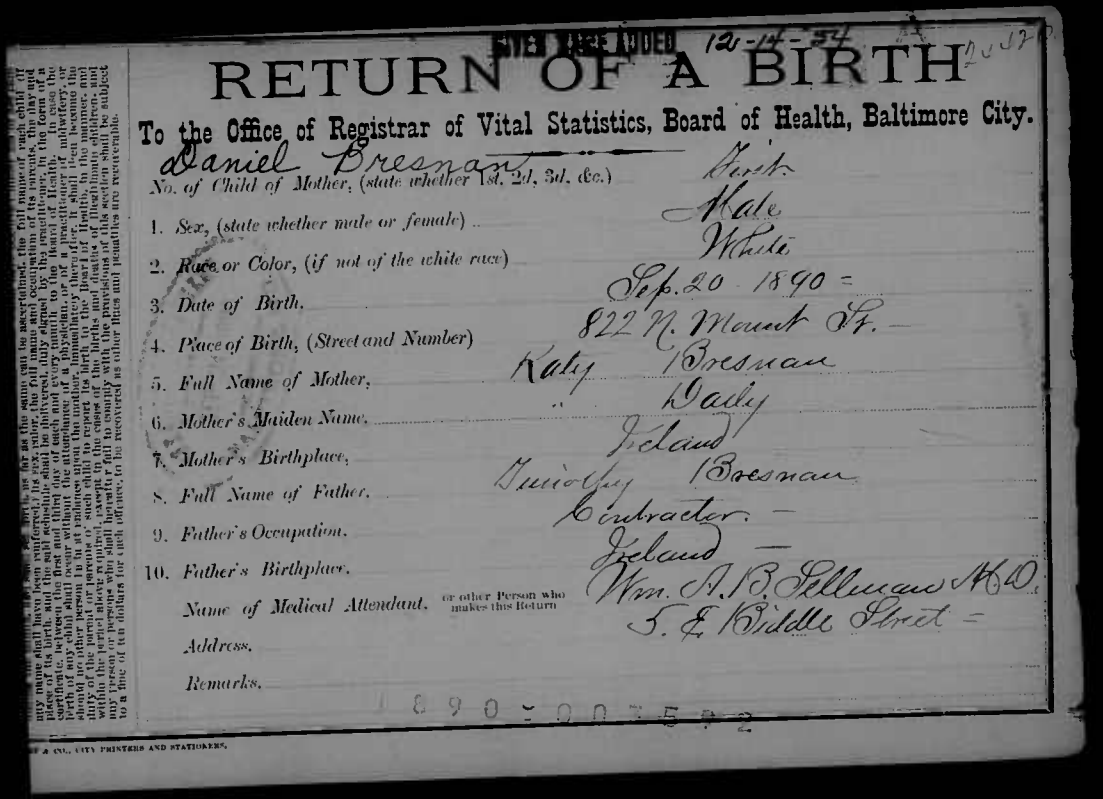
Remarks,

1690-003591

SEP 20 1900

Every person who shall neglect or refuse to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, any birth which has been ascertained, the full name of each child, if any shall have been selected, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the mother shall not have been attended by a physician or midwife at the birth of a child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to report as aforesaid, in the manner and within the time above prescribed, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

GEO. J. C. BULAN & CO., CITY PRINTERS AND STATIONERS



SUB INDEXED 12-14-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Daniel Bresnan	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sep. 20 1890
4. Place of Birth, (Street and Number)	822 N. Mount St.
5. Full Name of Mother,	Katy Bresnan
6. Mother's Maiden Name,	Daily
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Denis Jay Bresnan
9. Father's Occupation,	Contractor
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return	Wm. A. B. Sellman M.D.
Address,	S. E. Biddle Street
Remarks,	

1890 - 00 - 5 - 2

...any name shall have been registered) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, midwife, nurse or other person in attendance upon the mother, immediately thereafter. It shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, and if such parent or parents shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, September th 20 1890
4. Place of Birth, (Street and Number) Cedarmil 2816
5. Full Name of Mother, mary E Fisher
6. Mother's Maiden Name, Mary E allen
7. Mother's Birthplace, baltimore county md
8. Full Name of Father, Charles L Fisher
9. Father's Occupation, Color maker
10. Father's Birthplace, baltimore county md

Name of Medical Attendant, or other person who makes this Return L Zinneman

Address, hamilton

Remarks,

1890-003593

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, color, the full name, residence and occupation of its parents, the date and place of birth, and whether such birth was the first, second or other birth of the child; and such certificate shall be delivered, with the certificate of the cause of death, to the office of the Registrar of Vital Statistics, Board of Health, within the period and in the manner prescribed by the Commissioner of Health. In the event of a birth occurring without the presence or attendance of a physician or midwife, it shall become the duty of the person or parents with whom the child is domiciled, and who shall occur within the period and in the manner prescribed by the Commissioner of Health. In the event of a birth occurring without the presence or attendance of a physician or midwife, it shall become the duty of the person or parents with whom the child is domiciled, and who shall occur without the knowledge of the mother, immediately after it shall become aware of the birth, to report its birth to the Commissioner of Health, in the manner and within the period prescribed by the Commissioner of Health, in the manner with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. S. ABELL & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colered
3. Date of Birth, September 21 st
4. Place of Birth, (Street and Number) 1352 Cleveland Street
5. Full Name of Mother, Martha Wilmore
6. Mother's Maiden Name, martha ford
7. Mother's Birthplace, Calvert county Md
8. Full Name of Father, Harold Wilmore
9. Father's Occupation, laboring man
10. Father's Birthplace, Kent county md

Name of Medical Attendant, or other person who makes this Return. living very well

Address, Mother mill

Remarks,

1890 003594

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and to furnish all the information required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (State whether male or female)	Male,
2. Race or color, (if not of the white race)	White,
3. Date of Birth,	Sept. 21st 1890
4. Place of Birth, (Street and Number)	1640 E Eager st,
5. Full Name of Mother,	Mary Frances Heibe,
6. Mother's Maiden Name,	Mary Frances Berwick,
7. Mother's Birthplace,	Balto City,
8. Full Name of Father,	Henry Heibe,
9. Father's Occupation,	Salesman,
10. Father's Birthplace,	Balto City,
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Lee M.D.
Address,	920 N. Broadway
Remarks,	1890 003595

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in person, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or parents of such child is required, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall, for each and every such offense, be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. PULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 24626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sept-21st/90.
4. Place of Birth, (Street and Number) 461 Lexington (W)
5. Full Name of Mother, Mary Strider.
6. Mother's Maiden Name, " Bridun
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Strider.
9. Father's Occupation, Tobac.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. J. M. Matthews

Address, Fayette & Arch Sts.

Remarks,

640-00035596

The Mother of each child born alive in the City of Baltimore, and in case of her death or inability, the Father, Householder, Nurse, Undertaker, Midwife, or other person present at the birth, shall, within the period above required, and in the manner and within the district above specified, make a return of such birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Sept 21. 90
4. Place of Birth, (Street and Number) 730 Light st
5. Full Name of Mother. Ella Hick
6. Mother's Maiden Name, Ella Keister
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Balthasar Hick
9. Father's Occupation, Tobacco Manufacturer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. W. C. Sandrock

Address, Broadway & Chase st

Remarks,

890003597

been conferred) its sex, color, date of birth, the full name and occupation of its parents, the date and place where the first and said ceremony was performed, and the full name and occupation of the officiating minister in the form of a certificate, in case the birth of any child shall occur or each and every month to the physician or practitioner in attendance upon the mother, or in case there be no such physician or practitioner, then it shall be the duty of the person in charge of such thirty day of each month to the Commissioner of Health, in such manner and within the period of time as required, and shall occur in any house or tenement where there is no such person, it shall be the duty of the owner or agent of such house or tenement immediately thereafter, in like manner and within the time required, and attendance upon the mother, or in case there be no such physician or practitioner, then it shall be the duty of the person in charge of such child to report the birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the penalty of any such person who shall here after offend, to be recovered in other fines and forfeitures are recoverable before any justice of the peace, or ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. S. BALLANY & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 3 mar 26.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13
1. Sex, (State whether male or female)	Mail
2. Race or color, (if not of the white race)	White
3. Date of Birth,	27 September
4. Place of Birth, (Street and Number)	Baltimore woodyear St No 1341
5. Full Name of Mother,	A Elizabeth Megnay
6. Mother's Maiden Name,	A Elizabeth Brown
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James H Megnay
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Carl Carroll County
Name of Medical Attendant, or other person who makes this Return.	Mrs E Lowdley
Address,	No 1635 Lillie walsh St
Remarks,	mw

1890 003598

Section 48, page 1, set forth as far as the same can be ascertained, the full name of each child, (if any shall have been born dead, or shall die before the same can be registered,) the sex, color, the full name and residence of the parents, the date and place of birth; and the said schedule shall be delivered by the physician or midwife in attendance, or if there be no such person present at the birth, by the parent, or some other person present at the birth, to the physician or practitioner in the form of a certificate between the first and fifth days of each month, to the office of the Commissioner of Health, or some one of his assistants, and shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. ENLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 24427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2nd

1. Sex, (*state whether male or female*)
2. Race or Color, (*if not of the white race*)
3. Date of Birth, September 22nd 1890
4. Place of Birth, (*Street and Number*) 822 Druid Hill Ave
5. Full Name of Mother, Clara Lilly Hillegeist
6. Mother's Maiden Name, Clara Lilly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bert E. Hillegeist
9. Father's Occupation, Saloon keeper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. John R. Winslow M.D.

Address, 412 W. Biddle St

Remarks, Premature Labor at 7½ mos

1890 - 003599

SEC. 4. The Registrar shall not be required to record the birth of any child unless the return of such birth shall have occurred within one year from the date of birth; and the Registrar shall not be required to record the birth of any child unless the return of such birth shall have occurred within one month, and shall set forth as far as the same can be ascertained all the facts required to be recorded in relation to births; and the Registrar shall not be required to record the birth of any child unless the return of such birth shall have been delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should the person or persons in attendance upon the birth fail to become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. SLADE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 24478.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* September 23 1892.

4. *Place of Birth* (Street and Number) 234 N. Whicker St.

5. *Full Name of Mother* Amanda E. Aller

6. *Mother's Maiden Name* Amanda E. Addison

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* John E. Aller

9. *Father's Occupation* Paper Hanging

10. *Father's Birthplace* Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. A. Wright M.D.

Address 220 N. Gilmor St.

Remarks

1890 - 003600

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH A 21429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Sept. 2nd 1890
5. *Place of Birth, (Street and Number)* 1711 E. Chase St.
6. *Full Name of Mother,* Minnie Hengler.
7. *Mother's Maiden Name,* Mantz.
8. *Mother's Birthplace,* Philadelphia
9. *Full Name of Father,* George Hengler
10. *Father's Occupation,* Cigarmaker.
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm. Hengler M.D.

Address, 1038 E. Monument St.

Remarks,

1890 - 003601

health, etc., shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health, and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Commissioner of Health within the first third day of each and every month; and in case there shall be no physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons residing in the house where such birth occurred, or of the undertaker employed to bury the dead body of such child, to report its birth to the Commissioner of Health, in the manner above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH A 24430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	1st
1. Sex, (*State whether male or female*)	Male
2. Race or Color, (*if not of the white race*)	White
3. Date of Birth,	Sept 22nd 96
4. Place of Birth, (*Street and Number*)	910 Conway St
5. Full Name of Mother,	Mary Lopez
6. Mother's Maiden Name,	Mary Mateo
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Edward M Lopez
9. Father's Occupation,	Bread Keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr Hendricks
Address,	100 Caton Ave
Remarks,	1 9 0 0 0 3 6 0 2

BOARD OF HEALTH BALTIMORE

SEP 30

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate given in this section, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the parent or parents, or person having charge of such child, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DELAPLAW & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 24431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd February 1899
4. Place of Birth, (Street and Number) 1749 N. Chester St
5. Full Name of Mother, Mary Russell
6. Mother's Maiden Name, Mary Lyons
7. Mother's Birthplace, Kent County Md.
8. Full Name of Father, Edwin Russell
9. Father's Occupation, House Carpenter
10. Father's Birthplace, Kent County Md.

Name of Medical Attendant, or other person who makes this Return. Magdalene Burns

Address, 1607 N. Chester

Remarks,

1899 - 003603

1-11

SEN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained, the full name of each child of any such female born, the date and place of birth, and the sex and color, the full name and occupation of the parents, in the form of a certificate between the first and second days of each and every month, and every such certificate shall be delivered, duly signed by the person making the same, to the Commissioner of Health. In case the person so required and entitled to make such certificate shall refuse or neglect to do so, any other person who shall occur within the above required time, immediately thereafter, it shall become and be the duty of the person or parents of such child to report the birth to the Commissioner of Health, and any person or parents who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 14402.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 5th 1890

4. Place of Birth, (Street and Number) #54 Harford Ave.

5. Full Name of Mother, Carrie Walker

6. Mother's Maiden Name, Parsons

7. Mother's Birthplace, Balto Md

8. Full Name of Father, William Walker

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto Md

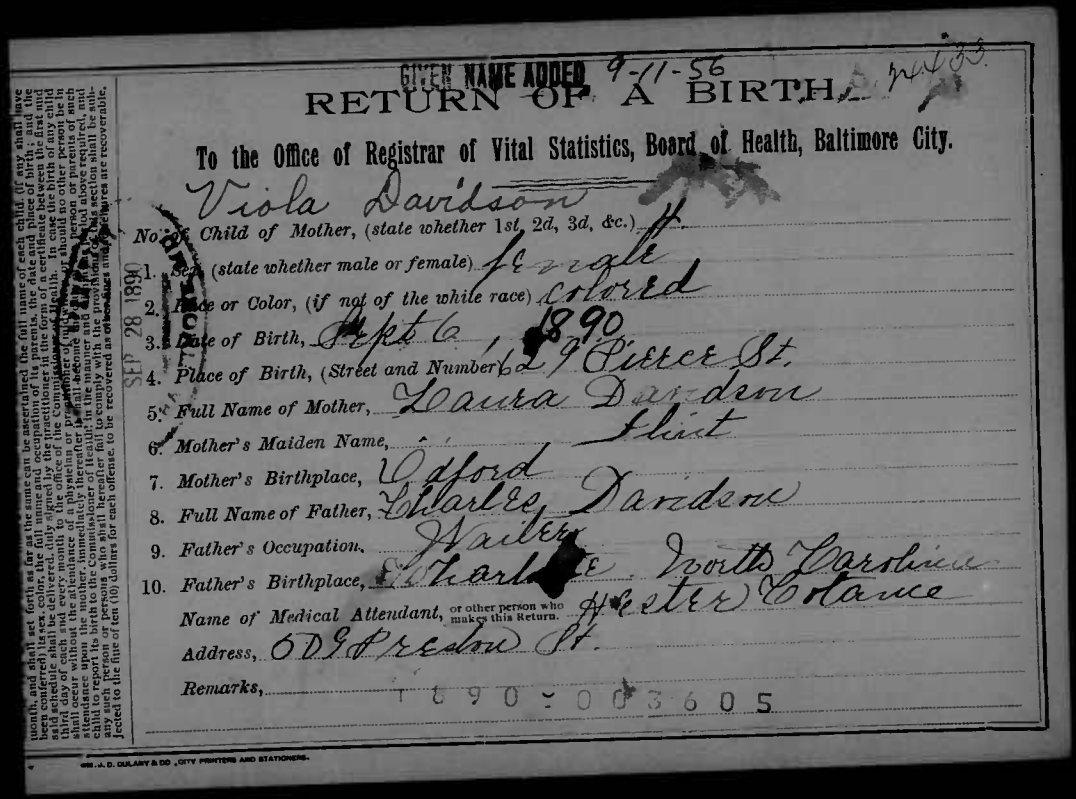
Name of Medical Attendant, or other person who makes this Return. Wm Dempf M.D. Hegeman

Address, #1038 E. Monument St.

Remarks,

1890 - 003604

Births are to be registered within ten days after birth, and the certificate shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form in which it is received, to the third day of each and every month. Every practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health; in the manner and within the time prescribed in any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



GIVEN NAME ADDED 9-1-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 1. Viola Davidson

2. Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

3. Sex, (state whether male or female) female

4. Race or Color, (if not of the white race) Colored

5. Date of Birth, Sept 6, 1890

6. Place of Birth, (Street and Number) 629 Eutaw St.

7. Full Name of Mother, Laura Davidson

8. Mother's Maiden Name, Flint

9. Mother's Birthplace, Oxford

10. Full Name of Father, Charles Davidson

Father's Occupation, Waiter

Father's Birthplace, Maryland North Carolina

Name of Medical Attendant, or other person who makes this Return. Hester Colance

Address, 609 Preston St.

Remarks, 1890-003605

SEP 28 1890

DIED

and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and residence of the parents, the date and place of birth; and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and tenth day of each calendar month to the office of the Commissioner of Health. In case the birth of any person be in like manner upon the mother immediately thereafter. Every person required, and every person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other debts of like amount are recoverable.

608 - A. D. GULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 44434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 28 1890

0. Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 7. 1890
4. Place of Birth, (Street and Number)	No. 16 Gilling St
5. Full Name of Mother,	Lena Sfons
6. Mother's Maiden Name,	Lena Fressel
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Sfons
9. Father's Occupation,	Cabinet maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. K. Cosbey
Address,	213 E. Hedlow St.
Remarks,	Living Well

690 - 003606

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its father, the maiden name of its mother, the said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person above required, and child to report its birth to the Commissioner of Health, and to comply with the requirements of this section. Any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine or ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 21005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Cora Adelle Gertrude ~~Heiner~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girls
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 8th 1890
4. Place of Birth, (Street and Number) Columbia Ave No 1122
5. Full Name of Mother, Emma Adella (Della) (Hines) Heiner
6. Mother's Maiden Name, (Della) (Rosafrass) Hasfrouss
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John (Heiner) Heiner
9. Father's Occupation, plumer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Michell

Address, No 868 west Pratt Street Baltimore

Remarks,

1890-003607

Health. This Return shall contain the same as can be ascertained the full name of each child of any sex that may be born alive, the color, the full name and occupation of its parents, the date and place of birth, and the name and address of the physician or midwife in attendance, and if there be neither, then the name and address of the person between the first and third day of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance, then the mother, immediately thereafter, in the form and manner required, and shall occur without the limits of the city, it shall become the duty of the person above required, and shall be delivered, duly signed by the practitioner in charge, or if there be none, by the nearest relative present, to report its birth to the Commissioner of Health. In case the birth of any child in the same manner as above provided. Any such person or persons who shall neglect or refuse to make such return, or who shall make a false return, shall be subject to the provisions of this section shall be subjected to the fine of ten (10) dollars for each and every offense, and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 24436.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* Sept. 9th 90.

4. *Place of Birth, (Street and Number)* # 819 Willow St.

5. *Full Name of Mother,* Mary Langhan

6. *Mother's Maiden Name,* Keefe

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* John Langhan

9. *Father's Occupation,* Laborer.

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegist

Address, 1103 E. Monument St.

Remarks,

1890-003608

... shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1st
Sex. (*State whether male or female*)	Male
2. Race or color, (*if not of the white race*)	White
3. Date of Birth,	Sept 18th
4. Place of Birth, (*Street and Number*)	810 Park Ave
5. Full Name of Mother,	Matilda Wyckham
6. Mother's Maiden Name,	Matilda Wyckham
7. Mother's Birthplace,	Williamsport
8. Full Name of Father,	La Rampe Wyckham
9. Father's Occupation,	Coal Merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Pennsylvania
Address,	100 Cathedral St
Remarks,	

1890 000 3609

register of such birth, and shall enter the same, to the best of his knowledge, under his or her care during the month, and report to the Commissioner of Health, at the office of the Commissioner of Health, a list of the births which have occurred under his or her care during the month, and the names of all persons for whom certificates have been issued, as far as the same can be ascertained; the date and place of birth; and the sex, color, the full name and occupation of the parents of each child. If any shall have been omitted from the report of any month, a supplemental report shall be rendered, containing the name and residence of the person in charge of the case, and the date and place of birth of any child omitted from the report of any previous month. In case no physician or midwife shall be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and said schedule shall be delivered, duly signed by such person or parents, to the Commissioner of Health. In case no other person be in charge of such case, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and said schedule shall be delivered, duly signed by such person or parents, to the Commissioner of Health. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A n 438.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) white
4. Date of Birth, Sept 10th 1890
5. Place of Birth, (Street and Number) No 1039 Rhinehart Street
6. Full Name of Mother, Mary Lenard
7. Mother's Maiden Name, Mary Ault
8. Mother's Birthplace, Baltimore
9. Full Name of Father, William Lenard
10. Father's Occupation, Painter
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catharine Michell

Address, No 848 west Pratt Street Baltimore

Remarks, 890-003610

Note.—It is hereby made the duty of the Attending Physician or Midwife, in every case, to ascertain the full name of each child of any adult who shall have been delivered by him or her, the full name and occupation of its parents, the place of birth of each, and the street and number of the residence where such birth occurred, as far as the same can be ascertained, and to report the same to the office of the Commissioner of Health within ten days after the first and third day of each and every month, on blanks which will be furnished for the purpose. No certificate of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the certificate of the Coroner, if there was no attendance upon the mother immediately before and after the birth. And in all cases where such attendance is required, it shall be the duty of the physician or midwife in attendance to make the certificate required, and in default thereof, or neglect for ten days after the first and third day of each month, to make such certificate, such physician or midwife shall forfeit and pay for each offense a sum not exceeding twenty dollars, to be recovered as debts of like amount are recoverable. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

888. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 24439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Sept. 11th 1890
4. Place of Birth, (Street and Number)	1521 Druid Hill Ave
5. Full Name of Mother,	Melvina R. Walter
6. Mother's Maiden Name,	Melvina R. May
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Alex. L. Walter
9. Father's Occupation,	Jeweler
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. Lewis Pines
Address,	400 Cathedral St.
Remarks,	

0 9 0 - 0 0 3 6 1 1

SEP 28 1890 BALTIMORE MD

WM. J. B. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) .....

1. *Sex*, (*state whether male or female*)
2. *Race or color*, (*if not of the white race*)
3. *Date of Birth*,
4. *Place of Birth*, (*Street and Number*) .....
5. *Full Name of Mother*,
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, ...
8. *Full Name of Father*,
9. *Father's Occupation*, ...
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1890 - 003612

month, and shall set forth on the outside the full name of such child, if any shall have been registered, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any, and shall be delivered, fully signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or in case the person in attendance upon the mother shall neglect or refuse to make the return required, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

Ap 641.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Josephine Hughes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 11th, 1890.
4. Place of Birth, (Street and Number) 1626 Washington Ave
5. Full Name of Mother, Mary Hughes
6. Mother's Maiden Name, Barnhouse
7. Mother's Birthplace, Germany
8. Full Name of Father, Richard E. Hughes
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Jno. Lange, Village Md

Address, Hiss P.O. Maryland

Remarks, GIVEN NAME ADDED. 10-5-53

1890 - 003613

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been christened; its sex; color; if still born; and if a twin or triplet; the date of birth; the name, residence and occupation of its parents. He shall also report the first and last date of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, he shall himself report the birth of any child born during such month. In case the births of any child shall occur without the attendance of a physician or midwife, the person whose duty it shall become the duty of the person to whom such child is reported to have been born within ten days after the occurrence of such birth. Any person or persons who shall neglect fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 2447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEPARTMENT ... SEP 28 1890 ... MD.

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* sixth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* 531 Oxford St.
4. *Place of Birth, (Street and Number)* September 13.
5. *Full Name of Mother,* Annie Smothers
6. *Mother's Maiden Name,* — —
7. *Mother's Birthplace,* Calvert Co.
8. *Full Name of Father,* Frank Smothers
9. *Father's Occupation,* porter
10. *Father's Birthplace,* Calvert Co.

Name of Medical Attendant, or other person who makes this Return. Hester Colance

Address, 15 W. Preston Street

Remarks, 1890-003614

[illegible] This schedule shall contain a list of the births which have [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED. 2-27-55

RETURN OF A BIRTH A 24643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child. (state whether 1st, 2d, 3d, &c.)	Carrie Theresa Green First,
Sex. (state whether male or female)	Female.
Race or Color, (if not of the white race)	White.
Date of Birth,	September 14th 1890
Place of Birth, (Street and Number)	816 George St.
Full Name of Mother,	Melissa Green.
6. Mother's Maiden Name,	Melissa Harden.
7. Mother's Birthplace,	Louisville, Carroll Co, Md.
8. Full Name of Father,	John Amos Green.
9. Father's Occupation,	Clerk.
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter.
Address,	23 N Poppleton St
Remarks,	

1890-003615

RECEIVED DEC 26 1890 REGISTRAR

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the birth. Immediately after the first visit of the physician or midwife in attendance upon the mother, it shall be the duty of the person or parents of such child to report the birth. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

Am 44

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	September 15, 1890
Place of Birth, (Street and Number)	146 Cross St.
5. Full Name of Mother,	Mary Kemper
6. Mother's Maiden Name,	Mary Garland
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charley Kemper
9. Father's Occupation,	Saloon keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. R. Easley
Address,	213 E. Heath St.
Remarks,	Doing Well.

1890 - 003615

Rule. This schedule shall contain a list of the births which have occurred under his charge during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, the name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case no birth or death shall occur without the attendance of a physician, or midwife, a similar report shall be rendered, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RECEIVED SEP 18 1890 REGISTRAR'S OFFICE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24 46

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Whether Mother, (state whether 1st, 2d, 3d, &c.) 5th "
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, September 16th 1890
5. Place of Birth, (Street and Number) 2022 Division St
6. Full Name of Mother, Kate Lucas
7. Mother's Maiden Name, Kate Whitely
8. Mother's Birthplace, Balto Md
9. Full Name of Father, Wm C. Lucas
10. Father's Occupation, Carpenter
11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Susan Hinton

Address, 23 N Payson Pratt St

Remarks,

1890 003617

RECEIVED SEP 29 1890 REGISTRAR'S OFFICE

KODAK

RETURN OF A BIRTH A 24447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 26 1890

0. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 16-90

4. Place of Birth, (Street and Number) Canton Ave & Aisquith.

5. Full Name of Mother, Lizzie Doty

6. Mother's Maiden Name, Hunneman

7. Mother's Birthplace, Md.

8. Full Name of Father, John Doty

9. Father's Occupation, Painter

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Fred'k O. Brooks

Address, 1702 Bank ss.

Remarks,

1890-003618

Notice. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, the name and occupation of its parents, and such other particulars as are required by the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person who shall have the charge of such child within the period above required, and in like manner with the attendance of a physician or midwife, to report the birth of such child to the Commissioner of Health, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

E. A. C. DOLANY & CO., CITY PRINTERS AND STATIONERS

over

RETURN OF A BIRTH A 24548.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Stella C. Butler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) girle

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sep 16th 1890

4. Place of Birth, (Street and Number) No 22 Paspin Street

5. Full Name of Mother, Kate Butler

6. Mother's Maiden Name, Kate Lowen

7. Mother's Birthplace, Oreland

8. Full Name of Father, John Butler

9. Father's Occupation, Officer Butler

10. Father's Birthplace, Oreland

Name of Medical Attendant, or other person who makes this Return. Catharine Mithell

Address, No 848 west Pratt Street Baltimore

Remarks,

1890-003619

Health. This schedule, which contains a list of the names assigned, the full name of each child, (if any alive,) the sex, color, date and place of birth, the full name and occupation of its parents, the date and place of birth of each, and the number of children born to the mother, and the number now living, must be filled out and shall set forth as far as the same can be ascertained the particulars required to be stated in relation to each birth which has been registered, its sex, color, the fully signed by the practitioner in the form of a certificate the birth of any child said schedule shall every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother. Commissioner of Health, in the manner and within the time prescribed by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENGR. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 24449

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)	— Sixth —
(state whether Male or Female)	Male
ce or Color (if not of the white race)	White
te of Birth	September 16th 1890
ce of Birth (Street and Number)	No 918 Light st
ll Name of Mother	Josephine Seward
ther's Maiden Name	Josephine Retreith
ther's Birthplace	Balt
ll Name of Father	John H. Seward
ther's Occupation	Commission Merchant
ther's Birthplace	Virginia
ame of Medical Attendant, or other Person who makes this Return.	Thomas B. Evans M.D.
ddress	No 121 Lachan Square.
emarks	Balt. Md

1890 - 003620

RETURN OF A BIRTH A 21910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 4/11

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Blk.
3. Date of Birth, Sept. 28. 1890.
4. Place of Birth, (Street and Number) 2210 Division St.
5. Full Name of Mother, Rebecca Hawkins.
6. Mother's Maiden Name, Rebecca Starrett.
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, Elijah Hawkins.
9. Father's Occupation, Stands in Market.
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return. Ellen Burgess

Address, 2205 Division St

Remarks, Col. W. S. Co.

1890-003621

Be it enacted by the General Assembly of Maryland, That the full name of each child, if any shall have been given, and the sex, color, date and place of birth, including the street and number, the name, birthplace and residence of the father and mother, the maiden name of the mother, the occupation of the father, the name and address of the attending physician, midwife or other person who shall be present at the birth, and the number of the child of the mother, if born alive, shall be registered in the office of the Commissioner of Health, and a certificate of such registry shall be prima facie evidence in all courts of the facts therein stated. That the said facts shall be ascertained, as far as the same can be ascertained, from the parents, if living, and if not, from the best information that can be obtained, and shall be delivered, duly signed by the practitioner or in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance, then it shall be the duty of the father or mother of such child, within ten days after the birth, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 24911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, sep 29th 1890
4. Place of Birth, (Street and Number) Lemmon street 0202
5. Full Name of Mother, Delia Oconnell
6. Mother's Maiden Name, Delia Gie
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Oconnell
9. Father's Occupation, Market man
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 448 west Pratt Street Baltimore

Remarks, 1890-003622

SECTION 7.—[illegible] whose charge or superintendence a birth [illegible] schedule, to be furnished by the Commi[illegible] the Baltimore under whose [illegible] birth, and shall enter the same on a blank schedule [illegible] occurred under his or her care during the register of such birth, and shall contain a list of the births which have occurred under his or her care (if any shall have Health. This schedule shall contain a list of the births which have occurred, the full name of each child (if any), and the month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should the parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible] J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Howard Turner Cromwell 2d.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 29th 1890
4. *Place of Birth, (Street and Number)* 308 N. Mount St.
5. *Full Name of Mother* Kate (Lena) M. Cromwell
6. *Mother's Maiden Name,* Fowler
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Olin Cromwell
9. *Father's Occupation,* Daughtsman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 701 N. Fremont Ave

Remarks,

1890 003623

Note. This schedule shall contain a list of the births which have occurred in each house during the preceding month, and shall be delivered by the householder in the first week of each month, and shall set forth as far as practicable the date of birth, sex, color, the full name and occupation of its parents, the date of marriage of the parents, and the number of children born to them, and shall be signed by the householder. In case the birth of any child shall occur without the city limits, a like schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, by the office of the Commissioner of Health. In case the birth of any child shall occur without the city limits, and no physician or midwife be in attendance upon the mother, immediately thereafter it shall become the duty of the nurse or person in charge of the mother, if there be such, and if not, of the mother herself, if able, and if not, of the father, to report to the Commissioner of Health, in the manner and within the period above required, and subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Dist
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 31st
4. *Place of Birth, (Street and Number)*	1715 Hanover St
5. *Full Name of Mother,*	Mrs - Emma Gadd
6. *Mother's Maiden Name,*	Emma Taylor
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Francis Gadd
9. *Father's Occupation,*	Boiler Maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	719 W. Fayette St
Remarks,	

1690-093624

Baltimore ss. I do Certify, That the above is a true and correct copy of the Return of a Birth required under his office, as the same appears on the Register of such Births, and shall enter the same on a blank schedule, to be furnished by the Registrar of Vital Statistics, Board of Health. This schedule shall contain a list of the births which have occurred, the full name of each child, if any shall have been named, the sex, color, the full name and occupation of its parents, the date and place of birth, and the number, if any, of previous births to the same mother, which have been reported, and shall be left for the inspection of the Registrar of Vital Statistics, or his duly authorized agent, on the first day of each and every month. Any person or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DALEY & BRO., CITY PRINTERS AND STATIONERS

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Vol: 11

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

Registered No. A-24957

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL)
(d) Street No. 1402 Light (If rural give location)

3. Full name of child Fitzpatrick

4. Date of birth October 4 1890 (Month) (Day) (Year)

5. Sex Male | 6. Twin or triplet | If so—born 1st, 2d, or 3rd | 7. Number weeks of pregnancy | 8. Hour of birth M.

FATHER OF CHILD

9. Full Name Charles H. Fitzpatrick
10. Color or race W 11. Age at time of this birth yrs.
12. Birthplace Maryland (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Lillian Acton
16. Color or race W 17. Age at time of this birth yrs.
18. Birthplace Maryland (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business
22. Mother's mailing address for registration notice:
1402 Light

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar October 17 1890

25. Signed Dr. George F. Rohe Registrar

26. Given name added ..... by Registrar per .....

(Signed) Theodore Cooke M. D.
Physician (or midwife) who attended this birth
or .....
Commissioner of Health and Registrar
Address ..... Date

APR 7 1969

VS 100 No information appears on the original filing for informationnot appearing on this certificate.

890-003625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-21,970

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 1006 E. Lombard St.
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL)
(d) Street No. ..... (If rural give location)

3. Full name of child Merrill Plimack

4. Date of birth Oct. 4, 1890 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3rd .....

7. Number weeks of pregnancy .....

8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Isaac Plimack
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace Russia (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Jennie Silverman
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace Russia (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....
22. Mother's mailing address for registration notice: .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... related to this child as .....

24. Date rec'd by local registrar Oct. 17 1890

25. Signed Dr. George F. Rohr Registrar

26. Given name added ..... by Registrar per .....

(Signed) A. T. Shertzen M. D.
Physician (or midwife) who attended this birth
or
Commissioner of Health and Registrar
Address .....

8 4 0 - 0 3 6 2 6 JUL 15 1968
Date

VS 100 No information appears on the original filing for information not appearing on this certificate. 1890-003626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-252,6

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 1233 N. Washington St.
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL)
(d) Street No. ..... (If rural give location)

3. Full name of child: Florence Edna Weichert

4. Date of birth: Oct. 24, 1890 (Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... | If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name: George Weichert
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace: Pa. (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name: Ida A. Mummert
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace: Pa. (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... , related to this child as .....

24. Date rec'd by local registrar: Oct. 31 [illegible] 1890

(Signed) Mary A. Allwell (Midwife)
Physician (or midwife) who attended this birth

25. Signed: George P. Rohr Registrar
Commissioner of Health and Registrar

1890 - 009827 SEP 1 1963

26. Given name added 10-31-55 by Registrar per .....
Address ..... Date

VS 100 No information appears on the original filing for information not appearing on this certificate.

1890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-26260

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution: if at home give street number: 1615 Prestman Street
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. (If rural give location)

3. Full name of child Ethel Eleanor Harrison

4. Date of birth Nov. 15, 1890 (Month) (Day) (Year)

5. Sex:	6. Twin or triplet	If so—born 1st, 2d, or 3rd	7. Number weeks of pregnancy	8. Hour of birth
Female				M.

FATHER OF CHILD

9. Full Name David Lewis Harrison
10. Color or race White 11. Age at time of this birth 24 yrs.
12. Birthplace Frederick, Maryland (City, town, or county) (State or foreign country)
13. Usual occupation Businessman
14. Industry or business Grocery Store Owner

MOTHER OF CHILD

15. Full Maiden Name Lelia Mary Rockwell
16. Color or race White 17. Age at time of this birth 23 yrs.
18. Birthplace Berkeley Springs, West Virginia (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business
22. Mother's mailing address for registration notice:

21. Other children born to mother (not including present child): 1st Child
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar Nov. 1890

25. Signed Dr. George F. Rohe Registrar

26. Given name added ..... by Registrar per .....

(Signed) Physician (or midwife) who attended this birth (Midwife) M. D.
Dudley Winston
or
Address Date

1890 - 0

STATE REGISTRAR OF VITAL RECORDS

VS 100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A 27080

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: Ann Street
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore ..... (Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL.)
(d) Street No. Ann Street (If rural give location)

3. Full name of child WILLIAM FOWLER BARDROFF

4. Date of birth Dec. 27, 1890 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3rd .....

7. Number weeks of pregnancy .....

8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Charles Frederick Bardroff
10. Color or race W 11. Age at time of this birth ..... yrs.
12. Birthplace Germany (City, town, or county) (State or foreign country)
13. Usual occupation Foreman
14. Industry or business Cabinet Maker

MOTHER OF CHILD

15. Full Maiden Name Annette M. Banks
16. Color or race W 17. Age at time of this birth ..... yrs.
18. Birthplace Baltimore, Md. (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 2
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by William Fowler Bardroff, related to this child as self

24. Date rec'd by local registrar Dec. 1890

25. Signed Dr. George F. Rohe (Registrar)

(Signed) ..... M. D. (Attendant who attended child at birth) (Midwife)
Robert B. Faries, M.D.
Commissioner of Health and Registrar
Address .....
Date .....

26. Given name added ..... by Registrar per .....

VS 100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-27430

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 1712 Bolton Street
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 1712 Bolton Street
(If rural give location)

3. Full name of child MILDRED BERRY FOSTER

4. Date of birth September 25, 1890
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Henry D. Foster
10. Color or race White 11. Age at time of this birth ..... yrs.
12. Birthplace Vineyard Haven, Massachusetts
(City, town, or county) (State or foreign country)
13. Usual occupation Sea Captain
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Mary Ann Williams
16. Color or race White 17. Age at time of this birth ..... yrs.
18. Birthplace Baltimore, Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 9
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as self

24. Date rec'd by local registrar September 19 1890
25. Signed Dr. George F. Rohe
Registrar
26. Given name added ..... by Registrar per .....

(Signed) Sidney H. Wharton M. D.
Physician (or midwife) who attended this birth (Midwife)
or .....
Certifying Official and Title
State Registrar of Vital Records
Address .....
Date

VS 100

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Balti

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 14th 1891
4. Place of Birth, (Street and Number) No 1856 Carroll Street
5. Full Name of Mother, Lizzie Ameretes
6. Mother's Maiden Name, Lizzie Jorden
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Ameretes
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendent, or other person who makes this Return. Susan Waxter

Address, No 1[illegible] Carroll Street Balto

Remarks,

1890-003631

The whole of this section shall be filled up with the name of the child, when named; the Sex; Color, if not white; the Date of Birth, and the Place of Birth, (Street and Number, if in a city); the Full Name of the Mother, her Maiden Name, her Birthplace, her Residence, (Street and Number, if in a city); the Full Name of the Father, his Occupation, his Birthplace, his Residence, (Street and Number, if in a city); the Name of the Medical Attendant, or other person who makes this Return, and his Address.

Every Physician, Midwife, or other person having charge of any case of birth, and the Father, Mother, Guardian, or Householder, where any birth occurs, when no Physician, Midwife, or other person is in charge, shall within ten days after the birth, make a return of the birth of any child not previously returned, to the Registrar of Vital Statistics, Board of Health, Baltimore, at his office, on the blank furnished for that purpose, and shall set forth on or in the same all the facts required by this section to be ascertained; but only a single return shall be required of the same birth. Any person who shall neglect or refuse to make such return, as required by this section, shall be liable to a penalty of ten dollars for each and every month he shall neglect or refuse to make such return after the expiration of the time above required, and any person who shall make a false return, or who shall neglect or refuse to report the birth of any child, or who shall refuse to give information or evidence upon the matter to the Commissioner and Registrar, or his assistants, when required so to do, shall be liable to a penalty of ten dollars for each and every offence. The Commissioner is hereby authorized to appoint persons who shall report to him the births of children, and who shall be entitled to a fee of ten (10) dollars for each birth so reported, which shall be paid out of the fines and forfeitures as recoverable.

RETURN OF A BIRTH A. 2744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1st of January 1891
4. Place of Birth, (Street and Number) 1041 N. Eutaw Street
5. Full Name of Mother, Margaret W. Schapiro
6. Mother's Maiden Name, Margaret Moore
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Dale Schapiro
9. Father's Occupation, Physician
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr Max Schapiro

Address, 1041 N. Eutaw Street

Remarks,

1890 - 003632

BALTIMORE, MD.

RETURN OF A BIRTH 27464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, 1 Jan 837
4. Place of Birth, (Street and Number) Stockholm St
5. Full Name of Mother, Ruth Jenson
6. Mother's Maiden Name,
7. Mother's Birthplace, Anna Round County
8. Full Name of Father, Robert Manuel
9. Father's Occupation, Cabone
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Lavinia Mills

Address, 14 43 Wood St

Remarks,

1890-003633

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth Child Virginia Fahey
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 1st 1891
4. *Place of Birth, (Street and Number)*	# 43 E. York St.
5. *Full Name of Mother,*	Margarett E. Fahey
6. *Mother's Maiden Name,*	Margarett Farrell
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Mark Fahey
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Galway Co Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Taylor
Address,	41 Guilford Ave.
Remarks,	living but not to its mother Boyd

890-00363

Health. This schedule shall contain a list of the births ... Health, and shall set forth as far as the same can be ... been conferred) its sex, color, the full name of ... said schedule shall be delivered ... third day of each month to the office of ... shall cover each and every birth ... attendance upon the mother. Immediately ... child to report its birth to the Commissioner of Health ... any such case or cases, or who shall hereafter fail ... jected to the fine of ten (10) dollars for each offense. to be ... ses are recoverable.

... shall ... its passage ... petitioner in the ... Section ... Ordinance ... shall become ... person ... within ... this ... section shall be sub-

BOARD OF HEALTH BALTIMORE MD.

... d. (If any shall ... ve ... of birth is first and ... birth of any child ... other person be in ... parent(s), and ... ve ... ion shall be sub-

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 5 1891 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 1st 1891
4. Place of Birth, (Street and Number)	229 So Sharp St
5. Full Name of Mother,	Henrietta Kerney
6. Mother's Maiden Name,	Seibert
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Patrick Kerney
9. Father's Occupation,	Liquor Stable
10. Father's Birthplace.	Ireland
Name of Medical Attendant, or other Person who makes this Return	Dr. A. Bellows
Address,	841 N. Eutaw St
Remarks.	

890-00635

within six days thereafter, stating the day, hour and place of birth, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child of Mother

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Colord

2. Date of Birth, January 11th 1911 Wyoming St

3. Place of Birth, (Street and Number) Baltimore Md

4. Name of Mother, Dennie Lewis

5. Mother's Maiden Name, Jennie Crosley

6. Father's Birthplace, Kent County Md

7. Full Name of Father, James R Lewis

8. Father's Occupation, Waiter

9. Father's Birthplace, Raleigh North Carolina

10. Name of Medical Attendant, or other person who makes this Return. Caroline Patterson

Address, 117 Chest Nout St

Remarks, Well as can be expect

BALTIMORE MD. JAN 5 1911

1890 003636

RETURN OF A BIRTH. A 27403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 5 1891 BALTIMORE MD.

month, and shall set forth in the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health, in the form of a certificate between the first and tenth days of each and every month to the officer or practitioner of midwifery, if the person or parents of such child or children where the attendance upon the birth of such child or children shall occur without the attendance of a physician or midwife, and within the period above required, and shall occur without the attendance of a physician or midwife, and within the period above required, and immediately thereafter it shall become and shall be the duty of the person in whose house such birth shall occur, or in whose house the mother of such child or children may be, or of the physician or midwife in attendance upon the birth of such child or children, to comply with the provisions of this section, which shall be enforced by the Commissioner of Health. In default of such return as aforesaid, the person or persons who shall be required, to make such return shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4th
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, January 1st 1891
5. Place of Birth, (Street and Number) 338 W. Hoffman St
6. Full Name of Mother, Minnie Marshall
7. Mother's Maiden Name, Minnie Stewards.
8. Mother's Birthplace, West moland Co Va
9. Full Name of Father, James Marshall
10. Father's Occupation. Porter
11. Father's Birthplace, Virginia
12. Name of Medical Attendant, or other person who makes this return. Amelia Johnson
13. Address, 1024 Park ave
14. Remarks, 890-003637

GEO. W. C. BULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 27449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 5 1891
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 4. 91.
4. Place of Birth, (Street and Number) 132 S. Carey st.
5. Full Name of Mother, Louise Hood
6. Mother's Maiden Name, Louise Dill
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Baker Hood
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohle, M.D.
Address, 1203 West Fayette st
Remarks,

1890 003638

...month, and shall set forth the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. No certificate shall be required when a certificate has been conferred, till it is delivered, duly signed by the practitioner in the case, or by the parent or nurse in charge. In case the birth of any child shall occur without the attendance of a physician or midwife, the certificate shall be delivered, duly signed by the parent or nurse in charge, within the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person or persons be required by this section to report such birth, the parent or nurse in charge of such child is required to report the same to the Commissioner of Health within the first ten days thereafter, and any person or persons who shall neglect or fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence. The recovery of all forfeitures are recoverable...

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5'd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 1. 1894.
4. Place of Birth, (Street and Number) 20 N Albemarle st.
5. Full Name of Mother, Rebecca Feather
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Wilhelm Feather
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 132 S. Exeter st.

Remarks,

1890 - 003639

HEALTH DEPARTMENT BALTIMORE MD JAN 5 1894

month, and shall set forth the full name and occupation of the parents, the date and place of birth; and the number of children to which the mother has been delivered; and the full name and occupation of the physician or midwife in attendance upon the birth, if there was such attendance; and shall be signed by the person making the return. Blank forms for the return of a certificate between the first and fifth days of each and every month to the Commissioner of Health, may be obtained at his office. In case the birth occurs without the attendance of a physician or midwife, the person or parents of such child is required to report the birth to the Commissioner of Health immediately thereafter. It shall become and shall be the duty of the attending physician or midwife to report every birth within the period above required, and to comply with the provisions of this section. Any person or persons who shall neglect or refuse to comply with the provisions of this section are removable, and shall for each offence be subjected to the fine of ten (10) dollars to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Knabe
2. Race or Color, (if not of the white race) white
3. Date of Birth, den 1 Januar 1891
4. Place of Birth, (Street and Number) Wilh Str 40 120
5. Full Name of Mother, Emma Witt
6. Mother's Maiden Name, Smitt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Emanuel Witt
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Maria Anna Major Biddle Str 40 1933

Remarks, 1890 - 003640

BALTIMORE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* January 1.

4. *Place of Birth, (Street and Number)* 1809 E. King St

5. *Full Name of Mother,* Mary Richardson

6. *Mother's Maiden Name,* Mary Cumby

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* John Richardson

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Snow Hill, Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Richardson

Address, 1809 Calhoun St

Remarks, None

1890 - 003641

HEALTH DEPARTMENT BALTIMORE MD JUN

...ne Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, January 1st 1891
5. Place of Birth, (Street and Number) 727 E. Hoffman
6. Full Name of Mother, Sarah A. Grove
7. Mother's Maiden Name, " Allen
8. Mother's Birthplace, " Baltimore
9. Father's Occupation, John L. Grove
10. Father's Birthplace, Conductor B. and L. R.
Name of Medical Attendant, or other person who makes this Return. Cumberland Md.
Address, Mrs Woodson
Remarks, 996 Greenmount Av

1890 003642

HEALTH DEPARTMENT JAN 6 1891 BALTIMORE MD

Death, and shall set forth as far as shall be in his power, the date and place of birth, and the occupation of the father and mother of the child, and the name, age and occupation of the person in whose family the death occurred, and the cause of death, as certified by the attending physician or midwife, and the name and residence of the undertaker who shall bury the body. Every undertaker who shall bury the body of any child without a certificate of the Commissioner of Vital Statistics, or the person above named, shall be deemed guilty of a misdemeanor, and upon conviction thereof, in the Criminal Court of Baltimore City, shall be punished by a fine of not more than one hundred dollars, or by imprisonment in the city jail for a period not exceeding six months, or both, in the discretion of the Court. Should no certificate of birth, and no report of attendant, be received by the Commissioner of Vital Statistics within the period above named, a penalty of fifty dollars shall be incurred by the person required by this section to make such certificate or report, and shall be recovered in the name of the State of Maryland, before any justice of the peace of the city, on the complaint of the Commissioner of Vital Statistics, and when collected shall be paid into the treasury of the Board of Health. Every midwife or physician who shall be in attendance upon the birth of any child, and every householder in whose house any child shall be born, where no midwife or physician shall be in attendance, shall, within five days after the birth of such child, report the same to the Commissioner of Vital Statistics, with such particulars touching the birth as he may require, under the penalty of forfeiture of ten dollars for each offence.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MD. JAN 9 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 1st
4. Place of Birth, (Street and Number)	134 N. Caroline St.
Full Name of Mother,	Minnie Tilman
6. Mother's Maiden Name,	Minnie Sippell
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Charles Tilman
9. Father's Occupation,	Foreman
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Ulrike Goethe
Address,	114 S. Bond St.
Remarks,	890-003643

month, and shall set forth in the full name and occupation of its parents the date and place of birth, and whether it is the first, second, third or other child born of the mother, and the sex and color of each child, and if deceased, the date of death; and if a certificate between the date of birth and the date of death has been issued by the Practitioner in attendance, that fact shall be stated in the return. In case the attendance of a midwife, nurse or other person be in said schedule shall every month to the officer or person appointed to receive the same, a return of each birth occurring in his district during the preceding month, whether reported to him before or not, and if there be no birth to report during any month, he shall make return of that fact. Any midwife, nurse or other person required by this section to make return of births, who shall neglect or refuse to make return of any birth at which she was in attendance, within the time above required, or who shall make a false return of any such birth, shall forfeit and pay for each offense a sum not exceeding ten dollars, to be recovered as other fines and penalties are recoverable. And any such person who shall hereafter refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense.

GEO. J. G. GULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Jan 1st 89

4. Place of Birth (Street and Number), 610 Fk Rd

5. Full Name of Mother, Clara A Bam

6. Mother's Maiden Name, Hampson

7. Mother's Birthplace, M. D.

8. Full Name of Father, Wm. D. Bam

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Dr. Hamilton Hill

Address, 1163 Hanover Ave.

Remarks,

890-003644

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

A mus 6.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	
3. Date of Birth,	Jan 1 1891
4. Place of Birth, (Street and Number)	519 Cross st
5. Full Name of Mother,	Anna Giessmann
6. Mother's Maiden Name,	Hall
7. Mother's Birthplace,	America
8. Full Name of Father,	Ferdinant Giessmann
9. Father's Occupation,	Glass blower
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser Midwife
Address,	1032 Hanover st
Remarks,	1890-003645

HEALTH DEPARTMENT JAN 10 1891 BALTIMORE CITY

month, and shall set forth as far as is known the name, residence and occupation of its parents, the date and place of birth of the child, and whether it is the first and been conferred) is sex, color, the full name of the practitioner in the form of a return of the birth of any child said schedule shall be duly signed by the practitioner in the form of a return of the birth of any child attended by him, and delivered to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or if it shall become the duty of the person or persons required to report the birth of any child to report the same, the Commissioner of Health, in the manner and within the time prescribed in this section shall be notified by the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the penalties and forfeitures are recoverable.

Subject to the fine of ten (10) dollars for each offense, to be recovered as penalties and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Jan. 1/91
4. Place of Birth (Street and Number),	2124 Bank st
5. Full Name of Mother,	Mary Smith
6. Mother's Maiden Name,	Ortt
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Frank Smith
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Rich. Mansfield M.D
Address,	129 S Broadway
Remarks,	B 90 - 003646

and shall set forth as far as the said facts and circumstances herein required to be stated shall be known to him, her or them, the date and place of birth, the full name and occupation of the parents, the sex, color, and full name of the child, and such other facts as may be required by the Commissioner of Health. In case the birth of any child shall occur in the absence of the attendant, it shall be the duty of the mother, immediately after she shall become able, and in the presence of the attendant of a physician or midwife, if such shall be in attendance, to report the birth to the Commissioner of Health, in the manner and with the particulars hereinbefore required; and the Commissioner of Health, in the manner and with the powers prescribed in the 3d section of this ordinance, shall proceed to enforce the penalties hereinafter fixed for each offence, to be recovered as other fines and penalties are recoverable.

BALTIMORE, MD.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore. Shall report to the Commissioners, within thirty days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 2 1896 BALTIMORE MD

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 st
2. *Sex (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth* January 1st 1896
5. *Place of Birth, (Street and Number)* 418 South Chester
6. *Full Name of Mother* Mary Fillman
7. *Mother's Maiden Name* Mary McGinnis
8. *Mother's Birthplace* Baltimore
9. *Father's Occupation* William Fillman Sailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Engelhard

Address 418 South Chester st

Remarks

E 90 00764

RETURN OF A BIRTH. 27459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child
2. Sex, (state whether male or female) Girl
3. Race or Color, (if not of the white race) White
4. Date of Birth, 1st of January 1891
5. Place of Birth, (Street and Number) 229 Sixth Wolf st.
6. Full Name of Mother, Dora Lennen
7. Mother's Maiden Name, Dora Lampert
8. Mother's Birthplace, Germany
9. Full Name of Father, Fred W. Lennen
10. Father's Occupation. Shoemaker
11. Father's Birthplace, Germany
12. Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel
13. Address, 213 North Chapel st. per Crescintia Kunkel
14. Remarks, Healthy

90-003648

MAR 3 1891 BALTIMORE MD.

month, and shall set forth as far as the mother ... been contained) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the Registrar of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents or other person in charge of such child shall within ten days after the birth of such child report the same to the Commissioner of Health, and any such person failing to do so shall forfeit and pay a sum not exceeding ten dollars, and shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as aforesaid for fines which are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 27460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

3. Date of Birth, January The 1st 1891

4. Place of Birth, (Street and Number) 23 Carroll st Mount Vernon

5. Full Name of Mother, Carrie E Johnson

6. Mother's Maiden Name, gosnell

7. Mother's Birthplace, Balt = County Md

8. Full Name of Father, andrew J. Johnson

9. Father's Occupation, Common Laberer

10. Father's Birthplace, fredricksburge Stafford Co Va

Name of Medical Attendant, or other person who makes this Return, Mrs Mary a Martin

Address, 16 Brick Hill Hampden Balt = City Md

Remarks,

890 = 003649

JAN 14 1891 BALTIMORE MD

month, and shall set forth as far as [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each month the certificates required by the Practitioner in the form of a certificate between the first and third days of each month the certificates required by the Practitioner in the form of a certificate between the first and third days of each month the certificates required by the Practitioner in the form of a certificate between the first and third days

RETURN OF A BIRTH

D 27461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1503 Allaccander street
4. *Place of Birth, (Street and Number)*	1 Jan.
5. *Full Name of Mother,*	Lonina Kraus
6. *Mother's Maiden Name,*	Lonise engelhart
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Tomas Kras
9. *Father's Occupation,*	Machiomas
10. *Father's Birthplace,*	Baltimare
Name of Medical Attendant, or other person who makes this Return.	Mrs Schünmann
Address,	No 709 South Bond
Remarks,	1890-003650

HEALTH DEPARTMENT RECEIVED JAN 17 1890 BALTIMORE MD.

month, and shall set down as far as he knows and be satisfied of, the date and place of birth; and the said certificate shall be delivered, duly signed by the person making the same, to the person who shall have been entitled to receive the Form of a certificate between the first and third day of each and every month of his office; and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one of the parents of such child be in the city at the time of its birth, then the same shall become due within the period above required, and attendance upon the mother, immediately thereafter, it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st January 1890
4. Place of Birth, (Street and Number) 128 High St
5. Full Name of Mother, Fannie Dran
6. Mother's Maiden Name, Sobelman
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Dran
9. Father's Occupation, Pedlar
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 72 Allemande St.

Remarks,

1890 : 003651

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 12-13-65

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Newell Montague

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, January the 1, 1891
5. Place of Birth, (Street and Number) Baltimore 247 Parkington ave
6. Full Name of Mother, Carrie Montague
7. Mother's Maiden Name, Carrie Butler
8. Mother's Birthplace, St Marys County Maryland
9. Full Name of Father, Charles Montague
10. Father's Occupation, Employed By the Radin Brothers Co
11. Father's Birthplace, Essex County Virginia

Name of Medical Attendant, or other person who makes this Return, Mary Cathrine Jones

Address, 1121 Saratoga St Baltimore Md

Remarks,

890 003652

month, and shall set forth as near as may be the name, sex, color, the full name and occupation of its parents, the date and place of birth, the number of the child of the mother (whether first, second, third or other child), and such other information as may be required by the Commissioner of Health, in pursuance of the provisions of this section. In case of the birth of any child after the first, the physician, midwife or other person in attendance upon the mother, immediately after the birth of such child, shall report its birth to the Commissioner of Health, in the manner and with the particulars required by this section. Any physician, midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st first

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), White
3. Date of Birth, June 2. 1891
4. Place of Birth (Street and Number), 1703. Latrobe al—
5. Full Name of Mother, Annie A. Boyle
6. Mother's Maiden Name, " " Gillen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George E. Boyle
9. Father's Occupation, Carriage Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. L. Hummer

Address, 212 W. Franklin St

Remarks, 890-003653

JAN 19 1891 BALTIMORE

and shall set forth as far as the same can be ascertained the full name and residence of the parents, the date and place of birth, and such other facts as may be required by the Commissioner of Health. In case either parent be in attendance upon the child at the time of birth, the full name and residence of such parent shall be given in the certificate; but if neither parent be in attendance upon the child, then the name and residence of the householder or owner of the premises where the birth occurs shall be given. The certificate shall be signed by the attendant, if there be one, and if not, by the householder or owner of the premises where the birth occurs. In case either person be in attendance upon the child at the time of birth, the full name and residence of such child to report to the Commissioner of Health, in writing, the birth of such child, and in default thereof shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five nor more than fifty dollars for each offence, to be recovered as other fines are recovered; in case the parents of such child shall neither of them reside in the city of Baltimore, then the physician or midwife in attendance upon the mother, immediately thereafter, is hereby required to report to the Commissioner of Health, in writing, the birth of such child, and in default thereof shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five nor more than fifty dollars for each offence, to be recovered as other fines are recovered; and it shall be the duty of the Commissioner of Health to comply with the provisions of this section.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 2765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Jan 2nd 1891

Place of Birth, (Street and Number) #619 Constitution St.

Full Name of Mother, Lizzie Anderson

6. Mother's Maiden Name, E. Miller

7. Mother's Birthplace, Somerset Co. Md

8. Full Name of Father, Edward Anderson

9. Father's Occupation, Driver

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Wm Conrad Ville asst

Address, #1318 E Monument St

Remarks, 690-003654

month; and shall set forth as far as the said ... been conferred) its sex, color, the full name and occupat... said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of ... shall offer with the said schedule a ... attendance upon the mother, immediately thereu... child to report its birth to the Commissioner of ... any such person or persons who shall hereafter ... jected to the fine of ten (10) dollars for each offen... to be recovered as other fines and forfeitures are recoverable.

...ce of ... the first and ... the birth of any child ... other cases it ... shall become the duty of the ... or parents of such ... above required, and ... section shall be sub-

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT. JAN 10 1894 BALTIMORE MD.

1. ~~1st~~, 2d, ~~3d~~, etc.) of Child of Mother (state whether
2. Sex (state whether Male or Female)
3. Race or Color (if not of the white race)
4. Date of Birth
5. Place of Birth (Street and Number)
6. Full Name of Mother
7. Mother's Maiden Name
8. Mother's Birthplace
9. Full Name of Father
10. Father's Occupation
11. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

890-003655

Female
Negro
Jan 12nd 1871
[illegible]
Baltimore
William Lewis
Edward
Baltimore
[illegible]
[illegible]
[illegible]

adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, full name, nativity, and residence of the parents, and the maiden name of the mother.

RETURN OF A BIRTH

A. 21467.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE

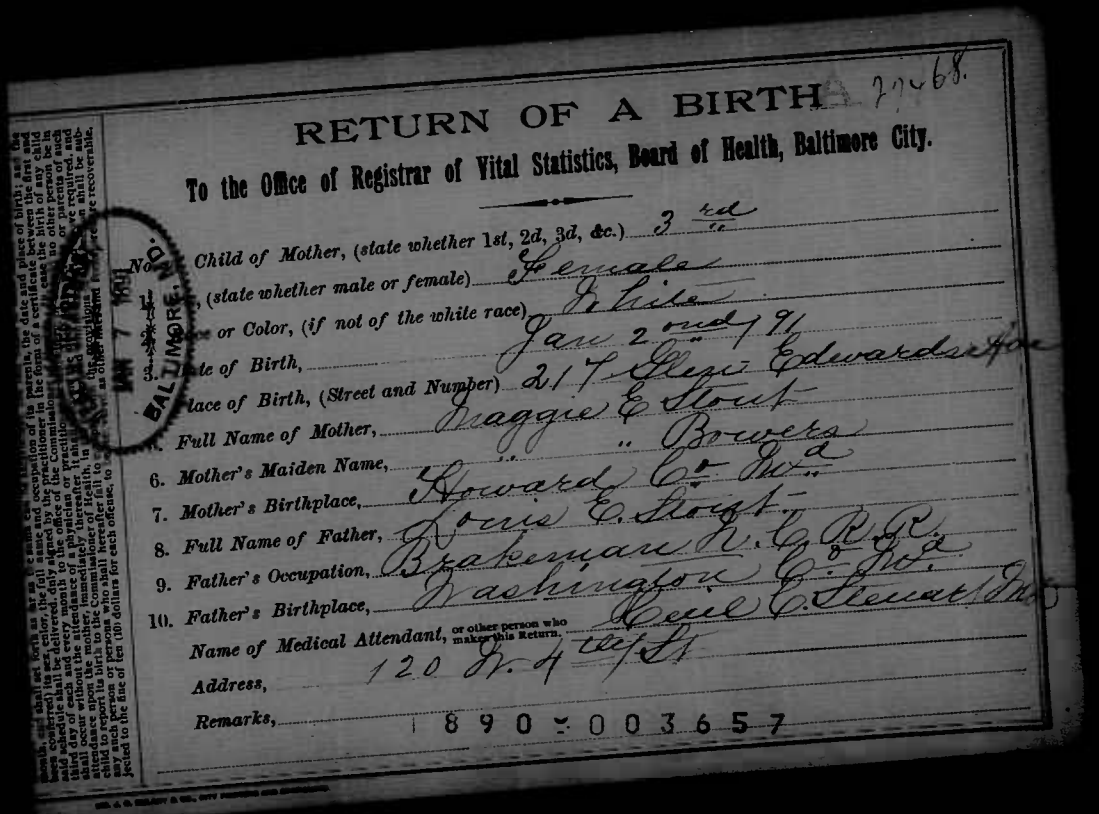
1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.
2. Sex, (state whether male or female) male.
3. Race or Color, (if not of the white race) colored.
4. Date of Birth, 2nd of January.
5. Place of Birth, (Street and Number) 1128 Comet St.
6. Full Name of Mother, Mary E. Harris.
7. Mother's Maiden Name, " Jones.
8. Mother's Birthplace, Spesutie Md.
9. Full Name of Father, Geo. L. Harris.
10. Father's Occupation, Laborer.
11. Father's Birthplace, Balto md.

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson.

Address, 117 6 Pestnut st.

Remarks, Remarkable well

890 - 003656



RETURN OF A BIRTH

27468.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. D.

JAN 7 1890

BALTIMORE, MD.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Jan 2nd 90
5. Place of Birth, (Street and Number) 217 Elgin Edwards Ave
6. Full Name of Mother, Maggie E Stout
7. Mother's Maiden Name, " Bowers
8. Mother's Birthplace, Howard Co Md
9. Full Name of Father, Louis E. Stout
10. Father's Occupation, Brakeman B. C. & P. R.R.
11. Father's Birthplace, Washington Co Md
12. Name of Medical Attendant, or other person who makes this Return, Cecil E. Stewart M.D.
13. Address, 120 N. 4th St
14. Remarks, 1890 - 003657

RETURN OF A BIRTH. B 77464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, Born Jan 2nd 1891

4. Place of Birth, (Street and Number) #321 Smallwood St.

5. Full Name of Mother, Mrs Katie Eichner

6. Mother's Maiden Name, Miss Katie Schaefer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mr Wm F Eichner

9. Father's Occupation. Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Waiter

Address, 2127 E Pratt St

Remarks,

890 - 003658

month, and shall set forth as nearly as practicable, the name, if any, of the child, its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health. In case no physician or midwife was present at the birth, the return may be made and signed by the father, mother, householder, or other person having knowledge of the facts. Every physician or midwife who shall attend upon any case of birth shall deliver, duly signed by the person required to make the return, to the Commissioner of Health, or to such person as he may designate to receive the same, a certificate setting forth the full name and occupation of the parents, the date and place of birth of any child born, and such other particulars as may be required by the Commissioner of Health, in the form of a certificate between the first and fifth days of each and every month to the Commissioner of Health, or to such person as he may designate to receive the same; and every physician or midwife who shall neglect or refuse to deliver such certificate as herein required shall forfeit and pay a sum not less than five (5) dollars nor more than ten (10) dollars for each and every such neglect or refusal. In case no physician or midwife was present at the birth, it shall become the duty of the person or parents of such child to report the same within the period above required, and within the time specified in this section, to the Commissioner of Health, or to such person as he may designate to receive the same, and such person shall be subject to the fine of ten (10) dollars for each neglect or refusal. Fines and forfeitures are recoverable.

BALTIMORE CITY REGISTRAR'S DEPARTMENT JAN 5 1891

GEO. J. O. SULAVY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Black
4. Date of Birth, Jan 2nd 91
5. Place of Birth, (Street and Number) 418 N. 4th St.
6. Full Name of Mother, Rachel A. Wilson
7. Mother's Maiden Name, " Fenton
8. Mother's Birthplace, Balto Co. Md.
9. Full Name of Father, Jno C. Wilson
10. Father's Occupation, Fireman B. C. R. R.
11. Father's Birthplace, Balto Co. Md.
12. Name of Medical Attendant, or other person who makes this Return. Cecil C. Stewart M.D.
13. Address, 120 N. 4th St.
14. Remarks, 890-003659

RETURN OF A BIRTH. A 7471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2nd 1891
4. Place of Birth, (Street and Number) #1016 Sterling St
5. Full Name of Mother, Kate Echelon
6. Mother's Maiden Name, Bach
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Jos Echelon
9. Father's Occupation, Engineer
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. Wm Hugo Dillon jr

Address, #1386 Monroe St.

Remarks, 6 9 0 - 0 0 3 6 6 0

...month, and shall set forth as far as ... the name, ... sex, color, the full name and ... of the parents, the ... of birth, and ... the ... of the child; and ... shall be delivered, duly signed ... to the Commissioner of Health, ... third day of each and every month ... a physician or practitioner of midwifery, or ... shall occur upon the premises ... after the ... of the birth of the child, ... to report the birth to the Commissioner of Health ... to comply with the provisions ... any such person or persons who ... be subjected to the fine of ten (10) dollars for each offence, ... recovered as aforesaid. ... forfeitures are recoverable.

CITY OF BALTIMORE, MD. REGISTRAR OF VITAL STATISTICS

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 9 1891 BALTIMORE MD

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 2 1891
4. Place of Birth, (Street and Number) 210 Hill Street
5. Full Name of Mother, Letty Smith
6. Mother's Maiden Name, Letty Custer
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Smith
9. Father's Occupation, Fragment
10. Father's Birthplace, Calvert County Md.

Name of Medical Attendant, or other person who makes this Return. Miller Gross

Address, 229 W York St

Remarks,

1890 003661

...month, and shall set forth as far as the same can be ascertained from the parents, the date and place of birth, and the name, if any, sex, race or color, the full name and occupation of its parents, the date and place of their marriage, the first and last residence of the parents, and whether the child be the first, second, third or other child born of the mother, and whether twins or triplets; and shall be delivered, duly signed by the attending physician or midwife, to the Commissioner of Health, or to such person as he may designate for the purpose, at his office, within ten days after the birth; and in case there shall be no physician or midwife in attendance, then the same information, as far as can be required, and the certificate of birth, shall be made and delivered, duly signed by the father or mother of such child, within ten days after the birth, at the office of the Commissioner of Health, or to such person as he may designate for the purpose. And in case any birth shall occur without the knowledge of the father or mother, then the owner, agent or manager of every lying-in asylum, hospital, almshouse, infirmary, tenement house, boarding house or other institution where such birth shall occur, shall be required to report the same to the Commissioner of Health within ten days after the birth occurs, and in default thereof, such owner, agent or manager shall be subject to the penalties hereinafter provided. And in case any child born in a city or county shall be found dead therein, the coroner of such city or county shall, within twenty-four hours after finding such dead body, report the same to the Commissioner of Health, and in default thereof shall be subject to the penalties hereinafter provided. And in case any midwife or person who shall attend at the birth of any child, or the father or mother of such child, shall neglect or refuse to report and return the birth of such child, as herein required, such midwife or person, or father or mother, shall be subject to the fine of ten dollars for each offense, to be recovered as debts of like amount are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

Sex, (state whether male or female) female

Race or Color, (if not of the white race) white

Date of Birth, 2 Jan. 1891

Place of Birth, (Street and Number) 122 Hampson st

5. Full Name of Mother, Mary Miller

6. Mother's Maiden Name, " Brown

7. Mother's Birthplace, Balto.

8. Full Name of Father, Albert Miller

9. Father's Occupation, Steel worker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Dr. Rose Illig

Address, 802 Eutaw St

Remarks,

1890-003662

month, and also set forth the full name and occupation of its parents, the date and place of birth; and the said scheme and duty every month to the officer of health, should no other return of such birth or stillbirth have been conferred; its sex, color, &c., fully signed by the physician or midwife in attendance, or in case the birth or stillbirth occurred without the attendance of a physician or midwife, by the parent or householder, within the period above required, and attendance upon the mother, the Commissioner of Health, in lieu thereof, may procure the information required by this section, which shall be subject to the fine of ten (10) dollars for each child to report its birth or stillbirth, or for failure to furnish the information required by this section, shall be subject to a penalty of twenty (20) dollars, to be recovered as other penalties are recoverable.

BALTIMORE MD. MAY 5 1891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 71074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd Jan 1890
4. Place of Birth, (Street and Number) 103 S High St
5. Full Name of Mother, Minnie Wienberg
6. Mother's Maiden Name, " Rolnowitch
7. Mother's Birthplace, Russia
8. Full Name of Father, Abe Wienberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 42 Albemarle St

Remarks,

1890-003663

...ate between the first and ...case the birth or any still ...ould no other certificate of such ...period above required, and ...ns of this section shall be sub- ...es and forfeitures are recoverable ...

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Wht.

Date of Birth Feb 2 91

Place of Birth, (Street and Number) 605 N Eutaw St

Full Name of Mother Mary Lampert

Mother's Maiden Name Mary Hanks

Mother's Birthplace Baltimore

Full Name of Father Chas Lampert

Father's Occupation Asst Naval Store

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. James A Talbert

Address 614 N Madison Ave.

Remarks

890-003664

at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, Board of Health, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Jan. 2, 1891.

4. Place of Birth (Street and Number), 1028 N. Gombard St.

5. Full Name of Mother, Mary A. Heber

6. Mother's Maiden Name, Mary A. Hismer

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, George A. Heber

9. Father's Occupation, Letter Carrier

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. W. A. Wright M. D.

Address, 220 N. Gilmor St.

Remarks, 890-003665

JAN 3 1891 BALTIMORE MD. HEALTH DEPARTMENT

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Melchoir George Knepper

No. of Child or Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth. 2nd January 1891

4. Place of Birth, (Street and Number) 93 E. East Chase St

5. Full Name of Mother. Wilhelmina Kate

6. Mother's Maiden Name. Scherloff

7. Mother's Birthplace, Balt.

8. Full Name of Father. Louis H. Knepper

9. Father's Occupation, Machinist

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. W. C. Conway M.D.

Address, 1579 John St

Remarks,

890-003666

BALTIMORE MD. JAN 9 1891 HEALTH DEPARTMENT

Note.—Every midwife or other person (except a physician or practitioner of midwifery) who shall be in attendance upon the mother, immediately thereafter shall make a return of the birth above required, and shall forward the same to the Commissioner of Health within the period above specified, and every such midwife or other person who shall neglect or refuse to make such return, or who shall make a false return, shall be subject to the fine or penalty with the provisions of this section are recoverable.

J. D. ENGLAND & CO., CITY PRINTERS AND STATIONERS

12-8-85

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Ellen Stewart ~~Waldschmidt~~ Waldschmidt 2

1. *Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Female
2. *Sex, (state whether male or female)* White
3. *Race or Color, (if not of the white race)* Jan 2nd 1871
4. *Date of Birth,* 443 Washington St. Homestead Annex
5. *Place of Birth, (Street and Number)* Catherine C. Waldschmidt
6. *Full Name of Mother,* " Burns
7. *Mother's Maiden Name,* Balto Co Md
8. *Mother's Birthplace,* Louis D. Waldschmidt
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. R. L. Rankin M.D.

Address, Waverly Station Baltimore Md.

Remarks, 1890-003667

BALTIMORE CITY HEALTH DEPARTMENT

within six days thereafter, stating distinctly the date of birth, sex, and color of each child, and full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN S. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 nd
1. Sex, (state whether male or female)	Twin Males
2. Race or Color, (if not of the white race)	White
3. Date of Birth	January 3rd 1891
4. Place of Birth, (Street and Number)	1612 Eastern Ave.
5. Full Name of Mother	Barbara Ament
6. Mother's Maiden Name	Barbara Krauzze
7. Mother's Birthplace	Germany
8. Full Name of Father	John Casper Ament
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Engelhardt
Address	415 South Ann st
Remarks	

1890-003668

at the birth of any child, within the City of Baltimore, a full report of the facts required to be registered concerning such birth, and of the parents of such child, and of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. *Child of Mother*, (state whether 1st, 2d, 3d, &c.) 7th
2. *Sex* (state whether male or female) Male
3. *Race or Color* (if not of the white race) White
4. *Date of Birth* January 3rd 1891.
   Place of Birth- (Street and Number) 206 Madary st.
5. *Full Name of Mother* Deboy Baier
6. *Mother's Maiden Name* Deboy Gubb.
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Christian Baier
9. *Father's Occupation* Cannacker
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Engelhardt

Address 415 South Ann St.

Remarks

690-003669

HEALTH DEPARTMENT, BALTIMORE CITY

at the birth of any child, within the City of Baltimore, shall report, in writing, to the Registrar of Vital Statistics, Board of Health, the fact of such birth, and the sex, and color of such child, and the name, residence and occupation of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 7481.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Collard
3. Date of Birth, 3 of January 1891
4. Place of Birth, (Street and Number) Haw st # 698
5. Full Name of Mother, Emma R Gross
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Spriggs
9. Father's Occupation, Canmaking
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Margret Gray

Address,

Remarks,

1890 - 003670

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. Sex, (*State whether male or ~~female~~*)
2. Race or color, (*if not of the white race*) white
3. Date of Birth, January 2nd 1891
4. Place of Birth, (*Street and Number*) 2106 Oak St
5. Full Name of Mother, Florence Mustard Shipley
6. Mother's Maiden Name, "
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, Howard B. Shipley
9. Father's Occupation, Real Estate
10. Father's Birthplace, Carroll County Md

Name of Medical Attendant, or other person who makes this Return. J. H. Mc Mahon M.D.

Address, 2100 - Md Ave

Remarks,

890-003671

BALTIMORE CITY DEC 30 1891

WM. A. C. SHAW & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 77683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 7th
4. Place of Birth, (Street and Number) No 1 Stafford St
5. Full Name of Mother, Hattie ~~Stovall~~ Bowen
6. Mother's Maiden Name, Hattie Stovall
7. Mother's Birthplace, William Post Pennsylvania
8. Full Name of Father, Richard Bowen
9. Father's Occupation, Seaman Labor
10. Father's Birthplace, Balt Co Baltimore County

Name of Medical Attendant, or other person who makes this Return. Mrs E Elisepeth Weeks

Address, Carroll Post Office

Remarks, Baltimore County

8 9 0 0 0 3 6 7 2

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 27081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 3rd of January
4. Place of Birth, (Street and Number) 812 McDonough St
5. Full Name of Mother, Susan [redacted] Bedford
6. Mother's Maiden Name, Susan [redacted] Jones
7. Mother's Birthplace, Saint Marys County
8. Full Name of Father, Elijah Bedford
9. Father's Occupation, Brickyard
10. Father's Birthplace, Sharrow Point

Name of Medical Attendant, or other person who makes this Return. Susan Hooper

Address, 123 N. Durham St

Remarks,

8900003673

month, and shall set forth as far as known the name and occupation of its parents, the date and place of birth, and the name (if any conferred) its sex, color, the fact of its being born alive or dead, and such other particulars as may be required by the practitioner in the form of certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child or the occupant of the house in which such birth occurs shall within the period above required, and under the penalties of this section, report the same to the Commissioner of Health, in the manner and subject to the provisions of this section. If any midwife or physician shall fail to comply with the provisions of this section, he shall be subject to a fine of not less than ten dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE A. S. ABELL CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 7485.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V 5

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3 January 1891. Cookis Street 1403.
4. Place of Birth, (Street and Number) Louis Point.
5. Full Name of Mother, Eleanor Wood
6. Mother's Maiden Name, " Wilson
7. Mother's Birthplace, Pains va.
8. Full Name of Father, Benjamin Harrison Wood
9. Father's Occupation, Carpenter
10. Father's Birthplace, Lage co va.

Name of Medical Attendant, or other person who makes this Return. Ruth Anna Wilson

Address, Broadway Street 1421 Louis Point.

Remarks,

890-003674

JAN 6 1891 BALTIMORE MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH (V.7 481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Jan 3, 1891.

4. Place of Birth (Street and Number), 1312 N. Lexington St.

5. Full Name of Mother, Annie Belle Turner

6. Mother's Maiden Name, Annie Belle Gardner

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Wm. A. Turner

9. Father's Occupation, Builder

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. W. A. Wright M.D.

Address, 220 N. Gilmor St.

Remarks, 890-003675

BALTIMORE CITY JAN 3 1891

Publishers Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

A 27087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5te
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Whit
3. Date of Birth,	3te of Januar 1891
4. Place of Birth (Street and Number),	1813 Madison Str
5. Full Name of Mother,	Jene Nelson
6. Mother's Maiden Name,	Jene Hardester
7. Mother's Birthplace,	Baltimore M.D.
8. Full Name of Father,	Charles Nilson
9. Father's Occupation,	Fireman
10. Father's Birthplace,	Baltimore M.D.
Name of Medical Attendant, or other person who makes this Return.	Mrs Ida Hille midwif
Address,	207 N Castle St Baltimore M.D.
Remarks,	

690-003676

HEALTH DEPT. BALTIMORE MD. 1891

Note.—In the first column, the full name and occupation of its parents, the date and place of birth, and the age, color, and place of residence of each parent, are to be given. In case the child is illegitimate, the name and residence of the father need not be given. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the parent or parents, guardian or other person having charge of such child, to report the birth to the Commissioner of Health, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Male
Race or Color (if not of the white race)	White
Date of Birth	January 3rd 1891
Place of Birth (Street and Number)	312 N. Carey St.
5. *Full Name of Mother*	Adam Getz.
Mother's Maiden Name	Leland.
Mother's Birthplace	North Attleborough, Mass.
8. *Full Name of Father*	Charles Getz.
9. *Father's Occupation*	Physician
10. *Father's Birthplace*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Charles Getz M.D.
Address	312 N. Carey St.
Remarks	

BALTIMORE CITY REGISTRAR'S OFFICE JAN 5 1891

890003677

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

A-77489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)

1. Sex, (state whether male or ~~female~~) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, January 3rd 1896

4. Place of Birth, (Street and Number) No. 713 East Fayette St

5. Full Name of Mother, Mrs. Margaret Sophia Frederick

6. Mother's Maiden Name, Miss Margaret E. Trent

7. Mother's Birthplace, Baltimore, Maryland

8. Full Name of Father, Mr. George Henry Frederick

9. Father's Occupation, Piano Maker

10. Father's Birthplace, Baltimore, Maryland,

Name of Medical Attendant, or other person who makes the Return. Wm. H. Clendinen, M.D.

Address, No. 201 North Broadway

Remarks, 890-003678

BALTIMORE CITY HEALTH DEPARTMENT JAN 5 1897

J. C. DELANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 77490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) Third (3rd)

1. Sex, (state whether male or ~~female~~) Male
2. Race, color, (if not of the white race) White
3. Date of Birth, January 3rd, 1891
4. Place of Birth, (Street and Number) No. 2040 Orleans St.
5. Full Name of Mother, Mrs. Mary Emily Smith
6. Mother's Maiden Name, Miss Mary E. Kent
7. Mother's Birthplace, Baltimore, Maryland
8. Full Name of Father, Mr. Godfrey Frederick Smith
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return, Wm. H. Clendinen, M.D.

Address, 201 North Broadway

Remarks,

B 90 - 003679

BALTIMORE CITY JAN 5 1891 HEALTH DEPARTMENT

month, and shall, at the same time, report the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, including the child last born, and the number now living. In case of a birth occurring after the first child, been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and third day of each month, as aforesaid. In case of births occurring after the first child, and when no medical attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period hereinbefore required, and any such person or parents who shall refuse, neglect or omit to make such report, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) January 3, 1890

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Jan 3. 1890
4. Place of Birth, (Street and Number) 615 Montgomery St
5. Full Name of Mother, Annie Gant
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, Frank Parran
9. Father's Occupation, Stevedore
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return. Harkey Jane Winner

Address, 339 West St

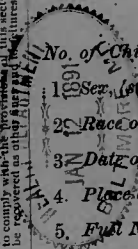
Remarks,

890-003680

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 77492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 3 1891
4. Place of Birth, (Street and Number) Carroll 12 Duck Broads Alley
5. Full Name of Mother, Virginia Watts
6. Mother's Maiden Name, Virginia Brown
7. Mother's Birthplace, Calvert County Md
8. Full Name of Father, Hosea Watts
9. Father's Occupation, Laboring
10. Father's Birthplace, Calvert County Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Wicks

Address,

Remarks, 690-003681

Boards, interred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the undertaker who buried it, and the name of the physician in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the city in which such birth shall occur without the aforesaid information, specifically thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether mate or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 3rd 1891.
4. *Ptace of Birth, (Street and Number)* 600 Boundary Avenue Area
5. *Futt Name of Mother,* Caroline Dantelbach
6. *Mother's Maiden Name,* Heimann
7. *Mother's Birthplace,* Germany
8. *Fult Name of Father,* Edward Dantelbach
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Dena Hillquist

Address, 1038 Old Town Ave St

Remarks, 8902003682

BALTIMORE MD

...been conferred) its sex, color, the full name and ... the father is living, ... date between the first and ... said schedule shall be delivered, duly filled out, ... Commissioner of Health, ... the ... of every child ... third day of each month, the attendance of a physician, ... practitioner of midwifery, or the person or parents of such ... attendance upon the mother, immediately after the birth of the child, shall report its birth to the Commissioner of Health, in manner and form as above required, and ... child to report its birth to the Commissioner of Health, shall forfeit and pay to the use of the City of Baltimore ... any such person or persons who shall neglect or refuse, to be recovered as other debts due to the City. Every ... jected to the fine of ten (10) dollars for each offense, to be recovered as aforesaid. ... forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

... been conferred) its sex, color, the full name and occupation [illegible] cate between the first and said schedule shall be delivered, duly signed by the prescri[illegible] in the form of a [illegible] the birth of any child third day of each and every month to the office of the [illegible] Board of Health [illegible] no other person be in shall occur without the attendance of a physician or [illegible] of midwifery [illegible] or parents of such attendance upon the mother, immediately thereafter it shall become the duty of [illegible] above required, and child to report its birth to the Commissioner of Health, in the manner and within the period [illegible] tion shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this [illegible] jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 27494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

... of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 3rd

... Sex, *(state whether male or female)* Male

... Race or Color, *(if not of the white race)* White

3. Date of Birth, Jan 3rd 1891.

4. Place of Birth, *(Street and Number)* #4247 High St

5. Full Name of Mother, Mary Clifford

6. Mother's Maiden Name, [illegible] Fogarty

7. Mother's Birthplace, Virginia

8. Full Name of Father, Thomas Clifford

9. Father's Occupation, Pipe Fitter

10. Father's Birthplace, Edinburg Scotland

Name of Medical Attendant, or other person who makes this Return. Mrs Lena Hillquist

Address, #1058 E Monument St

Remarks,

890-003683

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

B 2744

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as is known to the informant the name and occupation of the parents, the date and place of birth; and the sex and color of each child born alive, whether it has been conferred; its sex, color, the fact of its having been duly signed by the practitioner in attendance at the birth of any child said schedule shall be delivered every month to the office of the Commissioner of Health, and no other person is required to report the birth of such child to the Commissioner of Health. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY
JAN 12 1891

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* Col
4. *Date of Birth,* Jan 4th 1891
5. *Place of Birth, (Street and Number)* 441 Henrietta st city
6. *Full Name of Mother,* Dara. Vassilo
   Mother's Maiden Name, Carter
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Edgar R. Vassilo
9. *Father's Occupation,* Potter
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890 - 003684

WM. A. C. HILLERY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 27496.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] shall set forth as far as the same can be ascertained, the parents, the date and place of birth; and the month, and shall set forth the full name and occupation of its parents, in the form of a certificate between the first and been conferred) its sex, color, the full name and duly signed by the practitioner in the form of the Commissioner of Health. In case the birth of any child said schedule shall be delivered to the office of the Commissioner of midwifery, or should no other person be in third day of each and every month to a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter to the Commissioner of Health, in the manner and within the time above required, and child to report its birth to the Commissioner who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be [illegible] as other fines and penalties are recoverable.

JAN 30 1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 4 — 1891.

4. Place of Birth, (Street and Number). 505 Hanover st.

5. Full Name of Mother, Mary Bietty.

6. Mother's Maiden Name, McColl.

7. Mother's Birthplace, America.

8. Full Name of Father, William Bietty.

9. Father's Occupation, Black smith.

10. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return. J. Schwasser Midwife.

Address, 1032 Hanover st.

Remarks, 1890-003685

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 7749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	Negro
3. *Date of Birth,*	January 4 1891
4. *Place of Birth, (Street and Number)*	1134 Kerr st.
5. *Full Name of Mother,*	Mary Holly.
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	St Mary's Co., Md
8. *Full Name of Father,*	Unknown —
9. *Father's Occupation,*	———
10. *Father's Birthplace,*	———
Name of Medical Attendant, or other person who makes this Return.	Pearce Koutzen MD
Address,	601 Franklin St
Remarks,	Position L.D.S.

8 9 0 - 0 0 3 6 8 6

...ORE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Jan 4
5. *Place of Birth, (Street and Number)* 1 Fish Market place 4th
6. *Full Name of Mother,* Rachel Berman
7. *Mother's Maiden Name,* Radwilusick
8. *Mother's Birthplace,* Lenbe Berman
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Pac Krog Russia,

Name of Medical Attendant, or other person who makes this Return. Ella Klayman M.D.

Address, 1177 E Lombert

Remarks, 1890 003687

BALTIMORE MD.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A.M. 499.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 4th 90
4. Place of Birth, (Street and Number)	631 W. Pratt St
5. Full Name of Mother,	Jessie Ross
6. Mother's Maiden Name,	Gusse Dolle
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Ferdinand Ross
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr S Blum Asst.
Address,	64 Columbia Av
Remarks,	1890-003688

BALTIMORE, MD.

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of the parents, the date and place of birth of any child born between the first and tenth day of each and every month, or at such other period as may be required, and said schedule shall be delivered, duly signed by the person making the same, to the Commissioner of Health, or to such person as he may appoint, on the third day of each and every month, or at such other period as may be required, and also once upon the mother, immediately thereafter, if a physician or midwife shall not be in attendance at the birth of any child to report its birth to the Commissioner of Health, or to such person as he may appoint, on the third day of each and every month, or at such other period as may be required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. In this city the penalties are recoverable.

RETURN OF A BIRTH.

A 47500.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (~~state whether male or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 4th 1891
4. Place of Birth, (Street and Number) 1630 E. Madison St
5. Full Name of Mother, Emma Frances Bachmyer
6. Mother's Maiden Name, Hunter
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Walter Tilly Bachmyer
9. Father's Occupation, Police Officer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Geo. H. Watson

Address, 1004 N. Fulton Ave

Remarks,

1890-003689

HEALTH DEPARTMENT JAN 14 1891 BALTIMORE

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and such other information as may be required by the Commissioner of Health. And every such certificate shall be delivered, duly signed by the practitioner in the form of a certificate as aforesaid, within the third day of each and every month after the birth of any child, to the Registrar of Vital Statistics, and shall occur without the attendance of a physician or midwife, the certificate shall be signed by the person in attendance upon the mother. Immediately thereafter it shall be the duty of the person so signing to report in person the birth to the Commissioner of Health, in the manner and within the time above specified, and any such person who shall neglect or refuse to make such report, or to sign such certificate, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 4-14-58

RETURN OF A BIRTH 276-01.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Flossie Rebecca Turner

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored

Date of Birth, January 4, 1891

Place of Birth, (Street and Number) 1727 Orleans St

Full Name of Mother, Blanche L Turner

Mother's Maiden Name, Blanche V Frazier

Mother's Birthplace, Saint Marys County Md

8. Full Name of Father, John L Turner

9. Father's Occupation, Laborer

10. Father's Birthplace, Accomac County Virginia

Name of Medical Attendant, or other person who makes this Return. Susan Hopper

Address, 123 N Durham

Remarks,

1890-003690

HEALTH DEPARTMENT BALTIMORE CITY

JAN 9 1891

FILED

Every birth occurring after the first day of January, 1880, shall be registered within five days after the same shall have taken place, and it shall be the duty of the attending physician, midwife, or other person in attendance upon the mother, immediately thereafter, to report in the manner and within the period above required, and on a blank to be furnished by the Commissioner of Health, the particulars required by this section to be recorded touching such birth; and every such physician, midwife, or other person who shall neglect or refuse to report as aforesaid the birth of any child which he shall have attended in its birth, or shall report any false or untrue particulars touching any such birth, shall be liable to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEC. 4, ART. 4, CODE OF PUBLIC LOCAL LAWS.

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A-7502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 4th 1891
4. *Place of Birth, (Street and Number)*	821 Park Ave
5. *Full Name of Mother,*	Ida Wilkerson
6. *Mother's Maiden Name,*	Ida Roberts
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thos. Wilkerson
9. *Father's Occupation,*	Lumberman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Joseph Blum MD
Address,	621 Columbus Ave.
Remarks,	

1890 003691

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 7750

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd child
1. Sex, (state whether mate or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 4th 91
4. Place of Birth, (Street and Number)	303 Hanover St
5. Full Name of Mother,	Lizzie Zoccitus Nicholoaus
6. Mother's Maiden Name,	Russia
7. Mother's Birthplace,	Geo Zoccitus
8. Full Name of Father,	Tailor
9. Father's Occupation,	Russia
10. Father's Birthplace,	Harry W Webster
Name of Medical Attendant, or other person who makes this Return.	403 Hanover St
Address,	
Remarks,	690-003692

BALTIMORE, MD.

ERR. J. C. CULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 17504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MD. JAN 20 1891

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~) .....

Sex, (~~state whether male or female~~) .....

Race or Color, (~~if not of the~~ white race) .....

Date of Birth, June 5th 1891.

Place of Birth, (Street and Number) 1912 Edmondson Ave.

Full Name of Mother, Grace D. Kennard.

6. Mother's Maiden Name, Grace D Waidner

7. Mother's Birthplace, Baltimore City Md.

8. Full Name of Father, Edward M. Kennard.

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return. Thos. L. Chatard M.D.

Address, 662 N. Eutaw St.

Remarks, + 8 9 0 = 0 0 3 6 9 3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex.* (state whether male or female)	Female
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth,*	January 7th 1891
4. *Place of Birth.* (Street and Number)	S. W. cor Eager and Canal Sts
5. *Full Name of Mother,*	Mamie Stanley
6. *Mother's Maiden Name,*	Miller
Mother's Birthplace,	Baltimore City
8. *Full Name of Father.*	Michael Stanley
9. *Father's Occupation,*	Policeman
10. *Father's Birthplace,*	Balto Co
Name of Medical Attendant, or other Person who makes this Return	Jno F Lawlor M.D.
Address,	204 N. Broadway
Remarks,	

890 00 3604

When a Child Born Alive, Shall Die Before Its Birth Can Be Registered, a Physician Shall Certify Whether or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children, Were Known to Him, and Whether Such Child Was Born, Its or their physical condition, whether still-born or not, the full name, nativity, and residence

JAN 8 1891 HEALTH DEPT. BALTIMORE

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 11
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Jan 5th 1881
4. Place of Birth (Street and Number),	411 Hoover Street.
5. Full Name of Mother,	Sarabella Queen
6. Mother's Maiden Name,	Sarabella Scott
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Samuel Queen
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Jane Richards
Address,	315 King Street
Remarks,	890-003695

BALTIMORE MD.

and shall set forth as far as the same can be ascertained the date, and the full name, sex, color, the full name and occupation of the parents, the date and place of birth and residence of each child born alive, and the number of children born to the mother, including those born dead, and shall be signed by the practitioner in the form of a certificate to the effect that he has attended the confinement of the mother of such child, or has seen the birth of any child without the attendance of a physician or practitioner of either sex. In case the birth of any child shall occur without the attendance of a physician or practitioner of either sex, it shall be the duty of the person in charge of the house where such birth occurs, or the mother if able, immediately thereafter to report the fact of such birth to the Registrar of Vital Statistics, and shall become the duty of the person or persons in attendance upon the mother at the time of the birth of any child, to report the fact of such birth as herein required, and any such person who shall neglect or refuse to make such report as herein required, shall be subject to the same penalties for each offence, to be recovered as other fines and forfeitures are recoverable.

... Publishing Co., City Printers and Stationers.

One

RETURN OF A BIRTH

A 3-1907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Patrick Connolly

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 5th 07.
4. Place of Birth, (Street and Number) 141 Hartford Ave Eden.
5. Full Name of Mother, Sallie Connolly
6. Mother's Maiden Name, Sallie Riley
7. Mother's Birthplace, England
8. Full Name of Father, Michael Connolly
9. Father's Occupation, Asst at Holy Rood Cemetery
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Wm. D. Holman M.D.

Address, 1429 Hartford Ave

Remarks,

1690-003696

boards, and shall set forth as far as the same can be ascertained, the date and place of birth, the name, sex, color, the full name and occupation of its parents, the date and place of their marriage, and such other information as may be required by the said schedules, which certificate shall be delivered by the practitioner in charge of the case to the officer of the Commissioners of Health within the district in which the birth shall occur without the attendance of a physician or practitioner within ten days after the birth, and in default thereof, or if any false statement be knowingly made in any such certificate, the person or persons so offending shall forfeit and pay a sum not exceeding fifty dollars; and it shall be the duty of each and every midwife or other person in attendance upon any child to report in like manner the birth of such child to the Commissioners of Health within the first ten days of the first month after the birth occurs, and in default thereof, or if any false statement be knowingly made in any such report, the person or persons so offending shall forfeit and pay a sum not exceeding fifty dollars; and it shall be the duty of the mother, immediately thereafter, if she become able to comply with the provisions of this section, to report to the Commissioners of Health the period about which such birth occurred, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties are recoverable.

WM. A. D. BALDWY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 27508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 6 1901
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th January

4. Place of Birth, (Street and Number) 312 N. Para

5. Full Name of Mother, Mary R. Jackson

6. Mother's Maiden Name, Webster

7. Mother's Birthplace, Balto

8. Full Name of Father, Robt S Jackson

9. Father's Occupation, Merchant

10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. Dr. Wm Webster

Address, 1103 Hanover

Remarks, 690 - 003697

month, and shall state the full name and occupation of its parents, the date and place of birth, and the name conferred by his sex, color, the full name and address of the physician or midwife in attendance at the birth, and if there was no physician or midwife in attendance, then the name, residence and occupation of the father or mother of such child shall be delivered, duly filled out, to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE A. C. GUILANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 7514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 third child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Color
3. Date of Birth,	3 of the month
4. Place of Birth, (Street and Number)	859 Boyd St.
5. Full Name of Mother,	Emma E Jenkins
6. Mother's Maiden Name,	Linda E Todd
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Edward Jenkins
9. Father's Occupation,	Oyster Packer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Estelle Cooke
Address,	108 Stead all
Remarks,	6900-003698

JAN 1 1901 BALTIMORE HEALTH DEPARTMENT

...and ... of the full name and occupation of his parents, the date and place of birth; and the ... sex, color, the full name and ... the practitioner in the form ... certificate between the first and ... child shall be delivered, duly ... the office of the Commissioner of Health. In case the birth ... person he is ... or attendant upon the mother, or ... or parents of such ... said act, day of each and every month ... of a physician or ... shall become the duty of the person required ... shall occur without the ... immediately thereafter, ... attendance upon the birth to the Commissioner hereafter ... child to ... person or persons ... as aforesaid, ... subjected to the fine of ten (10) dollars for each offense. ... rooms, and ... and forfeitures are recoverable.

GEO. W. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 7510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 5, 1891
4. Place of Birth, (Street and Number) 803 N. Calvert St
5. Full Name of Mother, Nellie Inman Banks,
6. Mother's Maiden Name, Nellie Inman
7. Mother's Birthplace, Michigan
8. Full Name of Father, Harry R. Banks.
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. George H. Robe

Address, 8 N. Franklin

Remarks, 1890-003690

WELLS JEFFERY BALTIMORE

...been conferred, shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, the parent or parents of such child shall, within the period above required, and in like manner, report the birth to the Commissioner of Health. In the event of the failure of the parent or parents of such child to report such birth, or in the event of the absence of the parent or parents from the city, then such person or persons who shall hereafter have charge of such child, shall be subject to the fine of ten (10) dollars for each and every month or fraction of a month that such report is delayed; and such fine may be recovered as other fines and forfeitures are recoverable.

...ORE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-5-55 A 27611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Isabelle Ametia Lamm

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Jan 5th 1894

Place of Birth, (Street and Number) #634 N Carolina St

5. *Full Name of Mother,* Mary A Lamm

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Frank Lamm

9. *Father's Occupation,* Structore

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Wm Geo A Ellegood

Address, #1036 Monument St

Remarks, 890-003700

SALTIMORE MD

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

E 27572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
Date of Birth,	Born Jan 5th 1891
4. Place of Birth, (Street and Number)	# 333 Forrest Str
5. Full Name of Mother,	Mrs Lizzie Dienstbier
6. Mother's Maiden Name,	Miss " Arnold
Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mr Meichael Dienstbier
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Miller
Address,	2121 W Pratt Str
Remarks,	

690-003701

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or should the latter be prevented from making the return, the nurse in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered and forfeitures are recoverable.

JAN 9 1891 BALTIMORE CITY

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 11th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 6th 1891
4. Place of Birth, (Street and Number) 1017 Johnson
5. Full Name of Mother, Rose A Jones
6. Mother's Maiden Name, Rose A Evans
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, I A Jones
9. Father's Occupation, Carpenter
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs Cooke

Address, 914 N Charles St

Remarks,

BALTIMORE MD. JAN 7 1891

C 90-003702

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Above is to be filled in by the full name and occupation of its parents, the date and place of birth; and the number (if any) of the child of the mother. The certificate is to be signed by the physician in attendance, or if there has been none, by the midwife, or if there was neither physician nor midwife, by the father or mother of the child, or in case of their absence or inability, by the householder or owner of the premises where the birth occurred. Every such certificate shall be duly signed by the practitioner in the case of births occurring after his first visit, and in all other cases within ten days after the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, the parents or householder shall report the same within ten days, giving the information required by this section, and in default thereof shall be liable to the penalties provided for violations of this section. In case of the absence or inability of the mother, the father shall report the birth of the child within the time above required, and any such person who shall neglect or refuse to report as required by this section shall be subject to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 27514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 5th 1891
4. Place of Birth, (Street and Number) 626 N. Calvert St.
5. Full Name of Mother, Lillie Rosita
6. Mother's Maiden Name, " Wolst
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joe F. Rosita
9. Father's Occupation, Parson
10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return. John Henry M.D.

Address, 118 E. Franklin St

Remarks,

1890-003703

BALTIMORE MD. JAN 6 1891

...been conferred. In sex, color, the full names and occupation of the parents, the date and place of birth; and the said duty shall be performed by the occupier in the form of a certificate between the first and third days of each and every month to the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person or parents of such child to report the same to the Commissioner of Health in the manner and within the period above required, and ...such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars to be recovered as other penalties and forfeitures are recoverable.

WM. A. WILEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 27575.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth.

Sex, (state whether male or female) Male.

Race or Color, (if not of the white race) White.

Date of Birth, January 5 1891.

Place of Birth, (Street and Number) 2w. 1630 St. Joseph st.

Full Name of Mother, Frances Thomas

6. Mother's Maiden Name, Frances Gebrandt.

7. Mother's Birthplace, Germany.

8. Full Name of Father, John Thomas.

9. Father's Occupation. Laborer.

10. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return. A. R. Elwell M.D.

Address, 1241 Harford ave

Remarks, 890-003704

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth January 5th
4. Place of Birth, (Street and Number) 927 Rock alley Bet Hamburg
5. Full Name of Mother, Hattie Smith
6. Mother's Maiden Name, Hattie Fisher
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Albert Smith
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Margret Spriggs

Address, 800 Winter Street

Remarks,

1890-003705

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 2757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Jan 5 - '21
4. Place of Birth (Street and Number),	1126 Etting St.
5. Full Name of Mother,	Lizzie Linards
6. Mother's Maiden Name,	Hawkins
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	John Arthur Linards
9. Father's Occupation,	Railroad employe
10. Father's Birthplace,	N. C.
Name of Medical Attendant, or other person who makes this Return.	Dr. [illegible] Hood
Address,	907 McCulloh St.
Remarks,	D. [illegible] Medical Examiner

HEALTH DEPARTMENT JAN 8 1921 BALTIMORE MD

690-003706

and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered to the person in charge of the premises at the time of such visit. And the said schedule shall be delivered, duly filled out, to the office of the Board of Health. In case the birth of any child shall occur within the first week of any month, the attendant of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, the duty of the person in charge of the premises upon the mother's first visit to the office of the Commissioner of Health, to report such child to the Board of Health. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A. 37518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th Child

Sex, (state whether male or female) Male Child

Race or Color, (if not of the white race) White Child

3. Date of Birth, January 5 th 1891

4. Place of Birth, (Street and Number) Valley St n mount City Annex

5. Full Name of Mother, Annie Frisby

6. Mother's Maiden Name, Annie Baughen

7. Mother's Birthplace, East Berlin. Adams C Pa

8. Full Name of Father, Robert C. Frisby

9. Father's Occupation, Railroad Laborer

10. Father's Birthplace, Prince Georg C Md

Name of Medical Attendant, or other person who makes this Return. Margret Flinkel

Address, N 28 mount St n Valley Balt City

Remarks,

1890 - 003707

JAN 1891 BOARD OF HEALTH BALTIMORE MD.

Any person who shall wilfully make any false statement in the certificate required by the preceding sections of this ordinance, or who shall wilfully make any false statement in any certificate or report required by the Commissioner of Health, or by the Board of Health, or who shall wilfully aid or assist in making any such false statement, shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore, shall be punished by a fine not exceeding one hundred dollars, or by imprisonment in the city jail not exceeding ninety days, or by both fine and imprisonment, in the discretion of the court.

Any person who shall wilfully refuse or neglect to make any report or certificate required by the preceding sections of this ordinance, or to furnish any information required by the Commissioner of Health, or by the Board of Health, or who shall refuse or neglect to comply with any of the provisions of said sections, shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore, shall be punished by a fine not exceeding one hundred dollars, or by imprisonment in the city jail not exceeding ninety days, or by both fine and imprisonment, in the discretion of the court.

Any person who shall wilfully refuse or neglect to make any report or certificate required by the preceding sections of this ordinance, or to furnish any information required by the Commissioner of Health, or by the Board of Health, or who shall refuse or neglect to comply with any of the provisions of said sections, shall be guilty of a misdemeanor, and upon conviction thereof in the Criminal Court of Baltimore, shall be punished by a fine not exceeding one hundred dollars, or by imprisonment in the city jail not exceeding ninety days, or by both fine and imprisonment, in the discretion of the court.

RETURN OF A BIRTH A 27579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 10 1891 BALTIMORE MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. ch.
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Jan 5. 1891
5. Place of Birth, (Street and Number) Cookes St 1101
6. Full Name of Mother, Annie Nowman
7. Mother's Maiden Name, Annie Jandenhagen
8. Mother's Birthplace, Balt
9. Full Name of Father, Hugh Nowman
10. Father's Occupation, Laborer
11. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Jos E Teel

Address, No 1619 Cubes St

Remarks,

890-003708

been complied with. Every birth must be registered within five days after it occurs, and the certificate shall be delivered, duly signed by the practitioner in the form as above required, to the Registrar of the district in which the birth occurs. If no practitioner was in attendance upon the case, the certificate shall be signed by the father or mother of the child, or by the householder or owner of the premises where the birth occurred, or by the nurse in attendance upon the mother, within the time above specified. Any person who shall neglect or refuse to make the return required by this section, or who shall make a false return, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other penalties are recoverable.

RETURN OF A BIRTH A 27520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 10 1891

BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Babe
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 th January 1891
4. Place of Birth, (Street and Number) Pollock St No 22
5. Full Name of Mother, Minie Rohmer
6. Mother's Maiden Name, Leinbach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Willm Rohmer
9. Father's Occupation, Wool Mann
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Hardiman Storey

Address, Fort Std No 734

Remarks, 1890-003709

...shall be required to report the full name and occupation of its parents, the date and place of birth, and the sex of each child, duly signed by the practitioner in the form of a certificate, which shall be delivered to the parent or nurse of such child. In case the birth of any child shall occur without the attendance of a physician, midwife, or other person, it shall be the duty of the person in charge of the premises where such birth occurs, within five days thereafter to report the same to the Commissioner of Health, and in default of such report, and attendance upon the mother, Commissioner of Health, or his assistant, shall visit such premises and ascertain the facts required to be reported by this section. Any person who shall hereafter fail or refuse to report as herein required, or who shall make any false report as to any of the facts required to be reported by this section shall be subjected to a fine of ten (10) dollars for each offense, which penalty and all other penalties and forfeitures are recoverable.

SEE J. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 27521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th
2. *Sex (state whether male or female),* Male
3. *Race or Color (if not of the white race),* Colored
4. *Date of Birth,* Jan 3 1891
5. *Place of Birth (Street and Number),* 831 Lemmon Alley
6. *Full Name of Mother,* Hester Humphreys
7. *Mother's Maiden Name,* Hester Holliday
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* George Humphreys
10. *Father's Occupation,* Drayman
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Jane Richardson

Address, 313 King Street

Remarks,

1890 - 003710

PATTISON CITY PRINTING HOUSE JAN 5 1891

Penalty as to sex, color, the full name and occupation of the parents, the date and place of birth, and the name and residence of the attendant, in the form of a certificate, to be delivered, duly signed by the attendant, to the parent or parents of such child, or in case there be no attendant, to the parent or parents of such child within ten days after the birth, and every month neglect or practitioner of midwifery who shall neglect or refuse to make such return, or to deliver such certificate to the parent or parents of such child, or to the attendant thereafter if such attendant shall become liable, as herein provided, to make such return, shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are now by law recoverable, the sum of ten (10) dollars into the Commissioner of Health, in the manner provided by the ordinances of Baltimore City. The duty imposed by this section shall be upon the physician, midwife or other person who shall have attended upon the mother during her confinement, and in case there be no such person, then upon the householder of the house in which the birth occurred, and every such person who shall neglect or refuse to make such return, or to deliver such certificate to the parent or parents of such child, or to the attendant thereafter if such attendant shall become liable, as herein provided, to make such return, shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are now by law recoverable, the sum of ten (10) dollars

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

27172

78

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* June 5 1891

4. *Place of Birth (Street and Number),* 614 Burgundy Alley.

5. *Full Name of Mother,* Celia Cogan

6. *Mother's Maiden Name,* Celia Howard

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* John Cogan

9. *Father's Occupation,* Stone Cutter

10. *Father's Birthplace,* Ballimore.

Name of Medical Attendant, or other person who makes this Return. Mary Jane Richards

Address, 315 King St.

Remarks,

890 00377

HEALTH DEPARTMENT

BALTIMORE CITY

DEC 15 1891

RECEIVED

Every midwife, or other person who shall assist at the birth of any child, and every householder in whose house any child shall be born, and in case any child shall be born elsewhere than in a house, then the person with whom the mother of such child shall reside or lodge at the time of the birth of such child, shall, within ten days after the birth of such child, cause the full name and occupation of the parents, the date and place of birth, and the sex and color of such child, to be registered, duly signed by the practitioner in the form of a certificate, with the Registrar of Vital Statistics, and shall deliver to such practitioner a certificate of the registry of such birth; and no other person shall be entitled to receive the attendance of a physician or midwife at the birth of any child to report the birth, in order that the duty of the person or parents of such child to report the birth, as hereinbefore provided, may be performed; and every such person who shall neglect to perform such duty, shall forfeit and pay for each offence, to be recovered as other fines imposed by this Article are recovered, a sum not less than one (1) dollar nor more than ten (10) dollars

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH, 27123.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	January 5th 1891.
4. Place of Birth, (Street and Number)	711 Bethel st.
5. Full Name of Mother	Saya Lewis.
6. Mother's Maiden Name	Saya Heuman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Lewis.
9. Father's Occupation	Boilermacker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Engelhardt.
Address	415. South Ann st
Remarks	

590 - 003712

HEALTH DEPARTMENT RECEIVED JAN 23 1891

If the child is dead at any subsequent time, or if any child previously born to the present mother is now living, which is not included in this return, the fact should be reported, stating distinctly the date of birth, sex, and color of the child or children born, its or their present or last residence, if dead, the date of death, and the cause thereof, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, A 24-91

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1891 BALTIMORE

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 child
1. Sex, (state whether male or female)	2 Male children
2. Race or Color, (if not of the white race)	colored
3. Date of Birth	5 of January
4. Place of Birth, (Street and Number)	160. East st.
5. Full Name of Mother	Emma. Bryan
6. Mother's Maiden Name	Emma. Carrol
7. Mother's Birthplace	Eastern shore Summerset Co.
8. Full Name of Father	Wilham Bryan
9. Father's Occupation	assistem undertaker
10. Father's Birthplace	Wilham Bryan
Name of Medical Attendant, or other Person who makes this Return.	Harrid Brittian
Address	212. Central Ave. 1891.
Remarks	

L 90 - 00 3 7 1 3

To the Registrar of Vital Statistics, Baltimore, as his report to the right hereof, with an oath thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A. 27625.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MD. JAN 16 1897 HEALTH DEPT.

1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
2. Color, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, January 6th 189
5. Place of Birth, (Street and Number) 17 E. Carroll Ave. Balto
6. Full Name of Mother, Annie Isabell Longshore
7. Mother's Maiden Name, " " Gaell
8. Mother's Birthplace, Balto Md
9. Full Name of Father, Peter Frazier Longshore Jr
10. Father's Occupation, House Mover
11. Father's Birthplace, Balto Md
12. Name of Medical Attendant, or other person who makes this Return. Alex Plunder
13. Address, 23d & Poppleton St
14. Remarks,

890-003714

Every person required by law to report the birth of a child, shall report its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any, in the form of a certificate between the first and second days of the month next succeeding that in which the birth occurs, and shall report to the Commissioner of Health. In case the birth occurs on the first day of the month, the certificate shall be delivered on the second day of the month; and in case the birth occurs on the second day of the month, the certificate shall be delivered on the third day of each and every month. A physician or practitioner of midwifery, or the person or parents of such child, shall report the birth of a child born without the attendance of a physician or midwife, and in case the birth shall occur without the attendance of a physician or midwife, immediately thereafter, and within the period above required, said physician or midwife, or the person or parents of such child, shall report the birth to the Commissioner of Health, and in default of the performance of the duty imposed by this section shall severally be subjected to the fine of ten (10) dollars for each offence, which forfeitures are recoverable as debts of like amount are now recovered in any court of competent jurisdiction in Baltimore City.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 2/5/26

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 6th 1891
4. *Place of Birth, (Street and Number)*	No 116 West St
5. *Full Name of Mother,*	Augusta Deck
6. *Mother's Maiden Name,*	Augusta Davis
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Louis Deck
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	No 15-17 Byrd St
Remarks,	

890-003715

...ed by law, sex, color, the full name and ...ace of birth; and the ...been carried in a ...between the first and ...schedule shall be delivered, duly signed by ...birth of any ...third day of each and every month ...or parents of such ...shall occur within the limits of the ...above required, and ...within the ...to report its birth to the Commissioner of ...section shall be ...any such person or persons who shall ...forfeitures are recoverable ...jected to the use of ten (10) dollars for each offense.

RETURN OF A BIRTH A 275-77

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 6 - 1891
4. Place of Birth, (Street and Number) Cookie St 1142
5. Full Name of Mother, Anna Stallitz
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Kissingen - Baiern
8. Full Name of Father, Joh Stallitz
9. Father's Occupation, Work Factory
10. Father's Birthplace, Kissingen - Baiern

Name of Medical Attendant, or other person who makes this Return. Johanna Joaske

Address, Garrett Ave 1563 Locust Point

Remarks,

1890 - 003716

RETURN OF A BIRTH A 7578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 8 1891, BALTIMORE, MD.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) Boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, Januar 2 6 - 1891

4. Place of Birth, (Street and Number) Cooksie St 1409

5. Full Name of Mother, Amalia Schreiber

6. Mother's Maiden Name, Schreier

7. Mother's Birthplace, Franckenthal - Sachsen

8. Full Name of Father, Hermann Schreiber

9. Father's Occupation, Kohlen arbeiter

10. Father's Birthplace, Piritz - Pommern

Name of Medical Attendant, or other person who makes this Return. Johanna Janske

Address, Garrett Av 1363 Locust Point

Remarks,

890-003717

J. S. GILMAN & CO., CITY PRINTING AND STATIONERS

RETURN OF A BIRTH

A 2079.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	January 20 1891
4. Place of Birth (Street and Number),	908 South Street
5. Full Name of Mother,	Matilda Orion
6. Mother's Maiden Name,	Matilda Simms
7. Mother's Birthplace,	West River
8. Full Name of Father,	Harriet Orion
9. Father's Occupation,	Sailor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Jane Richards
Address,	315 King Street
Remarks,	

8 9 0 - 0 0 3 7 1 8

BALTIMORE MD.

said child was born, or he is ware of, it shall be the duty of the attendant upon the mother, or the householder, to report the birth to the Commissioner of Health, in the manner and within the period above required, under the penalties of this section. Any person who shall hereafter fail to comply with the provisions of this section shall be liable to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	F Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	Jan 21 1891
4. *Place of Birth, (Street and Number)*	106 Chapel Court,
5. *Full Name of Mother.*	Clara Foster
6. *Mother's Maiden Name.*	Signed
7. *Mother's Birthplace,*	Nanie Do, Grace
8. *Full Name of Father.*	Wm Foster
9. *Father's Occupation.*	Labourer
10. *Father's Birthplace.*	West Indies
Name of Medical Attendant, or other Person who makes this Return	Francis Anderson
Address.	
Remarks.	

890-003719

any name shall have been conferred, he or she, either the full name so conferred or the initial of the first name and the surname, as the case may be, shall be deemed sufficient to be entered in the form of a birth certificate, and the said certificate, when so entered, shall be received by the proper officers as evidence of the fact of the birth and the said initial or of such name, as the case may be, in all courts of law or equity, and in all proceedings of a judicial character, and shall be deemed sufficient evidence of the name of the child, and shall be admissible in evidence to the same extent as if the full name had been entered in the certificate; and no person shall be liable to any penalty for failure to report the name of any child, or for reporting the name incorrectly, if the name of the child shall be reported within the time prescribed by law, and the initial or name, as the case may be, shall be entered in the certificate of birth; provided, however, that nothing herein contained shall relieve any person from the duty of reporting the name of any child, or from the penalty for failure to report the same, within the time prescribed by law, except in the case of illegitimate children, subject to the provisions of section 4 of this article. The Board of Health, however, shall have the power to require the name of any child to be reported within a period of not more than one year after the birth of such child, and may impose a penalty not exceeding ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Sec. 4. And be it enacted, That it shall be the duty of the physician in attendance upon any case of birth, or in case there be no physician in attendance, then of the midwife, nurse, parent, householder, or other person present at the birth, to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time prescribed by law, and to comply with the rules and penalties are recoverable as in the case of the failure to report the birth of illegitimate children, subject to the provisions of section 4 of this article.

Sec. 5. And be it enacted, That it shall be the duty of the physician in attendance upon any case of birth, or in case there be no physician in attendance, then of the midwife, nurse, parent, householder, or other person present at the birth, to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time prescribed by law, and to comply with the rules and penalties are recoverable as in the case of the failure to report the birth of illegitimate children, subject to the provisions of section 4 of this article.

REGISTERED BALTIMORE CITY

WM. K. FOX, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 7531.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex, (state whether male or female)	Girl
Race or Color, (if not of the white race)	White Race
Date of Birth,	Born Jan 6th 1891
Place of Birth, (Street and Number)	" 114 Hollins Sts
Full Name of Mother,	Mrs Regina Von Belger
Mother's Maiden Name,	Miss " Vester
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mr Ernest Von Belger
9. Father's Occupation,	Painter
10. Father's Birthplace,	Stockholm Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 W Pratt Sts
Remarks,	

1890 - 00 - 37 20

BALTIMORE, MD.

...date and place of birth; and the ...certificate between the first and ...In case the birth of any child ...made to no other person as ...person or persons required, and ...the period above required. And ...of this section shall be sub- ...forfeitures are recoverable.

...been conferred) its sex, color, the full name ... said schedule shall be delivered, duly sign... shall have been made, and the ... shall occur without the attendance of ... attendance upon the mother, immediat... child to report its birth to the Commissi... and all persons who shall neglect or refu... jected to the fine of ten (10) dollars for ...

...ed, within ... thereafter, shall become the duty of ... Board of Health within ... of this section, and ... to county will be provided ... to be covered as other fines ...

...J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 9 1891 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 6th
4. *Place of Birth, (Street and Number)*	1725 Bank St.
5. *Full Name of Mother,*	Katie Seitz
6. *Mother's Maiden Name,*	Katie Schad
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Seitz
9. *Father's Occupation,*	Upholsterer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Ulrich Goethe
Address,	114 S. Bond St.
Remarks,	

1890 - 003721

Every person having charge of a child to whom a name has been conferred, shall cause the full name and occupation of its parents, the date and place of birth, and the sex, color, and full name of such child to be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each month, to the Commissioner of Health; in case there is no practitioner in attendance, then such certificate shall be delivered by the person having charge of such child; and no certificate shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such report shall be verified by the oath of the person making the same. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 27533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 6 1891
4. *Place of Birth, (Street and Number)*	110.7 James Alley
5. *Full Name of Mother,*	Mary Wennuckt
6. *Mother's Maiden Name,*	Worm
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Henry Wennuckt
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser Midwife
Address,	1032 Hanover st
Remarks,	

0 9 0 - 0 0 3 7 2 2

month, and shall set forth as far as the same can be ascertained, the name, sex, color, the date and place of birth; and the name, residence and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter specified, or if no practitioner has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother during labor, then the person or persons having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and may such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY HALL

1891

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 3/120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether male or female),	~~Fem~~ Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jan. 6/91
4. Place of Birth (Street and Number),	1806 Banks St
5. Full Name of Mother,	Bridget Read
6. Mother's Maiden Name,	Donegan
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Wm Read
9. Father's Occupation,	Mariner
10. Father's Birthplace,	Canada
Name of Medical Attendant, or other person who makes this Return.	R.W. Mansfield M.D.
Address,	129 N Broadway
Remarks,	

HEALTH DEPARTMENT JAN 7 1891

B 9 0 - 0 0 3 7 2 3

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12 th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth 6 th of Jan 1891.
4. Place of Birth, (Street and Number) 23. N. Spring st. Baltimore
5. Full Name of Mother, Mary E. Taylor.
6. Mother's Maiden Name, " " Bayne.
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, John W. Taylor.
9. Father's Occupation, Foreman
10. Father's Birthplace, Baltimore County.

Name of Medical Attendant, or other Person who makes this Return. Ann. Hayman.

Address, No. 13. S. Eden st.

Remarks,

1890-003724

An Act of the State which [illegible] occurred on [illegible] of each year, [illegible] ascertained the full name of each child (if any shall have been unchristened) its sex, color, the full name and occupation of its parents, the exact place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of the case or by the certificate between the parents, and the said schedule shall be delivered, duly signed by the practitioner in charge of the case or by the person who shall be present at the birth of any child, to the Office of the Commissioner of Health. In case of a birth occurring where no practitioner or person is present, the duty of delivering such schedule shall devolve upon the mother, immediately thereafter. It shall be the duty of the Commissioner of Health to furnish such schedules to all practitioners and persons who shall request the same, and any practitioner or person who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ASSED 5-2-57

RETURN OF A BIRTH. A-7531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charlotte Witteman

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c) .....

1. Sex, (state ~~whether male or female~~) .....
2. Race or Color, (~~if not of~~ the white race) .....
3. Date of Birth, June 29
4. Place of Birth, (Street and Number) 10 N. Homburg St
5. Full Name of Mother, Ella Ross Wittman
6. Mother's Maiden Name, Ella Ross
7. Mother's Birthplace, Balto
8. Full Name of Father, George Wittman
9. Father's Occupation. Paint. makes
10. Father's Birthplace, Balto

Name of Medical Attendent, or other person who makes this Return. Dr Emma L Rodeau

Address, 122 Eight St

Remarks, ...

1890-003725

...month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the name and residence of the practitioner in the form of a certificate between the parents of any child said act shall be delivered, within ten days after the birth of such child, to the office of the Commissioner of Health, or should no other person be in attendance within the time specified, then it shall be the duty of the person or parents of such child to report its birth to the office aforesaid within the period above named; and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts and forfeitures are recoverable.

HEALTH DEPT. BALTIMORE CITY 1891

...BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 27587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Collard

3. Date of Birth, Wenesday January 7th 1891.

4. Place of Birth, (Street and Number) Baltimore Carrollton Street 701 S

5. Full Name of Mother, Lucy A Shorts

6. Mother's Maiden Name, Lucy A Mason

7. Mother's Birthplace, Saint marys Co Md.

8. Full Name of Father, John Mason

9. Father's Occupation, hard laboring Man

10. Father's Birthplace, Saint Marys Co Md

Name of Medical Attendant, or other person who makes this Return. Mary Catharine Jones

Address, 1121 Saratoga St. Baltimore Md.

Remarks,

1890 003726

DEATH CERTIFICATE REGISTERED JAN 1891

Sec. 1. Be it enacted by the General Assembly of Maryland, That from and after the first day of January, eighteen hundred and seventy-six, the Health Officer of each city and county in this State shall appoint a competent person to register the births and deaths occurring in his district, and shall furnish him with the necessary books and blanks for the purpose. Sec. 2. And be it enacted, That it shall be the duty of the Health Officer of each city and county to cause to be recorded the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, of every child born within his district, and to cause to be recorded in like manner the name, age, color, occupation, date and place of death, and cause of death of every person who may die within his district, and the name of the attending physician, if any there was, and to report the same to the Commissioner of Health, at such time and in such manner as the Commissioner may require. Sec. 3. And be it enacted, That it shall be the duty of the Commissioner of Health to report to the Health Officer of each city and county the name and address of every physician, midwife or other person who shall have reported the birth of a child, and also the name and address of every person who shall have reported the death of a person, during the period above required, and also to report the name and address of every person who shall have failed to report a birth or death as required by this act. Sec. 4. And be it enacted, That it shall be the duty of the Commissioner of Health to report to the Comptroller of the Treasury the name and address of any person who shall have failed to report a birth or death as required by this act, and the Comptroller shall withhold the salary of any such person from the next quarterly payment becoming due after receiving such report. Sec. 5. And be it enacted, That it shall be the duty of the Health Officer of each city and county to report its births to the Commissioner of Health, at such time and in such manner as the Commissioner may require. Sec. 6. And be it enacted, That it shall be the duty of the Health Officer of each city and county to enforce, or cause to be enforced, its ordinances in relation to births and deaths, and to report any violation thereof to the State's Attorney, who shall prosecute any such person or persons who shall be guilty of such offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (State whether male or female)*	Male & Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 7 1891
4. *Place of Birth, (Street and Number)*	110 N Eutaw St
5. *Full Name of Mother,*	Susie Hall
6. *Mother's Maiden Name,*	Susie Spedden
7. *Mother's Birthplace,*	Dorchester Co Md
8. *Full Name of Father,*	Richd Hall
9. *Father's Occupation,*	Collector
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	H L Nolle MD
Address,	201 Nassau av Canton
Remarks,	

HEALTH DEPARTMENT, BALTIMORE MD. JAN 7

1890-003727

month, and of all set forth as to the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifteenth days of the succeeding month. In case the birth of any child shall occur without the attendance of a physician or midwife, all such other person as shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (ten dollars) or shall be recovered as other fines and forfeitures are recoverable.

A. G. DELANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 37539.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January the 1 1891

4. Place of Birth, (Street and Number) Hurley Street No 10

5. Full Name of Mother, Alice Brown

6. Mother's Maiden Name, Alice adams

7. Mother's Birthplace, Pocahontas City

8. Full Name of Father, Charles H adams

9. Father's Occupation, daitler carter

10. Father's Birthplace, Maryland Saint Helen

Name of Medical Attendant, or other person who makes this Return.

Address, No 115 Hurley Street

Remarks,

1890-003728

HEALTH DEPARTMENT, JAN 8 1891 BALTIMORE

If the child be born out of the usual place of residence of its parents, the date and place of birth, and the name of the hospital or other institution in which it was born, must be stated. Between the first and tenth days of each and every month to the office of the registrar of vital statistics, or should no other person be in attendance upon the birth, then the physician or midwife in attendance shall within ten days after the birth of such child deliver to the Commissioner of Health a duly certified return of such birth, and every physician or midwife who shall hereafter fail to make such return shall be subject to a penalty of ten dollars for each offense. Any person who shall hereafter violate any of the provisions of this section shall be subject to a fine of ten (10) dollars for each offense. Any person who shall hereafter fail to make such return shall be subject to a fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 2154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 7 in 1891
4. *Place of Birth, (Street and Number)*	1611 Mosher Landing Street
Full Name of Mother,	X
Mother's Maiden Name,	Mary L Sanders
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry James Kennedy
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Mrs Harriet Jackson attendant
Address,	129 East Street
Remarks,	

1890 - 003729

BALTIMORE MD.

...son registered its sex, color, the full name... required, the date and place of birth, and the ... said schedule shall be delivered, duly ... third day of each and every month to ... shall occur without the attendance of ... child to report its birth to the Commissioner of ... any such person or persons who shall ... jected to the fine of ten (10) dollars for ... ...ecessary to the issuance of a certificate by the Registrar of the birth of any child ... other person be in ... of the person or parents of such ... ...ecured and ... ...ecovered as other fines and forfeitures are recoverable.

J. C. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 2754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
Sex, (state whether male or female)	Girl
Race or Color, (if not of the white race)	White
Date of Birth,	7th of January 1891
4. Place of Birth, (Street and Number)	412 North Wolf st.
5. Full Name of Mother,	Ida Glumb
6. Mother's Maiden Name,	Ida Staut
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Nick Glumb
9. Father's Occupation,	Saw sharper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st per Justina Kunkel
Remarks,	Healthy.

90 - 003730

BALTIMORE, MD.

MAR 10 1891

HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 27947

NAME ADDED 11-8-39

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Daisy Ford

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
Date of Birth,	January 4 1891
4. Place of Birth, (Street and Number)	No 65 E Saratoga St
5. Full Name of Mother,	Jennie Ford Bawes
6. Mother's Maiden Name,	Austria
Mother's Birthplace,	Harrisburg
8. Full Name of Father,	Paul
9. Father's Occupation,	Austria
10. Father's Birthplace,	Friedenwald MD
Name of Medical Attendant, or other person who makes this Return.	310 N Eutaw St
Address,	
Remarks,	

JAN 8 1891 BALTIMORE MD.

1890-003731

month, and shall set forth as far as the same can be ascertained by the ... name of each child, if any there have been conferred; it shall be delivered, duly signed by the ... said schedule each and every month of a ... shall occur without the ... attendance upon the birth to the Commissioner ... child to report, or persons who ... any such report, shall be ... ject to the fine of ten (10) dollars.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jan 7 1891

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Date Jan 7 1891.
5. Place of Birth, (Street and Number) 617 N Chapel st
6. Full Name of Mother, Barbara Brown
7. Mother's Maiden Name, Barbara Hess
8. Mother's Birthplace, America
9. Full Name of Father, John Brown
10. Father's Occupation, Stonecutter
11. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Arnold

Address, 617 N. Chapel st

Remarks, 1

1890-003732

HEALTH DEPARTMENT JAN 7 1891 BALTIMORE MD

...tion 4, ... of ... the ... and occupation of its parents, the date and place of birth; and the ... shall be delivered, duly signed by the practitioner in the first case, or the ... of such child, to the officer or person authorized to register the birth of such child ... occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required and ... person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, as fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED JAN 30 1897 REGISTRAR'S OFFICE BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Jan. 7th

Place of Birth, (Street and Number) 156 E. Lombard St.

5. Full Name of Mother, Lizzie Kimler

6. Mother's Maiden Name, Lizzie Thomas

7. Mother's Birthplace, Balto.

8. Full Name of Father, George Kimler

9. Father's Occupation. Cigarmaker

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Ulricke Goetzke

Address, 111 ~~Goetzke~~ Bethel St.

Remarks,

1890-003733

been conferred) the race, color, the full name and occupation of its parents, the date and place of birth, and the fullest information obtainable concerning the same, which information shall be given to the practitioner in the case at the time of the birth; and it shall be the duty of the practitioner in the case to deliver, duly signed, to the person or parents of such child a certificate containing such information, which certificate shall be delivered by the person receiving it to the Registrar of Births of the district in which the birth occurred, or to the office of the Commissioner of Health. In case no other person be in attendance, then it shall be the duty of the person or parents of such child to report the birth as aforesaid. In case of a birth occurring in a hospital, almshouse, or other institution, or in a private family where no physician or midwife is in attendance, it shall be the duty of the person in charge of such institution, or of the head of such family, to report the birth as aforesaid within the period above specified. In case of a birth occurring after the period above specified, and before the expiration of the third day, it shall be the duty of the person in charge of such institution, or of the head of such family, to report the birth as aforesaid immediately after the expiration of the third day. In case of a birth occurring after the third day and before the expiration of the fifth day, it shall be the duty of the person in charge of such institution, or of the head of such family, to report the birth as aforesaid immediately after the expiration of the fifth day. In case of a birth occurring after the fifth day and every month of a physician or midwife in attendance, it shall be the duty of the person in charge of such institution, or of the head of such family, to report the birth as aforesaid immediately after the expiration of each month. In case of a birth occurring without the attendance of a physician or midwife, it shall be the duty of the parents of such child to report the birth as aforesaid immediately after the birth. Any person who shall refuse or neglect to report any birth in accordance upon the request of the Commissioner of Health, or his duly authorized agent, shall be subject to the fine of ten (10) dollars for each offense. Any person who shall refuse or neglect to report any birth in accordance with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. Physicians and midwives who shall refuse or neglect to report any such birth as aforesaid shall be subject to the fine of ten (10) dollars for each offense. Penalties are recoverable.

SIG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A.7754.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Jan. 7th 1891

4. Place of Birth (Street and Number), Good Samaritan Hosp

5. Full Name of Mother, Minnie Wise

6. Mother's Maiden Name,

7. Mother's Birthplace, Maryland

8. Full Name of Father, John Wise

9. Father's Occupation, Gentleman

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Wm. F. Robins M.D.

Address, Res. Hosp. Good Samaritan

Remarks,

1890 - 003734

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS JAN 12 1891

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be duly filled out by the physician or midwife in attendance, or by the father or mother, or householder, or other person present at the birth, or by the undertaker, or by any person who shall be employed to bury the child, if the same shall be buried without having been previously registered. The said schedule shall be delivered by the person in attendance at the birth, or by the undertaker, to the Commissioner of Health, or to such person as he may appoint to receive the same, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ons Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 27546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 14 1901 BALTIMORE, MD.

1. Sex of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)
2. Sex, (~~state whether male or~~ female)
3. Race or Color, (*if not of the white race*) Black
4. Date of Birth, Jan. 1901
5. Place of Birth, (*Street and Number*) 413 Hunter St.
6. Full Name of Mother, Lizzie Robinson
7. Mother's Maiden Name, Do.
8. Mother's Birthplace, Md.
9. Full Name of Father, Unknown
10. Father's Occupation, —
11. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. T. F. Leonard M.D.

Address, 410 W. Saratoga St. Baltimore Md.

Remarks, Full Term Case - Female - Interne Insts.

1896-003735

(Being certificate of birth, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required to report such birth to the Commissioner of Health, in the manner and within the period above required, and attendance, report the same immediately thereafter it shall become the duty of the person or persons present at the birth to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

498. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 2-2-1877.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color. (if not of the white race)* white
3. *Date of Birth,* January 7th 1890
4. *Place of Birth, (Street and Number)* No. 316 Linsey Alley
5. *Full Name of Mother,* Kate Farnenstock
6. *Mother's Maiden Name,* Kate Fitter
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* Jno Farnenstock
9. *Father's Occupation.* Butcher
10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

B 90 - 003736

BALTIMORE CITY HEALTH DEPARTMENT JAN 29 1890 REGISTERED

Health Laws Section 14. Be it enacted, That it shall be the duty of the attending physician or midwife, within ten days after the birth of any child which he shall have been called to attend, to make a certificate thereof, containing the date and place of birth; and the full name and occupation of its parents, the sex, color, the full name and occupation of his patronymic, and the number which such child has in order of birth of the children born to such parents, which certificate shall be delivered to the Commissioner of Health in case he shall have been employed by the family, and if not, then to the office of the Commissioner of Health in case there be such office in the city, and every month to the Commissioner of Health a certificate of every birth which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, which certificate shall become the duty of the person or parents of such child to cause the same to be made and delivered as aforesaid. Any person who shall neglect or refuse to comply with the provisions of this section shall be, and on conviction thereof before any justice of the peace of this State, shall be subject to a penalty of not less than five (5) dollars nor more than ten (10) dollars for each offence, and any person who shall wilfully make a false certificate of any birth required to be returned by this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BEN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 27578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE MD. JAN 7 1891

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) ~~Col~~ white
4. Date of Birth, Jan. 7th 1891
5. Place of Birth, (Street and Number) 1845 Lemmon st
6. Full Name of Mother, Minnie Kelly
7. Mother's Maiden Name,
8. Mother's Birthplace, Balto.
9. Full Name of Father, James Kelly
10. Father's Occupation, Machinist
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Silas Baltimore

Address, 1327 Mayfield Ave.

Remarks,

690-003737

That of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex and color of each child born, the name and surname of the father, the full name and maiden surname of the mother, the place of birth, and the said schedule shall be delivered, duly signed by the person filling in the form, at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the seventh day of each and every month; and a certificate between the first and third day of each and every month to the effect that no birth or stillbirth has occurred during the preceding month, or that the birth of any child shall occur without the knowledge of the person or parents of such child, to be in attendance upon the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

Guy Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) female

Race or Color, (if not of the white race) White

3. Date of Birth, January 8th 1891

4. Place of Birth, (Street and Number) 1041 N. Vincent

5. Full Name of Mother, Katura Anderson

6. Mother's Maiden Name, Ayers

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Joseph Howard Anderson

9. Father's Occupation. Manufacturer of Furniture

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Geo W Wagner

Address, 1004 N Fulton Ave

Remarks,

HEALTH DEPARTMENT JAN 14 1891 BALTIMORE MD

1890 - 003736

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter [illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JAN 13 1891 BALTIMORE, MD. [stamp]

RETURN OF A BIRTH. A. 27550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) Ninth.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, January 8, 1891.

4. Place of Birth, (Street and Number) No. 1618 Lingsmith st.

5. Full Name of Mother, Kate Rafferty

6. Mother's Maiden Name, Kate Duffy

7. Mother's Birthplace, Ireland.

8. Full Name of Father, Peter Rafferty

9. Father's Occupation, Laborer.

10. Father's Birthplace, Ireland

Name of Medical Attendent, or other person who makes this Return. R. A. Elewell, M.D.

Address, 1741 Harford ave.

Remarks, 1890-003739

GEO. J. O. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 7551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first Child
2. *Sex, (state whether male or female)* ~~Male~~ Female
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth,* Saturday January. 8. 1898.
5. *Place of Birth, (Street and Number)* 2225. Arlington. Av.
6. *Full Name of Mother,* Annie. B Hanson. Askins
7. *Mother's Maiden Name,* Annie. B Hanson Brown.
8. *Mother's Birthplace,* Rhinebeck. Va.
9. *Father's Occupation,* Hard Laber
10. *Father's Birthplace,* ~~Baltimore~~ Balt. Co. Shaw. Mary Co.

Name of Medical Attendant, or other person who makes this Return. Mary. C. Jones.

Address, 1121. Saratoga St.

Remarks,

890 003740

HEALTH DEPARTMENT RECEIVED JAN 15 1898 BALTIMORE CITY

been conferred in its behalf, the full name, real occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any, have been correctly stated by the petitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after birth, it shall be the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 8
4. *Place of Birth, (Street and Number)*	13 Wyoming St
5. *Full Name of Mother,*	Lyda Jackson
6. *Mother's Maiden Name,*	Lula Jones
7. *Mother's Birthplace,*	Fredricco Md
8. *Full Name of Father,*	George Jackson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	St Mary's co Md
Name of Medical Attendant, or other person who makes this Return.	Carrie Patterson
Address,	117 Chestnut St
Remarks,	Well as could expected

1890 00374 1

...and shall set forth as far as the same can be ascertained the ... of the ... as the day of ... and ... been conferred) its sex, color, the fully signed by the practitioner in the ... said above each and every month to the office of the Commissioner ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately ... child to report to the Commissioner of Health, in the manner ... and to report to the Commissioner of Health, in the manner ... any and all persons who shall hereafter fail to comply with the ... subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH A 27553.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex, (state whether male or female)	Male child
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	January 8th
4. Place of Birth, (Street and Number)	Stockholm St 854
5. Full Name of Mother,	Alvirta Davis
6. Mother's Maiden Name,	Baltimor
7. Mother's Birthplace,	John henry chamber
8. Full Name of Father,	Brush Maker
9. Father's Occupation,	Baltimore
10. Father's Birthplace,	Virginia Miller
Name of Medical Attendant, or other person who makes this Return.	1443 Ward st
Address,	
Remarks,	

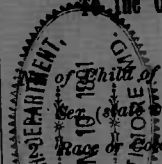
HEALTH DEPARTMENT JAN 8 1890 CITY

890 - 003742

...be recovered by any person who shall be subjected to the loss of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 27554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Jan 5 th
   Place of Birth, (Street and Number) 1122 Cookie A Baltimore
5. *Full Name of Mother,* Annie Hughes
6. *Mother's Maiden Name,* Annie Riley
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Michael Hughes
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Jno C Ettel

Address, No 1619 Eden St

Remarks,

1890 - 003743

The state can ascertain the full name of each child, if any shall have been entered, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur in a family residing on board any vessel, or in any camp or other movable habitation, the master of such vessel, or the person in charge of such camp or habitation, shall perform the duties required by this section of the person or parents of such child. Every midwife or other person who shall attend upon the mother, immediately thereafter, in the manner and within the period above required, and shall report its birth to the Commissioner of Health in the manner prescribed by this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 27555.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Jan 8th 1890

Place of Birth, (Street and Number) 1357 Hull St Baltimore Md

5. Full Name of Mother, Rachel Richards

Mother's Maiden Name, Richard Waterman

Mother's Birthplace, Portland Me.

8. Full Name of Father, William Richards

9. Father's Occupation, Captain

10. Father's Birthplace, Rockland Me.

Name of Medical Attendant, or other person who makes this Return. Mrs. Ethel

Address, No 1619 Aliceanna St

Remarks,

1890 : 003744

HEALTH DEPARTMENT. BALTIMORE MD. 1890

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, and the sex, color, date and place of birth, and the full name, residence, age and occupation of its parents, the date and place of birth, and the number of years they have been married to each other, and the number of children born alive of each parent, and the number of such children now living, which return shall be duly signed by the practitioner in the form of a certificate herein set forth, or if there be no practitioner in attendance upon the mother, then by the person who shall be present at the birth of any child born alive, or by the mother, if able to write her name, and within the period above named shall deliver the same at the office of the Commissioner of Health, or shall cause the same to be delivered at said office by some person duly authorized by him; and every person who shall be present at the birth of any child born alive, or who shall have the charge of such child, shall report the same to the Commissioner of Health, in the manner and within the period above named, unless a return of such birth shall have been already made as herein required; and every physician who shall be in attendance upon the mother of any child born alive, or who shall be present at the birth of any child born alive, shall, within the period above named, report the same to the Commissioner of Health, in the manner herein required, unless a return of such birth shall have been already made as herein required; and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 27556.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 13 1891 BALTIMORE MD.

Number of Child of Mother, (state whether 1st, 2d, 3d &c.)	Ninth Child.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	8th January 1891
4. Place of Birth, (Street and Number)	Baltimore md 421 S. Paca St
5. Full Name of Mother,	Eva Skrzenski
6. Mother's Maiden Name,	Eva Wiseiewska
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Frank Skrzenski
9. Father's Occupation,	Labor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Kraning
Address,	Baltimore md City
Remarks,	414 S Stricker St Mother and Child are well

1890 - 003745

RETURN OF A BIRTH. A 2715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jan 5. 1891

1. No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 7th
2. Sex, (*state whether male or female*) Female.
3. Race or Color, (*if not of the white race*) White
4. Date of Birth, Balto Jan 5. 1891
5. Place of Birth, (*Street and Number*) 2424 Fountain st.
6. Full Name of Mother, Mary Witte
7. Mother's Maiden Name, Mary Raffa
8. Mother's Birthplace, Germany
9. Full Name of Father, John Witte
10. Father's Occupation. Cigar Tobacconist
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Amend

Address, 710. S. Wolfe St.

Remarks,

0 9 0 - 0 0 3 7 4 6

HEALTH DEPARTMENT, BALTIMORE, MD. 1891

and shall set forth as far as the same can be ascertained the full name of each parent of the child, and the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the full name and occupation of its parents, the date and place of their marriage, and the number of children born to each parent, and the number of each sex, and the first and last names of the children living. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, then the mother shall herself make such return as is required of such attendant upon such birth to the Commissioner of Health, in the manner and within the period above specified, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 27558

RETURN OF A BIRTH A 27558.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	January 8 1891
4. Place of Birth (Street and Number),	1217 Baloy Street
5. Full Name of Mother,	Mary C Menton
6. Mother's Maiden Name,	Mary C. Roberts
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George W Menton
9. Father's Occupation,	Porter
10. Father's Birthplace,	Country
Name of Medical Attendant, or other person who makes this Return.	Mary Jane Richardson
Address,	315 King Stret
Remarks,	

BALTIMORE MD. JAN 6 1891

890-003747

and shall set forth as far as the same can be ascertained the full name of each child born alive, the sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each delivery month to the office of the Commissioner of Health, in the manner and form required by the Board of Health. Any physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined for each offence, not less than five nor more than ten dollars, to be recovered as other fines are recoverable.

No certificate shall be required by the Registrar of Vital Statistics for any child which has been in attendance upon the mother, immediately before its birth, a physician or midwife who shall neglect or refuse to comply with the provisions of this section shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined for each offence, not less than five nor more than ten dollars, to be recovered as other fines are recoverable.

RETURN OF A BIRTH

A 2757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 8th 1891
4. Place of Birth, (Street and Number) 621 N. Washington St.
5. Full Name of Mother, Mary Alphonzo Wilson
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Deal's Island Somerset Co. Md.
8. Full Name of Father, James Samuel James David Wilson
9. Father's Occupation, Police Officer
10. Father's Birthplace, Deal's Island Somerset Co. Md.

Name of Medical Attendant, or other person who makes this Return. E. L. Irons M. D.

Address, 1835 E. Balto. St.

Remarks, 1890003748

MAY 16 1891 BALTIMORE MD

HEALTH DEPT.

This return is to be made as far as the same can be ascertained the full name of each child, if any shall have been named, the sex, color, the full name and occupation of its Parents, the certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or should no other person, as shall occur within the limits of the City of Baltimore, be required to report its birth to the Commissioner of Health. In case the birth of any child shall occur within the limits of the City of Baltimore, and the same not reported within the period above required, and such child to report its birth to the Commissioner of Health, in a manner to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 1560

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MD.

210. *Child of Mother, (state whether 1st, 2d, 3d, &c.)*	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 8th 1891
4. *Place of Birth, (Street and Number)*	43 Brady Av Waverly Annex
5. *Full Name of Mother,*	Emma J. White
6. *Mother's Maiden Name,*	Straub
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John White
9. *Father's Occupation,*	Animal Trainer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	R L Rankin M D
Address,	Waverly Station Baltimore Md.
Remarks,	1890-007749

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALTIMORE.

RETURN OF A BIRTH.

27561.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD. JAN 10 1891

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 9th 1891

4. Place of Birth, (Street and Number) 1355 ½ Calhoun

5. Full Name of Mother, Margaret Carstens

6. Mother's Maiden Name, Margaret Steck

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, John H Carstens

9. Father's Occupation, Builder

10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. Thos. J. Cook

Address, 914 N Charles St

Remarks,

Section 1. That it shall be the duty of every physician, midwife or other person who shall be in attendance upon any case of birth occurring within the limits of Baltimore City, to report such birth to the Commissioner of Health within ten days after the occurrence thereof, and in default of such report, every such physician, midwife or other person shall be liable to a penalty of ten dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

Sec. 2. That it shall be the duty of the Commissioner of Health to cause to be ascertained the full name of each child born in Baltimore City, the sex, color, the full name, occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife (if there be one), in case the birth of any child shall occur without the attendance of a physician or midwife, then the parent or parents or head of the family in which such birth occurs shall report the same within ten days after the occurrence thereof, and in default of such report shall be liable to a penalty of ten dollars, to be recovered as other penalties and forfeitures are recoverable.

Sec. 3. That it shall be the duty of the Commissioner of Health to cause to be printed and distributed to each physician, midwife or other person who shall be in attendance upon any case of birth occurring within the limits of Baltimore City, a sufficient number of blank forms for the purpose of reporting births, which forms shall contain such questions as may be required by the Commissioner of Health, and it shall become the duty of such physician, midwife or other person to fill out such blank forms with the required information, and to report the same to the Commissioner of Health within the time specified in section 1 of this ordinance.

Sec. 4. That it shall be the duty of the Commissioner of Health to cause to be printed and distributed to each undertaker who shall hereafter bury the body of any person who shall have died in Baltimore City, a sufficient number of blank forms for the purpose of reporting deaths, which forms shall contain such questions as may be required by the Commissioner of Health, and it shall become the duty of such undertaker to fill out such blank forms with the required information, and to report the same to the Commissioner of Health within ten days after the burial of the body of any person who shall have died in Baltimore City.

Sec. 5. That it shall be the duty of the Commissioner of Health to cause to be printed and distributed to each physician, midwife or other person who shall be in attendance upon any case of birth occurring within the limits of Baltimore City, a sufficient number of blank forms for the purpose of reporting births, which forms shall contain such questions as may be required by the Commissioner of Health, and it shall become the duty of such physician, midwife or other person to fill out such blank forms with the required information, and to report the same to the Commissioner of Health within the time specified in section 1 of this ordinance.

Sec. 6. That it shall be the duty of the Commissioner of Health to cause to be printed and distributed to each undertaker who shall hereafter bury the body of any person who shall have died in Baltimore City, a sufficient number of blank forms for the purpose of reporting deaths, which forms shall contain such questions as may be required by the Commissioner of Health, and it shall become the duty of such undertaker to fill out such blank forms with the required information, and to report the same to the Commissioner of Health within ten days after the burial of the body of any person who shall have died in Baltimore City.

Sec. 7. That it shall be the duty of the Commissioner of Health to cause to be printed and distributed to each physician, midwife or other person who shall be in attendance upon any case of birth occurring within the limits of Baltimore City, a sufficient number of blank forms for the purpose of reporting births, which forms shall contain such questions as may be required by the Commissioner of Health, and it shall become the duty of such physician, midwife or other person to fill out such blank forms with the required information, and to report the same to the Commissioner of Health within the time specified in section 1 of this ordinance.

Sec. 8. That it shall be the duty of the Commissioner of Health to cause to be printed and distributed to each undertaker who shall hereafter bury the body of any person who shall have died in Baltimore City, a sufficient number of blank forms for the purpose of reporting deaths, which forms shall contain such questions as may be required by the Commissioner of Health, and it shall become the duty of such undertaker to fill out such blank forms with the required information, and to report the same to the Commissioner of Health within ten days after the burial of the body of any person who shall have died in Baltimore City.

Sec. 9. That it shall be the duty of the Commissioner of Health to cause to be printed and distributed to each physician, midwife or other person who shall be in attendance upon any case of birth occurring within the limits of Baltimore City, a sufficient number of blank forms for the purpose of reporting births, which forms shall contain such questions as may be required by the Commissioner of Health, and it shall become the duty of such physician, midwife or other person to fill out such blank forms with the required information, and to report the same to the Commissioner of Health within the time specified in section 1 of this ordinance.

Sec. 10. That it shall be the duty of the Commissioner of Health to cause to be printed and distributed to each undertaker who shall hereafter bury the body of any person who shall have died in Baltimore City, a sufficient number of blank forms for the purpose of reporting deaths, which forms shall contain such questions as may be required by the Commissioner of Health, and it shall become the duty of such undertaker to fill out such blank forms with the required information, and to report the same to the Commissioner of Health within ten days after the burial of the body of any person who shall have died in Baltimore City.

Sec. 11. That it shall be the duty of the Commissioner of Health to cause to be printed and distributed to each physician, midwife or other person who shall be in attendance upon any case of birth occurring within the limits of Baltimore City, a sufficient number of blank forms for the purpose of reporting births, which forms shall contain such questions as may be required by the Commissioner of Health, and it shall become the duty of such physician, midwife or other person to fill out such blank forms with the required information, and to report the same to the Commissioner of Health within the time specified in section 1 of this ordinance.

Sec. 12. That it shall be the duty of the Commissioner of Health to cause to be printed and distributed to each undertaker who shall hereafter bury the body of any person who shall have died in Baltimore City, a sufficient number of blank forms for the purpose of reporting deaths, which forms shall contain such questions as may be required by the Commissioner of Health, and it shall become the duty of such undertaker to fill out such blank forms with the required information, and to report the same to the Commissioner of Health within ten days after the burial of the body of any person who shall have died in Baltimore City.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1 E 9 0 - 0 0 3 7 5 0

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Thursday Jan. 9, 1891
4. Place of Birth, (Street and Number) No 2 East Street
5. Full Name of Mother, Annie Robinson
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Robinson
9. Father's Occupation, Runs on the boat
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. James Great

Address, 804 Stirling St.

Remarks, 690-003751

month, and shall set forth as far as the same can be ascertained, the name, sex, color, date and place of birth, and the name, residence and occupation of its parents, the date and place of their marriage, the first and last christian name of the mother before marriage, as near as can be ascertained; the form of a certificate for the birth of any child born in this city, which shall be delivered, duly signed, to the person required by law to report the birth of such child, and the fee therefor, will be furnished by the Commissioner of Health; and should no other person be present at the birth of any child, the duty of making such report shall devolve upon the person in charge of the house or tenement in which such child was born, and any person who shall neglect or refuse to perform the duty of the person or parents, and shall fail to report the birth of any child, as required by this section, within the time specified, and any person who shall knowingly give false information in the premises, and within the time specified in this section, shall be subject to the fine of ten (10) dollars for each offense. to be recovered as other fines and forfeitures are recovered.

RECEIVED JAN 15 1891 REGISTRAR'S OFFICE

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 27563.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JAN 19 1891 BALTIMORE, MD.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c*) 2nd Child

1. Sex (*state whether male or female*) Boy.

2. Race or Color, (*if not of the white race*) White

3. Date of Birth, 9th of January 1891

4. Place of Birth, (Street and Number) 2410 Jefferson street

5. Full Name of Mother, ~~Mary~~

6. Mother's Maiden Name, Mary Amey.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Single

9. Father's Occupation.

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel st. per Justina Kunkel

Remarks, Healthy

90-003752

... month, and shall set forth as far as the same can be ascertained the full name of each child ... and the ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as ... are recoverable.

... J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 27564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9th 1891
4. Place of Birth, (Street and Number) 1006 E Fayette St Balto Co
5. Full Name of Mother, Leah Cohen
6. Mother's Maiden Name, Leah Abrams
7. Mother's Birthplace, London
8. Full Name of Father, Charles Cohen
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Thos. McCooke

Address, 914 N Charles St

Remarks,

1893 - 003753

Note.—It is desired that parents use the same christened name for each child (if any shall have been given), and shall set forth, in the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or shall not be reported as above required, the same shall be done by the father or mother of such child, or the person in charge of the house in which such birth occurs, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 27565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
2. Sex, (state whether male or female) Boy.
3. Race or Color, (if not of the white race) White.
4. Date of Birth, 9th of January 1891
5. Place of Birth, (Street and Number) 132 South Durham St.
6. Full Name of Mother, Maggie Kerner.
7. Mother's Maiden Name, Maggie Rodman
8. Mother's Birthplace, Baltimore
9. Full Name of Father, John Kerner.
10. Father's Occupation, Laborman
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St. per Justina Kunkel.

Remarks, Healthy.

JAN 10 1891

B. of H. 0 - 003754

Health. 1 sec. 2 art. 2 sec. It shall be the duty of the Commissioner of Health to cause to be recorded the full name of each child (if any shall have been given) born within the City of Baltimore, the sex and color of such child, the date and place of birth, and the name, age, birthplace, residence and occupation of its parents, the date and place of birth; and the said record shall be made in a book or books to be kept for that purpose, and shall set forth as far as the same can be ascertained the full name of each child born within the City of Baltimore from and after the first day of January, eighteen hundred and seventy-six, the sex and color of such child, the date and place of birth, the name, age, birthplace, residence and occupation of its parents, the date of the marriage of its parents, the number of children born to such parents, and the number of such children living at the time of the birth of such child, and such other facts as may be required by the Commissioner of Health to be recorded. Such record shall be made from certificates of births to be delivered to the Commissioner of Health every week, or oftener, if required by him, and shall be made in the form of a certificate between the first and second pages of the book or books in which such record is made, and shall be signed by the physician or midwife in attendance upon the birth, or by the person who has charge of the child after birth, or by the father or mother of such child, or by the person or persons who shall have had charge of the mother during her confinement. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the father or mother of such child, or person or persons having charge of such child, to report the particulars required by this section to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

GEO. J. G. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 2756.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
Sex, (State whether male or female)	Female
Race or color, (if not of the white race)	White
Date of Birth,	January 9th 1891
Place of Birth, (Street and Number)	1126 Battery avenue
5. Full Name of Mother,	Ella. a. moon
6. Mother's Maiden Name,	Ella. a. Shafer
7. Mother's Birthplace,	Baltimore md
8. Full Name of Father,	Thomas. O. moon
9. Father's Occupation,	Mariner
10. Father's Birthplace,	virginia
Name of Medical Attendant, or other person who makes this Return	Ellenmora. a. anderson
Address,	1434 Patapsco. St
Remarks,	1890-003755

BALTIMORE JAN 12 1891

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the residence of the parents at the time said child shall be delivered, duly signed by the practitioner in attendance between the first and third day of each and every month to the office of the Commissioner of Health, in the city of Baltimore. And the birth of any child shall occur without a practitioner in attendance, it shall be the duty of the father, mother or other person having charge of said child to report its birth to the Commissioner of Health, in the manner and within the time prescribed. And any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as fines and forfeitures are recoverable.

SEE J. S. SULLAVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 27567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 1 1891 BALTIMORE MD

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be collected as other fines and forfeitures are recoverable.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, Jan 9. 1891.
5. Place of Birth, Street and Number) 1536 argyle avenue
6. Full Name of Mother, Estella Saunders
7. Mother's Maiden Name, Estella Saunders
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, William H Tracey
10. Father's Occupation, waiter
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary ann Mason

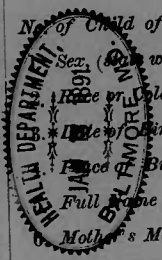
Address, No 437 walnut alley.

Remarks, 8970-003756

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27565.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

Sex, (*state whether male or female*) Female

Race or Color, (*if not of the white race*) Colored

Date of Birth, Jan 7. 1891

Place of Birth, (*Street and Number*) 756 Chestnut ale

Full Name of Mother, Annie Mills

Mother's Maiden Name, Annie Simpson

Mother's Birthplace, Baltimore md

Full Name of Father, William Mills

Father's Occupation, Laborer

Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return. Mary Ann Mason

Address, 1053 Chestnut alley

Remarks, 1890 - 003757

This schedule shall contain but one birth, which must be reported within ten days after occurrence. The full name of each child, if any shall be given, and if the same can be ascertained the full name of each parent. The date of birth, the sex, color, the full name and occupation of its parents, the date of marriage of its parents, the number of children born to the present mother, and the number of children of the present mother now living, and the number born previous to the birth reported in this schedule. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery or should no other person be in attendance, the mother shall immediately thereafter report the birth of such child to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, and the mother shall neglect or refuse to report the birth of such child to the Commissioner of Health, it shall be the duty of the person who shall be in charge of the house where such birth occurs, to report the same within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-31-56

RETURN OF A BIRTH. A 27864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child, William John Goldbeck
2. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child
3. Sex, (state whether male or female) Male
4. Race or Color, (if not of the white race) white
5. Date of Birth, 9th January 1891
6. Place of Birth, (Street and Number) Baltimore 509 S. Madeira St.
7. Full Name of Mother, Margaretha Goldbeck
8. Mother's Maiden Name, Margaretha Prasch
9. Mother's Birthplace, Baltimore
10. Full Name of Father, Fredrick Goldbeck
11. Father's Occupation, Carpenter
12. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Amelia J. Summers

Address,

Remarks,

T 690 - 003758

Health. This schedule shall contain a list of the births which have occurred under a card of any family, the month, and shall set forth as far as the same can be ascertained the several particulars required by the said card. Every such list shall have been certified to be correct by the practitioner in the form of a certificate between the first and last entry of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or in case the person or parents of such child shall neglect or refuse to procure a certificate of the birth, the duty of the person or parents of such attendance upon the mother, immediately to report the birth to the Commissioner of Health, in the manner and within the period above required, and child, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 27870

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT. JAN 15 1891 BALTIMORE, MD.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Second Child
(State whether Male or Female)	female
or Color (if not of the white race)	Colored
3. Date of Birth	10 th of January 1871
4. Place of Birth (Street and Number)	Baltimore, 880 South Eulaw Street
5. Full Name of Mother	Ellen Gray
6. Mother's Maiden Name	Ellen Gray
7. Mother's Birthplace	Maryland
8. Full Name of Father	Edward Carter Hackman
9. Father's Occupation	Baltimore
10. Father's Birthplace	Catherine Jones.
Name of Medical Attendant, or other Person who makes this return	Cross street near Warner
Address 507. 536.	
Remarks +	890-003759

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 27871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, January 10th 1871

4. Place of Birth (Street and Number), 1716 Fairmount Avenue

5. Full Name of Mother, Eliz Brown

6. Mother's Maiden Name, Eliz Young

7. Father's Birthplace, Balto. Md

8. Full Name of Father, John H. Brown

9. Father's Occupation, Mariner

10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. F. Haskell M.D.

Address, 701 S. Broadway

Remarks, Born 1/10/71 Dr 7 6 0

HEALTH DEPARTMENT
JAN 12 1891
BALTIMORE MD.

...ferred, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Registrar of the district in which the birth occurred, within ten days after the birth of such child, and no other person shall incur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the time aforesaid, and a penalty of ten dollars for each offence, to be recovered as other fines and penalties are collected, is affixed to the failure to report as aforesaid.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 10 th 1871

4. Place of Birth, (Street and Number) 533 Eastern St.

5. Full Name of Mother, Rosa Ett Archfeld

6. Mother's Maiden Name, Rosa Ett Finley

7. Mother's Birthplace, Germany

8. Full Name of Father, Fred Herschfeld

9. Father's Occupation, Clerk

10. Father's Birthplace, Phila. Pennsa.

Name of Medical Attendant, or other Person who makes this Return J. Henry Chubal M.D.

Address, 1111 E Preston St.

Remarks,

890-003761

...ST & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 7 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, September 21. 1890
4. Place of Birth, (Street and Number) Stafford Street
5. Full Name of Mother, Eliza Adams
6. Mother's Maiden Name, Eliza Collins
7. Mother's Birthplace, Howard Co. Md
8. Full Name of Father, Moses F Adams
9. Father's Occupation, Laborer
10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs Elizabeth Hawkes Carroll Co

Address, Fat and Healthy

Remarks,

1890 - 003762

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born and still be living) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, at the said office, and the certificate shall contain the statement that the provisions of this section have been complied with. Any practitioner who shall neglect or refuse to report as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the ... month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 70760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 21, 1890
4. *Place of Birth, (Street and Number)* 1620 Miller St.
5. *Full Name of Mother,* C. Mendecal
6. *Mother's Maiden Name,* C. Carl
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* F. Mendecal
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balto.

Name of Medical Attendent, or other person who makes this Return. W. A. Butt

Address, 1215 E. Monument St.

Remarks, All Well

890-003763

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 1896.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 2 - 90
4. Place of Birth, (Street and Number)	145 N. Fondard St.
5. Full Name of Mother,	Maude Freeman.
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Va
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	J. H. Allen.
Address,	Maternite
Remarks,	

1890-003764

Health. This schedule shall contain a list of the births which occur in each family during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been given it, the name and occupation of its parents, the date of birth, the number of each child born to the mother, and the interval between the first and second births, and shall be signed by the attendant at the birth, or by the person giving information of the birth of any child not attended by a physician or midwife. It shall be the duty of the Commissioner of Health, or other person authorized by him, to call at every house in the district assigned to him for the purpose of such said schedule shall be left with the occupant of each house, or if unoccupied, with some person living in the neighborhood, on the first day of every month, and every month to the office of the Commissioner of Health, during the continuance of such births shall occur without the attendance of a physician or midwife, it shall become the duty of the person required to give information upon the matter. Commissioner of Health, in the manner and for the purposes above required, and attendance upon the mother. Commissioner of Health, in the manner and for the purposes above required, and child to report its birth to the Commissioner of Health, in the manner and for the purposes above required, and any physician or midwife who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. C. DELANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain [illegible] ... month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A W966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 21, 1890
4. *Place of Birth, (Street and Number)* 159 Marsh Market Space
5. *Full Name of Mother,* S. Mooney
6. *Mother's Maiden Name,* S. Gettinger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* M. Mooney
9. *Father's Occupation,* Coal-smith
10. *Father's Birthplace,* Germany

Name of Medical Attendent, or other person who makes this Return. W. S. Bittel

Address, 1245 E Monument St

Remarks, All Well

8909003765

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 24760

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d,
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	" white
3. *Date of Birth,*	Sept 21st 1890
4. *Place of Birth, (Street and Number)*	1100 Columbia ave
5. *Full Name of Mother,*	Annie Lofties
6. *Mother's Maiden Name,*	Clark
7. *Mother's Birthplace,*	" Pennsylvania
8. *Full Name of Father,*	A M Lofties
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Dr. R Graham
Address,	
Remarks,	1890 - 003766

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, born to such mother since the last return, the sex, color, the full name and occupation of the parents, the date of birth, and the place (street and number) where born, and whether the birth has been registered, and if registered, the number of the certificate, if it has been procured; its sex, color, the full name and occupation of the parents, the date of birth, and the place (street and number) where born, and whether the birth has been registered, and if registered, the number of the certificate, if it has been procured; and the said schedule shall be delivered, duly verified, to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur and a return thereof be not made as aforesaid, or should no certificate of such birth occur without the attendance of a physician or practitioner of midwifery, or should no return be made of such attendance upon the mother, immediately thereafter, it shall become the duty of the person in attendance upon the mother, immediately thereafter, it shall become the duty of such person to report its birth to the Coroner, and it shall be the duty of such Coroner to investigate the circumstances of such birth in the manner and within the period above required, and any such person or Coroner who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 24768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sep 21st 1890
4. Place of Birth, (Street and Number) No 28 S. Clay Street
5. Full Name of Mother, Sarah Michell
6. Mother's Maiden Name, Sarah McLane
7. Mother's Birthplace, Ireland
8. Full Name of Father, Mary Mitchell
9. Father's Occupation, Silversplatch
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 west Pratt Street

Remarks, Baltimore

1890 - 00 3767

Health. This schedule shall contain a list of the births which have occurred under the care of the person making the return during the month, and the same and equivalent facts in relation to each child (if any) shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or the parent or other person in charge of such child, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of the first and attendance upon the mother since the birth of her child, he shall report the fact to the Commissioner of Health, and child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A Wunbe

HEALTH DEPARTMENT ... BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c*) 3rd

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 21st Sept 1890
4. *Place of Birth,* (*Street and Number*) 2001 Hanover St
5. *Full Name of Mother,* Lina Slinwig
6. *Mother's Maiden Name,* Lena Buskhimer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alexander Slinwig
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return. C A Tully

Address, 1530 Light St

Remarks, Doing Well

1890-0003768

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 24770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 7 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colrd
3. Date of Birth,	Sept 22/90
4. Place of Birth, (Street and Number)	222 Bruce St
5. Full Name of Mother,	Grace Barney
6. Mother's Maiden Name,	Grace Barney
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Jno Smith
9. Father's Occupation,	Lab ~~Boss~~
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Jane Woodland
Address,	
Remarks,	

1890-003769

And shall set forth as far as the same can be ascertained the full name of each child of any, shall have been conferred; its sex, color, the full name and occupation of its father, and the full name of its mother, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons required, and all others having knowledge of the facts, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 90 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept 22 1890
4. *Place of Birth, (Street and Number)* 593 Richland St
5. *Full Name of Mother* Mary McGee
6. *Mother's Maiden Name,* Mary Donlan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick McGee
9. *Father's Occupation,* Paver
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. AC Pfb

Address, W Co Madison ave & Biddle st

Remarks,

1890-003770

and shall enter his name on a blank schedule to be furnished by the Commissioner of Health, and shall set forth in a correct register of such birth list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been registered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, before the fifth day of the month next succeeding that in which the births occurred. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should the attendant be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to make such report, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 1772

HEALTH DEPARTMENT OCT 3 1900 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 22nd
4. Place of Birth (Street and Number)	305 N. Caroline St
5. Full Name of Mother	Emma Harrison
6. Mother's Maiden Name	" Hall.
7. Mother's Birthplace	Balto
8. Full Name of Father	W. F. Harrison
9. Father's Occupation	Painter
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	J. H. Gisp.
Address	1435 Orleans
Remarks	

890003771

RETURN OF A BIRTH A. 24713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6ter.

1. Sex, (state whether male or female) Männlich

2. Race or Color, (if not of the white race)

3. Date of Birth, 22. Ky Vorstehenden

4. Place of Birth, (Street and Number) Baltimore Preston 406. Lanvastershire

5. Full Name of Mother, Louise Thomas

6. Mother's Maiden Name, Louise Thomas

7. Mother's Birthplace, Lemberg Rheinpfalz Bayern

8. Full Name of Father, Ferdinand Thomas

9. Father's Occupation, Weinhändler

10. Father's Birthplace, Lemberg Rheinpfalz Bayern

Name of Medical Attendant, or other person who makes this Return, Miss P. Liebermann

Address, 1225 Hare street.

Remarks,

1890 - 003772

month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been born, the sex, color, the full name and occupation of its parents, the date and place of birth of the said child, and the address of the house in which the said child was born; and the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the physician or practitioner in attendance shall neglect or refuse to report the birth of such child, then it shall become the duty of the person or persons having knowledge of such birth to report the same to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22 d Sept 1890
4. Place of Birth, (Street and Number) 2 Grabe Str # IIII
5. Full Name of Mother, Marga. Wehrhagen
6. Mother's Maiden Name, " Kohleder
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Kohleder
9. Father's Occupation, workman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Kuehler

Address,

Remarks,

1890-003773 Midwife

...ponth, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been concealed) its sex, color, (the full name) by the practitioner in the form of a certificate before the birth of any child said schedule shall be delivered, within ten days after the birth of such child, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required. And if any child to report its birth to the Commissioner of Health, in the manner and within the period above required. And if any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Balti[illegible] City.

A 32775

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sept 22, 1890.

4. *Place of Birth, (Street and Number)* 1312 N Eutaw

5. *Full Name of Mother,* Emma A Burnett.

6. *Mother's Maiden Name,* Bullock

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* John M. Burnett

9. *Father's Occupation,* Lumber Inspector

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return, Edward H Conaon MD

Address, 1020 Fayette St

Remarks,

1890-003774

The Midwife or other person acting as Midwife, shall, hereafter take place, and keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and residence of its parents, the date of birth of each child, and such other particulars as may be required by the Commissioner of Health. In case the certificate herein required to be given on the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health within ten days after the occurrence thereof, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 24776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 7 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 28/90
4. Place of Birth, (Street and Number) 201 Parish al
5. Full Name of Mother, Anna Clayton
6. Mother's Maiden Name, Anna Smith
7. Mother's Birthplace, Balto
8. Full Name of Father, Jos Clayton
9. Father's Occupation, Porter
10. Father's Birthplace, N. Va

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

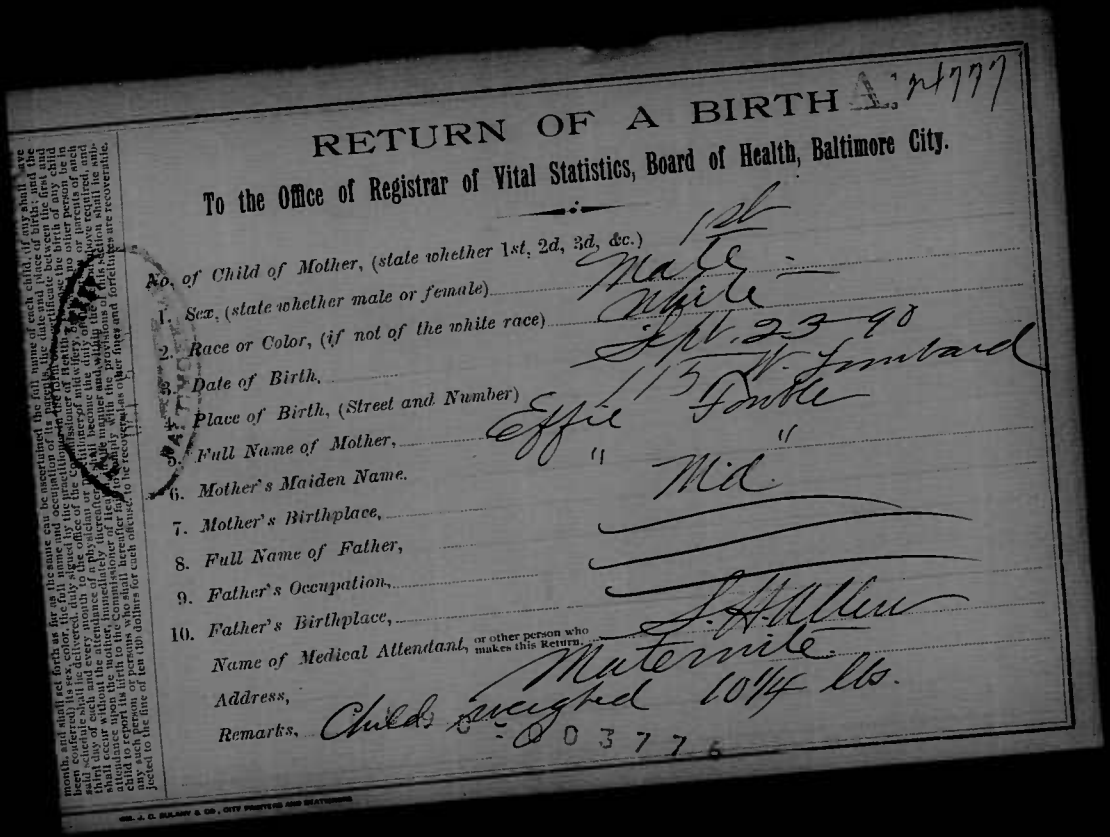
Address,

Remarks,

1890-003775

SEC. 3. Be it further ordained, &c., That it shall be the duty of the Registrar of Vital Statistics to furnish to each physician, midwife, or other person who shall be required to make a return of births, a blank form of return, containing the questions hereinbefore required to be answered, and to receive from such person the return of each birth, when completed, and to record the same in a book to be kept for that purpose. Every physician, midwife, or other person who shall attend upon any birth, shall, within ten days after such birth, make a return thereof to the Registrar of Vital Statistics, which return shall be made in conformity with the requirements of this ordinance, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name, residence and occupation of the person making the return; and shall be made within ten days after the birth; and all returns of births shall be made to the Registrar of Vital Statistics on the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately before and after the birth, the parent or parents of such child or some one of the inmates of the house in which such birth occurs shall make the return required by this section. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 23 90

4. Place of Birth, (Street and Number) 113 N. Fremont

5. Full Name of Mother, Effie "

6. Mother's Maiden Name. Mid

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. H. Allen

Address, Maternite

Remarks, Child's weight 10¼ lbs.

-00377 6

months and shall not forth as far as the same can be ascertained the full name of each child (if any) born to such mother (whether living or dead) its sex, color, &c., as required by the Commissioner of Health, and the date and place of birth of each child, and shall every month to the office or clerk appointed by the Commissioner of Health for the purpose, and within the time required, and said circular shall in every month to the office or clerk appointed by the Commissioner of Health for the purpose, and within the time required, and third day of each month the attendance personally (hereafter) to the manner and within the time required, and shall be addressed to the Registrar of Vital Statistics, Board of Health, Baltimore City, with the penalties and forfeitures as provided by law. Any person who shall neglect or refuse to comply with this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. SALADY & CO., CITY PRINTERS AND STATIONERS

...occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 3777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 23
4. Place of Birth, (Street and Number) 915 Light
5. Full Name of Mother, Emma A. ~~Beard~~ Ward
6. Mother's Maiden Name, " Beard
7. Mother's Birthplace, City
8. Full Name of Father, Harry O. Ward
9. Father's Occupation, Freight handler
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. E. Dorsey Ellis M.D.

Address, 915 Light

Remarks, 1890-003777

OCT 8 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 7 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Sept 23/90
4. Place of Birth, (Street and Number) 220 Ramsay ar
5. Full Name of Mother, Ida Ross
6. Mother's Maiden Name, Ida Lucas
7. Mother's Birthplace, Md
8. Full Name of Father, John Ross
9. Father's Occupation, Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Jane E Woodland

Address,

Remarks,

1890-003778

Penalty.—If any person shall neglect or refuse to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, any birth which may have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child of any sex that have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Registrar in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and be the duty of the nurse employed within the period next required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

ENTER NAME INDEX 8-15-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Albert Greinus First St Maryland

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 25th 1890
4. Place of Birth, (Street and Number) 419 West of West St
5. Full Name of Mother, Louise Greinus
6. Mother's Maiden Name, Louise Doer
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Frank Greinus
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Davis

Address, 711 Grace St

Remarks,

890-003779

OCT 3 1890 HEALTH BALTIMORE

A 1480

...every birth which occurs within his or her charge or practice, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date of birth, and such other particulars as may be required by the Commissioner of Health. In case a certificate between the first and said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner aforesaid, and for each and every neglect or refusal so to do, the said householder shall forfeit and pay the sum of ten (10) dollars, and each person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SALAMY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 70781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 7 1990 BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) Second

1. *Sex,* (*state whether male or female*) Female
2. *Race or color,* (*if not of the white race*) Colored
3. *Date of Birth,* Sept. 23rd
4. *Place of Birth,* (*Street and Number*) Parsons Lane
5. *Full Name of Mother,* Georgiana Tyree
6. *Mother's Maiden Name,* Georgiana Wall
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Daniel Thomas Tyree
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Co., Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Elizabeth Wiles

Address, Baltimore City

Remarks, 1890-003780

J. G. BLAKE & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 307817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 8 boy

1. *Sex,* (*state whether male or female*) boy
2. *Race or Color,* (*if not of the white race*) Color
3. *Date of Birth,* 23 September - 1890
4. *Place of Birth,* (*Street and Number*) Little Millson Street 1114
5. *Full Name of Mother,* Esther aner I Perdey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mills Mard
9. *Father's Occupation.* Water
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Esther Cook

Address, 108 Shely alley

Remarks,

1890-003781

been conferred its use to it as far as the same can be ascertained. In the full name of each child, or any shall have said schedule shall be either the first name and occupation of its parents, the date and place of birth, and the 10th day of each and every such child signed by the practitioner in charge of the case, or by the parents of such child, or in case the birth of any child shall occur without the attendance of a practitioner or midwife, or if such practitioner or midwife shall neglect or refuse to report the birth of any child, or if such child shall become the duty of the person in whose house or on whose premises such child was born, or in case the birth of any child shall occur elsewhere than in a house, the duty of the person having charge of such child to report its birth within the time and in the manner and within the period above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 4782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sep 29th 1890
4. Place of Birth, (Street and Number) No 855 Lemmon Street
5. Full Name of Mother, Ellen McLaulif
6. Mother's Maiden Name, Ellen Fitzgerald
7. Mother's Birthplace, Ireland
8. Full Name of Father, Denis Fritzgeard
9. Father's Occupation, Labourer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks,

590-005782

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive) and the sex, color, the full name and occupation of its parents, and the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the same, to the physician or midwife in attendance upon the mother, immediately thereafter; it shall become and within the period above required, and it shall be the duty of each and every such physician or midwife, and of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the time above specified; and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 23rd Sept 1890
4. Place of Birth, (Street and Number) 1021 North av
5. Full Name of Mother, Virginia H. S. Snyder
6. Mother's Maiden Name, Virginia H Shipley
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jos K Snyder
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. A C Bobb

Address, SW Cor Madison Ave & Bloom St

Remarks,

1890-003783

HEALTH DEPT OCT 3 1890 BALTIMORE

The Registrar of Vital Statistics, Board of Health, Baltimore City, is hereby authorized to receive the return of births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been registered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered to the Commissioner of Health. In case the certificate herein required to be returned by the Physician or practitioner of midwifery, or should no other person have been present at the birth of such child, to report the same, the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the time above required, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A. 24784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

OCT 8 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 24 — 90
4. Place of Birth, (Street and Number)	115 W. Lombard St.
5. Full Name of Mother,	Lizzie Hafner
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Md.
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	S. H. Allen
Address,	Maternite
Remarks,	

1890-003784

...shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, color, the full name and occupation of the parents, the date and place of birth, and the number of the child born to the mother, which certificate shall be signed by the attendant at the birth, if any there be, and if there be none, then by the mother, if able, and if not able, then by the father or other person present at the birth, if any there be, and if there be none, then by the householder or the owner of the premises where the birth occurs, which certificate shall be delivered, duly signed, to the officer of the Commissioner of Health. It shall be the duty of each and every midwife not having a physician or practitioner of medicine present at the birth, and of each and every physician or practitioner of medicine present at the birth of any child, to report such birth to the Commissioner of Health, in writing, within ten days after the birth occurs, on a blank to be furnished by the Commissioner of Health for that purpose, and it shall be the duty of each and every midwife, physician or practitioner of medicine to report all births attended by them, whether the same occur before the passage of this ordinance or thereafter, and any midwife, physician or practitioner of medicine who shall fail to comply with the provisions of this section shall be subject to a fine of not more than fifty dollars for each offense, to be recovered in other words, any such person or persons who shall violate the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. OCT 4 1890 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) M.

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 24 90

4. Place of Birth, (Street and Number) 20 27 . Guilford Ave

5. Full Name of Mother, Josephine Cockay

6. Mother's Maiden Name, " Magruder

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Wm Cockay

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address, 702 E Fremklin

Remarks,

1890 - 003795

The births which have occurred under his or her charge, stating the full name, sex, color, the full name of parents, the date and place of birth, and the full name of each child born alive, and also the number of such children of the mother living, and the number born dead, and shall report his birth to the Commissioner of Health. In case the birth shall occur without the attendance of a Physician, it shall become the duty of the person or persons in charge of or residing in the house where such birth occurs, or the Undertaker or Midwife employed to bury the child, to report the birth to the Commissioner of Health. In the manner and within the period above set forth. Any person or persons who shall refuse or neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Guide, Bowles & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept. 24th 1890.
4. *Place of Birth, (Street and Number)*	520. Sharp St.
5. *Full Name of Mother,*	Barbara Bass.
6. *Mother's Maiden Name,*	Stansbury.
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Samuel Bass.
9. *Father's Occupation,*	Liquor Dealer.
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other person who makes this Return,	R. J. W. Tall. M.D.
Address,	524 Sharp St.
Remarks,	

1890 - 003786

...and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, color, if not white, and the name and occupation of the father, and the date and place of birth, and whether the child was born alive or dead, which return shall be made in the form of a certificate to be given by the said Commissioner of Health, or some other person he is authorized to appoint, to the person procuring the same, and shall be signed by the attendant, if there was one, and if there was no other person he is required to make such return, and every midwife or other person who shall officiate at the birth of any child after the passage of this ordinance, and every physician or practitioner of midwifery, shall within the first third day of each month to the officer or practitioner of midwifery of the person or persons with whom he or she was in attendance during the preceding month, and in default thereof, or without the attendance of a physician or midwife, the parent or parents, or person having charge of such child, shall within the period above required, and in the manner above directed, report the birth of such child to the Commissioner of Health, and shall become and within the period above required, and in the manner above directed, report the birth of such child to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 '90 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 24 1890
4. Place of Birth, (Street and Number) 1333 Mosher St
5. Full Name of Mother, Alice Parks
6. Mother's Maiden Name, " Kendley
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Wm H Parks
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. M K Warner M D

Address,

Remarks, 1890-003797

List of the births which have occurred under his or her care during the past month, with the sex, color, the full name and occupation of its parents, the date and place of birth, and the post office address of the mother. In case the child is illegitimate, the full name and residence of the father shall be given. In case the parents, the date and place of birth, and the post office address of the mother. In case the child is illegitimate, the full name and residence of the father shall be given. In case the certificate between the first and third attendance of a Physician or Midwife is the duty of the person or parents of such child, to be rendered, said child shall be registered without the certificate of a Physician or Midwife, and the person or persons who shall neglect to report its birth to the Commissioner of Health with the provisions of this section, shall be subjected to the payment of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 24788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 24th Septr. 1890
4. *Place of Birth, (Street and Number)* S. Caroline St. No. 432
5. *Full Name of Mother,* Barbara Kuth
6. *Mother's Maiden Name,* " Herpel
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Williams Herpel
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address, Dietrich

Remarks, 1890-003788

RETURN OF A BIRTH A 11789.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 25 th 1890
4. *Place of Birth, (Street and Number)*	312 S Shark St
5. *Full Name of Mother,*	Annie Matalowoz
6. *Mother's Maiden Name,*	Nogarnaska
7. *Mother's Birthplace,*	Poland Russia
8. *Full Name of Father,*	Adam Matalowoz
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	S H Delmes M.D
Address,	1501 E. Eager St
Remarks,	

1890 - 003789

...and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child shall occur when there is no physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above set forth. Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 1790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 25 90
4. Place of Birth, (Street and Number) 113 W. Lombard St.
5. Full Name of Mother, Cornelia McDonell.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace, "
Name of Medical Attendant, or other person who makes this Return J. H. Allen
Address, Maternité
Remarks,

1890-003790

BALTIMORE CITY

...ascertained the full name of each child, if any shall have been omitted, and the occupation of its parents, the date and place of birth, and the sex, color, the full name, by the practitioner in the case, or by such person as shall be delivered, duly to the office of the Commissioner of Health. In case the latter person be in attendance upon the mother, immediately after the birth of such child, or within the first day of such attendance of a physician or midwife, it shall become the duty of such physician or midwife to make the return above required, and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...shall occur without the presence or attendance of a physician or midwife, it shall be the duty of the mother, immediately after the birth of such child, to report the same to the Commissioner of Health, in the manner and under the penalties provided in this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been omitted, and the occupation of its parents, the date and place of birth, and the sex, color, the full name, by the practitioner in the case, or by such person as shall be delivered, duly to the office of the Commissioner of midwifery, or shall occur without the presence or attendance of a physician or midwife, it shall become the duty of such physician or midwife to make the return above required, and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. № 791

GIVEN NAME ADDED 7-30-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elmer Ranson Fuhrman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, Sept 25th 1890
4. Place of Birth, (Street and Number) 303 Falls Road. Hampden -
5. Full Name of Mother, Mary J. Fuhrman
6. Mother's Maiden Name, Mary J. Frank -
7. Mother's Birthplace, Carroll Co. Md
8. Full Name of Father, William D. Fuhrman
9. Father's Occupation, Mason
10. Father's Birthplace, Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower M.D.

Address, 123 - 3rd Ave. Woodberry. Balt.

Remarks, 1890-003791

month, and shall set forth as far as the same can be ascertained the full name of such child, if any, that has been conferred; its sex, color, the full name, age, occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person giving the information, to the Registrar within ten days after the birth of any child shall occur within the city limits; and every month to the office of the Commissioner of Health, in case the birth of any child attendance upon the mother, a certificate in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or persons present at the birth to report its birth to the Commissioner of Health, in like manner as above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

THOS. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 1997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 25 1890
4. Place of Birth, (Street and Number) 901 Baltimore St.
5. Full Name of Mother, C. Effie
6. Mother's Maiden Name, C. Effie
7. Mother's Birthplace, Phyladelphia
8. Full Name of Father, C. Effie
9. Father's Occupation. Magician
10. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return. Dr. L. Britt

Address, 1205 E. Monument St. Med. Chi. Entrance

Remarks, At Home

690-003792

month, and shall set forth as far as the same can be ascertained, the full name, color, the date and place of birth, and the name, residence and occupation of its parents, the full name of the physician or midwife in attendance, if any, and such other information as may be required by the principal officer of the Commissioner of Health. In case there be no physician or midwife in attendance at the birth of any child, it shall be the duty of the father or mother of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. SULSKY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-11-56

RETURN OF A BIRTH. 24793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 90 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) John Edwin Coale 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth Sept 25 1890
4. Place of Birth, (Street and Number) 1603 Mosher St
5. Full Name of Mother, Frankie Coale
6. Mother's Maiden Name, " Davis
7. Mother's Birthplace, Hagerstown Md
8. Full Name of Father, John Coale
9. Father's Occupation, Restaurant business
10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. M K Warner M.D.

Address,

Remarks,

1890-003793

Each of the births which have occurred under his or her care, or of [illegible] and shall, on the first day of each month, make a return in duplicate to the Registrar of Vital Statistics, Board of Health, Baltimore City, of all births which have occurred under his or her care during the preceding month, and shall ascertain the date and place of birth, and the said schedule shall be delivered at the office of the Commissioner of Health. In case the certificate between the first and third day of each and every month, or should no other birth occur during the month, he or she shall make a return to that effect, and any person who shall fail to make such return as aforesaid, or who shall neglect or refuse to comply with the provisions of this ordinance in any particular, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., Law Printers and Stationers.

RETURN OF A BIRTH A 24794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Septbr. 25th 1890
4. *Place of Birth, (Street and Number)* S. Wheeler Str. # 235
5. *Full Name of Mother,* Anni Rebman
6. *Mother's Maiden Name,* Grafen
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Julius Grafen
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. Bucher

Address,

Remarks,

1890 - 00379 Mitwife

RETURN OF A BIRTH A 47795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which occur in each family during each month, and shall be delivered, duly signed by the practitioner in the case, or should no other person be in attendance, by the father or mother of the child, within ten days after the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 25 Sep.
4. Place of Birth, (Street and Number) 1116 E. Lafayette St
5. Full Name of Mother, Lizzie Meyer
6. Mother's Maiden Name, Pollman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Robert Meyer
9. Father's Occupation, Bar keeper
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs D. Uffig

Address, 1302 Holland St

Remarks,

HEALTH DEPT OCT 3 0 BALTIMORE

690-003795

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 25 90
4. Place of Birth, (Street and Number) 1017 Light st.
5. Full Name of Mother, Alice Cochran
6. Mother's Maiden Name, " Boze
7. Mother's Birthplace, Balto.
8. Full Name of Father, James Cochran
9. Father's Occupation, Balto.
10. Father's Birthplace, Coal Dealer

Name of Medical Attendant, or other person who makes this return, C. L. Cruddenbotn

Address, 418 S. Paca st.

Remarks,

1890 0037796

...and shall set forth as far as the same can be ascertained the full name of each child of such mother born since the last return, the sex, color, full name and occupation of its parents, the date and place of birth, and whether the child be the first, second, third or other child born of the mother, and the name and address of the physician, midwife or other person who shall have been conferred with at the birth of such child; and every such return shall be delivered duly signed by the person making the same to the Registrar of Vital Statistics in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or such other person as may be designated by the Commissioner of Health, and in case the attendance of a physician or practitioner of midwifery, or some other person be in attendance upon the mother during her confinement, it shall become the duty of the person or persons in such attendance upon the mother during her confinement to cause the birth of any child born of such mother to be registered in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 2797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 Sep 1890.
4. Place of Birth, (Street and Number) mount winans Arnold St
5. Full Name of Mother, Ida Weddon
6. Mother's Maiden Name, Ida Tiernan
7. Mother's Birthplace, mother birthplace Baltimore
8. Full Name of Father, Edward Weddon father
9. Father's Occupation, occupation laborer
10. Father's Birthplace, born Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Baugh

Address, 711 Cross St

Remarks, 1890-003797

months, or shall set forth as far as the same can be ascertained the full name of each child, if any still live and if deceased its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. To each the Officer of said Board shall issue without charge a certificate in the form of a certificate between the first and third day of each and every month, a schedule of all births which may have occurred within the preceding month, and shall secure upon the mother, immediately thereafter, in like manner and within the period above required, and shall report its birth to the Commissioner of Health. Any person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GELSHY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24798.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	26th sept
4. *Place of Birth, (Street and Number)*	hamburg st 729
5. *Full Name of Mother,*	Emma mitchell
6. *Mother's Maiden Name,*	vonde
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Mitchell
9. *Father's Occupation,*	laber
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Wm Boyd
Address,	711 E Lexington St
Remarks,	1890-003798

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 2779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
1930
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26th Septbr. 1890
4. Place of Birth, (Street and Number) Alice Avenue Sept 1923
5. Full Name of Mother, Dorothea Mags
6. Mother's Maiden Name, n Herr
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank Herr
9. Father's Occupation, Inspector
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Bucher

Address,

Remarks, 1890-00379.9 Midwife

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 8 1890 BALTIMORE

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 26th Sept. 1890
4. *Place of Birth, (Street and Number)* S. Bethel Str # 112
5. *Full Name of Mother,* Kathe Muller
6. *Mother's Maiden Name,* n Smith
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo Smith
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs Buehler

1890 - 003800 Witness

RETURN OF A BIRTH. A 2821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 26th Sept
4. Place of Birth, (Street and Number) 1302 N. Harford Ave
5. Full Name of Mother, Mary A Moan
6. Mother's Maiden Name, " Hugh
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Moan
9. Father's Occupation. Ice dealer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Browne

Address, 1302 Gay st

Remarks,

1890-003801

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife shall deliver such certificate to the person in charge of the case, and a certificate between the first and the fifth day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and a midwife in attendance, to report the birth to the Commissioner of Health in the manner and within the time above required, and such midwife or person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 26th day of September
4. Place of Birth, (Street and Number) 134 Bethel St
5. Full Name of Mother, Lidy Wilson
6. Mother's Maiden Name, Lidy Moriene
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lawrence Wilson
9. Father's Occupation, Brick maker and Oyster Shucker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Georgianna Welt

Address, 24 Iron alley

Remarks, None

1890 - 003802

...Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 21803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 8 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 26th Sept
4. Place of Birth, (Street and Number) 1506 E. Asquith st
5. Full Name of Mother, Mary Brandau
6. Mother's Maiden Name, Ryor
7. Mother's Birthplace, Balto
8. Full Name of Father, George L Brandau
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto co

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Tracy

Address, 910 N. Gay st

Remarks, 1890 - 003803

The law requires that the name and occupation of the parents, the date and place of birth, and the sex, color, the full name and occupation of the informant, the date and place of birth, and the name of each child born alive, shall be recorded in the office of the Registrar of Vital Statistics between the first and third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 24502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, (2) 1114 Gist Ave
4. Place of Birth, (Street and Number) (1) Sept 26th 1890
5. Full Name of Mother, Mary E. Wirtz
6. Mother's Maiden Name, Hochadel
7. Mother's Birthplace, Balto
8. Full Name of Father, Fred Wirtz
9. Father's Occupation, Clothing Cutter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Sclwood M.D.

Address, 1501 E. Eager St

Remarks,

1890 - 003804

...ascertained the full name of each child, of any birth ... conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when no such practitioner or midwife is in attendance, or shall occur after the departure of such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such mother to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 74804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 26th 1890

4. Place of Birth, (Street and Number) 1114 Getz Ave

5. Full Name of Mother, Mary L Wirtz

6. Mother's Maiden Name, Stuhardt

7. Mother's Birthplace, Balto

8. Full Name of Father, Fred Wirtz

9. Father's Occupation, Clothing Cutter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. S. H. Selbert M. D.

Address, 1501 E Eager St

Remarks,

1890 - 003805

Every physician or midwife, or other person who shall have been employed in any case of birth, shall, within ten days after the birth, report to the Registrar of Vital Statistics the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. And every midwife or other person who shall occur within the said period of ten days after the birth of a child, and shall neglect or refuse to report such birth to the Commissioner of Health, in the manner and within the period above required, and every mother, immediately thereafter if it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. SLADE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 24803

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26 Sep.
4. Place of Birth, (Street and Number) 917 N. Gay St
5. Full Name of Mother Annie Beck Linnan
6. Mother's Maiden Name,
7. Mother's Birthplace, Md Frederick
8. Full Name of Father Clement Beck
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R Ulling

Address, 302 Holland St

Remarks, Name of child: Edwin W. Beck

1890 - 03500

been conferred in each case the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, or other person in attendance as aforesaid, to the Commissioner of Health. In case no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of said child to report the same, in the manner and within the period above required, to the Commissioner of Health, and every month to the Commissioner of Health, comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. C. DELANY & CO., CITY PRINTERS AND STATIONERS

A 24502

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Sept 27th 1890
4. *Place of Birth, (Street and Number)*	543 Conway Av
5. *Full Name of Mother,*	Carrie Morgan
6. *Mother's Maiden Name,*	Bowen
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	John J Morgan
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham
Address,	
Remarks,	1890 003807

Every physician, midwife or other person who shall assist at the birth of any child, or any undertaker or other person who shall be employed in burying the dead body of any child supposed to have been born dead, within the City of Baltimore, shall, within ten days after the birth or burial of such child, deliver to the Registrar of Vital Statistics, at his office, a certificate of such birth or burial, containing the name, color, the full names and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or in case no other person shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 7 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 27, 1890

4. Place of Birth, (Street and Number) Jenkins Lane

5. Full Name of Mother, Lillie Kerr

6. Mother's Maiden Name, " Cooper

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Isaac Kerr

9. Father's Occupation, Driver

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. O Edward Janney M.D.

Address, 837 N. Eutaw St.

Remarks,

1890-003808

...ed under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the full name and occupation of its parents, the sex of the child, and whether it shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practitioner, or should the person in attendance upon the mother, himself or herself be sick or otherwise unable to report the birth, it shall hereafter fall to comply with the provisions of this section, shall be subjected to the ...

...Murphy & Co., City Printers and Stationers.

Dec

RETURN OF A BIRTH A. nr 007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

Name of Child: Robert William Hopkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) ~~Male~~ Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 27 1890
4. Place of Birth, (Street and Number) 930 N Wilk St
5. Full Name of Mother, Mary E Eastland
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Balt City Eastland
8. Full Name of Father, George Eastland
9. Father's Occupation, Engineer
10. Father's Birthplace, Cork Ireland

Name of Medical Attendant, or other person who makes this Return. M A Emerson

Address, 225 N Ann St

Remarks, all doing Well

1890-003809

Every birth, the full name and occupation of its parents, the date and place of birth, and the sex, color, and number of children of the mother, shall be registered within ten days after the birth of each and every such child, by the attending physician or midwife, or in case there is no physician or midwife in attendance, then by the father, mother, householder or other person having knowledge of the facts, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth as required by this section; and in case the parents of such child shall reside in another house, it shall be the duty of the householder in which the birth occurs to report the same. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 2809.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Sept 27 th. 1890
4. *Place of Birth, (Street and Number)*	# 2000 N. Henry Str
5. *Full Name of Mother,*	Mrs Maggie Schaefer
6. *Mother's Maiden Name,*	Miss " Kinter
7. *Mother's Birthplace,*	Hessen Germany
8. *Full Name of Father,*	Mr Michael Schaefer
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 W Balt St
Remarks,	

1890-003810

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the number of each child of the mother living, and the number of children born dead; and the Physician, Midwife or other person who shall attend upon the birth of any child shall, within ten days after the birth of such child, and every month to the office of the Commissioner of Health, to cause the birth of such child to be registered; and the Commissioner of Health is hereby authorized to require the production of such certificate of birth as he may deem necessary; and every person who shall attend upon the birth of any child, or shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to cause the birth of such child to be registered as required by this section, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

No. 810

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Sept 27th 1890
4. Place of Birth, (Street and Number) # 328. Monroe Str
5. Full Name of Mother, Mrs Minnie Ritterskofer
6. Mother's Maiden Name, Miss " Meyer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Mr Henry Ritterskofer
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Hiller

Address, 2127 W. Pratt Str

Remarks,

890-0038111

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-9-52

RETURN OF A BIRTH A. 24811.

HEALTH DEPARTMENT OCT 3 1900 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Raymond John

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29 Septbr. 1890
4. Place of Birth, (Street and Number) S. Castle Str. # 109
5. Full Name of Mother, Lena Baby
6. Mother's Maiden Name, Regner
7. Mother's Birthplace, Germania
8. Full Name of Father, Adam Regner
9. Father's Occupation, Schoemacher
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs Bucher

Remarks, 1890-003812 Midwife

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 27 1890
4. Place of Birth, (Street and Number) 2 Register Ct
5. Full Name of Mother, Lucretia William
6. Mother's Maiden Name, Hamble
7. Mother's Birthplace, Balt City
8. Full Name of Father, Isaac F. Williams
9. Father's Occupation, Driver
10. Father's Birthplace, Balt City

Name of Medical Attendant, or other person who makes this Return. M. A. Thompson

Address, 225 S Ann St

Remarks, all doing well

1890-003813

Section 2. Be it further enacted as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month thereafter, to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon the mother, immediately thereafter, if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person neglecting to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

B 248127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. OCT 3 1900 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex,* (state whether male or female) Setond Female
2. *Race or Color,* (if not of the white race) Colored
3. *Date of Birth* 27
4. *Place of Birth,* (Street and Number) No 1165 Aisquith alley
5. *Full Name of Mother,* Ann Lizzie Brown
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Matthews
9. *Father's Occupation,* Potter Helper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Parker Jno Sims

Address, Hosts Hodo 1 29

Remarks,

1890 - 003814

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 24813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 3 1890
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 28th Sept 1890
4. Place of Birth, (Street and Number) 538 Fort ave
5. Full Name of Mother, Mary Edwards
6. Mother's Maiden Name, Lyons
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Edwards
9. Father's Occupation, Railroad
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Aswell

Address, 516 Fort ave

Remarks,

1890 - 003815

...name of each child, if any alive, or the fact that there is no such child living; the number of children born alive to this mother, including the present birth; the number of children of this mother now living; the full name and residence of the physician, midwife or other person in attendance upon the birth; the date when such return was made; and such other information as may be required by the Commissioner of Health, to enable him to perform the duties devolving upon him by reason of this birth. And the said Commissioner of Health is hereby authorized to prescribe and require the use of such blanks and forms as may be necessary to secure the returns of births required by this section to be made, and to withhold the certificate required by section 12 of this article to be issued, in any case where the return of birth herein required has not been properly made.

SEC. 12. And be it further enacted, That it shall be the duty of the Commissioner of Health, upon the receipt of the return of birth required by section 11 of this article to be made, to issue to the person making such return a certificate, over the seal of the Board of Health, setting forth the substance of the return so made, and stating the time when received, which certificate shall be prima facie evidence in all courts of the facts therein stated.

SEC. 13. And be it further enacted, That it shall be the duty of the physician, midwife or other person in attendance upon the birth of any child, to make the return of birth required by section 11 of this article, and to deliver the certificate required by section 12 of this article to the parent, guardian or other person having charge of such child, within ten days after the birth of such child; and in case of the failure, neglect or refusal of such physician, midwife or other person to make such return and deliver such certificate within the time aforesaid, he shall forfeit and pay for each offense the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

SEC. 14. And be it further enacted, That it shall be the duty of the occupier of each and every house, tenement or dwelling, and of the keeper of each and every lodging house, boarding house, hotel, inn, tavern, public house, or other place of public entertainment, within the City of Baltimore, to cause a return of each and every birth which shall occur in such house, tenement, dwelling, lodging house, boarding house, hotel, inn, tavern, public house, or other place of public entertainment, to be made to the Commissioner of Health, within ten days after the occurrence of such birth, and in default thereof, such occupier or keeper shall forfeit and pay for each offense the sum of ten dollars, to be recovered as other fines and forfeitures are recoverable.

SEC. 15. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause to be published, at the end of each month, a list of the births returned to his office during the month, and to cause to be published, at the end of each year, a list of the births returned to his office during the year, and to cause to be published, at the end of each year, a list of the births returned to his office during the year, and to cause to be published, at the end of each year, a list of the births returned to his office during the year.

RETURN OF A BIRTH. A 74814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

OCT 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 28th Sept
4. Place of Birth, (Street and Number) 1627 E. Eager st
5. Full Name of Mother, Margret Frazier
6. Mother's Maiden Name, " Mack
7. Mother's Birthplace, Balto
8. Full Name of Father, George J. Frazier
9. Father's Occupation, Barber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr. J. Gregory

Address, 940 N. Bay st

Remarks,

690-003816

Section 1. Be it ordained by the Mayor and City Council of Baltimore, that it shall be the duty of the physician or midwife in attendance upon any birth, and the undertaker or other person who shall be employed to bury the body of any child dying before it has been registered, to procure from the parents or other informant a certificate containing such of the facts required to be registered by this ordinance as may be within the knowledge of the informant, and to deliver such certificate to the undertaker or person burying the body of the child, if such undertaker or person be employed, and if not, to the sexton or person in charge of the burial ground or place of interment; and it shall be the duty of such undertaker, person burying the body, sexton or person in charge of the burial ground or place of interment, to deliver the certificate so received to the Commissioner of Health, or to the person designated by him to receive the same, within ten days after the burial of the body. Sec. 2. And be it ordained, that it shall be the duty of the physician or midwife in attendance upon the mother, immediately thereafter if shall become the duty of the parent or other person required, and in default of such report, of any person having knowledge of the facts, to report the birth of any child to the Commissioner of Health, in the manner and within the time above required, and to report its birth to the Commissioner of Health, in the manner and within the time above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 74813.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 28, 1890.
4. Place of Birth, (Street and Number)	622 Strong St.
5. Full Name of Mother,	M. Taylor
6. Mother's Maiden Name,	M. Hart
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	J. Taylor
9. Father's Occupation,	Painter
10. Father's Birthplace,	Balto.
Name of Medical Attendent, or other person who makes this Return.	M. A. Bell
Address,	1205 E. Monument St.
Remarks,	All Well.

C 90 00 3817

month, and shall set forth as far as the same can be ascertained, the full name of each child born, the sex and color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the full name and occupation of the person who attended at the birth, and the full residence of such person; and if no person attended at the birth of any child born, then the father or mother of such child shall be severally required to make the return of such birth to the Commissioner of Health, in the manner and within the time prescribed in this section. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ARS. J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 74816

HEALTH DEPARTMENT OCT 7 1890 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	28th Sept 1890
4. Place of Birth (Street and Number)	546 S. Payson st
5. Full Name of Mother	Mary E. Ebberts
6. Mother's Maiden Name	Mary E. Brumfield
7. Mother's Birthplace	Balto City
8. Full Name of Father	Oliver H. Ebberts
9. Father's Occupation	Machinist
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	P. W. Bellows Jr. M.D.
Address	1847 Hollins st
Remarks	

5 9 0 - 0 0 3 8 1 8

dvise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White.
3. Date of Birth, September 28, 1890.
4. Place of Birth (Street and Number), 317 Roland ave.
5. Full Name of Mother, Ellen C. Lea Barrer.
6. Mother's Maiden Name, Overholtzer.
7. Mother's Birthplace, Pa.
8. Full Name of Father, Francis B. Lea Barrer.
9. Father's Occupation, Clergyman.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Chestnut ave.

Remarks,

1890 - 003819

HEALTH DEPARTMENT OCT 1890 BALTIMORE, MD.

Publishing Co., City Printers and Stationers

B 14818.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, September 28th
4. Place of Birth, (Street and Number) Baltimore Ward St 1347
5. Full Name of Mother, Annie Wright
6. Mother's Maiden Name, Annie Riley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Garrison Wright
9. Father's Occupation, Oyster shucker
10. Father's Birthplace, Centerville, Easter shore

Name of Medical Attendant, or other person who makes this Return. Kathrin Riley

Address, 1126 Russell St

Remarks,

1890 - 003820

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent of each child within one month after the birth, if there be present at the birth of any child a practitioner of midwifery, or should no other person be in attendance, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above set forth. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. W. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 26819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 28 of Sept.
4. Place of Birth, (Street and Number) 711 Sharp St.
5. Full Name of Mother, Amelia Kunowsky.
6. Mother's Maiden Name, Amelia Schaefer.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Max Kunowsky.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Europa.

Name of Medical Attendant, or other person who makes this Return, Wm Boina.

Address, 209 E Baltimore St.

Remarks,

1890-003821

...shall set forth as far as the same can be ascertained the full name of each child. If any shall have occurred without such birth, and the name and occupation of its parents, the certificate between the... and the mouth, and shall state the sex, color, the full name and residence of the physician or midwife, if any, present at the birth, and the name and residence of the person to whom each child has been delivered, but in the case of the attendance of a physician or midwife, or the person or parents of such child, the certificate shall be delivered, duly signed by the practitioner in the manner and within the period above required, to the office of the Commissioner of Health. In case the father or other person be in attendance upon the mother, immediately after the birth of any child, and within the time above required, the certificate shall be delivered, duly signed by the practitioner or midwife, or the person or parents of such child, to the father or other person in attendance upon the mother, immediately after the birth of any child, and within the time above required, the certificate shall be delivered, duly signed by the practitioner or midwife, or the person or parents of such child, to the father or other person in attendance upon the mother, and within the period above required, he shall become the duty of each and every physician or midwife who shall be in attendance upon any case of birth to the Commissioner of Health, and within the time above required, he shall become the duty of each and every physician or midwife who shall be in attendance upon any case of birth to the Commissioner of Health, to the manner and within the provisions of this section, to be recovered, shall occur without the attendance of a physician or midwife, it shall become the duty of the father or other person in attendance upon the mother, immediately after the birth of any child, and within the time above required, he shall become the duty of the father or other person in attendance upon the mother, immediately after the birth of any child, and within the time above required, he shall become the duty of the father or other person in attendance upon the mother, and within the period above required, he shall report to the Commissioner of Health, to the manner and within the provisions of this section, to be recovered, as other fines and forfeitures are recoverable. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. W. O. BULLEY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-7-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Viola Wilhelmina Brown

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, September 28 1890.
4. Place of Birth, (Street and Number) "209. N. Caroll st.
5. Full Name of Mother Edith Estella Brown.
6. Mother's Maiden Name E. E. Anthony.
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, William Reese Brown
9. Father's Occupation, Engineer.
10. Father's Birthplace, Baltimore Maryld.

Name of Medical Attendant, or other person who makes this Return Dr. John Davis

Address, "2102. Orleans st

Remarks, Natural delivery.

1890 - 003822

HEALTH DEPART OCT 6 BALTIMORE

Sec. 5. Be it further ordained, That the following shall be the form of a certificate between the first and second columns of said schedule: "I hereby certify that I attended the birth of the person above named, on the day above mentioned, and that the information given above is true and correct to the best of my knowledge and belief." Which certificate shall be signed by the physician or midwife in attendance upon the mother, immediately thereafter. It shall become the duty of the father of each child born within the period above required, and in case of his absence or inability to do so, of the mother, or in case of her inability, of the person having charge of such child to report its birth to the Commissioner of Health within ninety days after the birth of such child, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. D. SULAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24 91

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. Sept 28th 90
4. Place of Birth, (Street and Number) 1704 Park Ave.
5. Full Name of Mother, Mary Coby
6. Mother's Maiden Name, Kirchner
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Michael Coby.
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Jennie Lindner

Address, 1703 Mount St

Remarks,

1890 - 003823

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said doctor or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-27-55

RETURN OF A BIRTH A 24877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 to
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 28th 1890
4. *Place of Birth, (Street and Number)*	1513 Charles St
5. *Full Name of Mother,*	Amelia Clarke
6. *Mother's Maiden Name,*	Amelia Goldhammer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert Clarke
9. *Father's Occupation,*	Baker Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	C. A. Tully
Address,	1525 Light St
Remarks,	Living Well

1890-023824

RECEIVED OCT 3 1890 REGISTRY BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child born of the mother, and the date of birth of each child, whether the child was born alive or dead, the sex, color, the full name and occupation of its parents, the date and place of their marriage, and the number of children born to the mother, and the number now living. In case a child shall be born dead after the expiration of the period of gestation, or if any child shall die before a return of birth has been registered, the fact shall be reported in like manner as in case of a birth of a living child, and a certificate setting forth the information required in the case of a birth, and the cause of death, shall be delivered to the undertaker or person having charge of the burial. Such certificate shall be signed by the physician in attendance upon the case, or if there was no physician in attendance, by the undertaker or person having charge of the burial. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such case to report the birth to the Commissioner of Health. The mother shall be required, and in case of her inability to do so, the person in charge of the case shall be required, to report to the Commissioner of Health the particulars required to be reported in relation to such child. Any person who shall refuse or willfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 2777-3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 6 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 28, 1890
4. Place of Birth, (Street and Number) Towsen St No
5. Full Name of Mother, Polena Whistinghousen
6. Mother's Maiden Name, Polena Lang
7. Mother's Birthplace, Germana
8. Full Name of Father, Ludwig Wistinghousen
9. Father's Occupation, Block Smith
10. Father's Birthplace, Germana

Name of Medical Attendant, or other person who makes this Return. Mrs Ettel

Address, No 1619 Cuba St

Remarks, Mrs Ettel

1890-003825

(Every person required by law to report the birth of any child is required to state truly the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of such child of the mother, and to make a certificate thereof, to be delivered to the midwife or other person who shall be present at the birth, or if there be no such person present, then such certificate shall be delivered, duly signed by the informant, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be required by this section to report the birth, then the owner or occupier of the house in which such birth shall occur shall report the same to the Commissioner of Health, in the manner and within the period above required, and the mother, immediately thereafter, if able, shall make a certificate of the sex and other particulars of such child, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT OCT 3 90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th Sept. 1890
4. Place of Birth, (Street and Number) No 193 Ryan st
5. Full Name of Mother, Annie Ryan
6. Mother's Maiden Name, Annie Miller
7. Mother's Birthplace, Ireland
8. Full Name of Father, Caleb Ryan
9. Father's Occupation, Stockster
10. Father's Birthplace, Howard County Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Seebach

Address, 735 W Pratt st.

Remarks,

1890 - 003826

be considered) to give color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge who is required to report the birth, then the owner or agent of the house in which such child is born shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 20825.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT OCT 3 1920 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, ~~1920~~ 28 Sep.
4. Place of Birth, (Street and Number) 1141 Wm. Elderg St
5. Full Name of Mother, Fannie Rosenberg
6. Mother's Maiden Name, " Warshofsky
7. Mother's Birthplace, Poland
8. Full Name of Father, Moses Rosenberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs R. Gilbert

Address, 302 Holland St

Remarks,

C 1 0 - 0 0 3 8 2 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 1087

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT
1890
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth. September 25. 1890.
4. Place of Birth, (Street and Number) 1857 E. Eutaw St.
5. Full Name of Mother. Bertha Patterson
6. Mother's Maiden Name. Bertha Seymore
7. Mother's Birthplace, City.
8. Full Name of Father. Frank Patterson
9. Father's Occupation, Cigar maker
10. Father's Birthplace, City.

Name of Medical Attendant, or other Person who makes this Return Dr. C. Hammann

Address. 1142 N. Eutaw St.

Remarks, Eighth month Boy

1890-000328

...ER & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 27487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 7 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 29th 1890
4. *Place of Birth, (Street and Number)*	6x1 Columbia Av
5. *Full Name of Mother,*	Hannah Blum
6. *Mother's Maiden Name,*	Hannah Hoffman
7. *Mother's Birthplace,*	Norfolk Va
8. *Full Name of Father,*	Joseph Blum
9. *Father's Occupation,*	Physician
10. *Father's Birthplace,*	Maysville Ky
Name of Medical Attendant, or other person who makes this Return.	Joseph Blum M.D.
Address,	6x1 Columbia Av
Remarks,	1890-05-029

month, and shall set forth as far as the same can be ascertained the full name of each child born alive and the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children, if any, born to the mother, including the present birth, and whether the first and only child or twin or triplet, or other plurality, and whether legitimate or illegitimate; in case the birth of any child has been concealed, it shall be delivered, duly signed by the mother, to the Commissioner of Health, or should no other person be present at the birth, then the mother herself shall make such return; and every midwife or other person who shall assist at the delivery of any child otherwise than as a physician or practitioner of medicine, and every householder in whose house any child shall be born, and the undertaker who shall be employed to bury the dead body of any child supposed to have been born dead, shall, within the time prescribed by this section, report the same to the Commissioner of Health in the manner and within the period above specified, and shall be subject to the penalties hereinafter provided for failure to comply with the provisions of this section. And every physician or midwife or other person in attendance upon the birth of any child born dead shall give a certificate of the fact and the supposed cause of the death of such child to the parent or person having charge of the child before the burial thereof, and shall report the birth to the Commissioner of Health in the manner and within the period above specified, and shall be subject to the penalties hereinafter provided for failure to comply with the provisions of this section. And every undertaker who shall bury the dead body of any child supposed to have been born dead without the certificate of a physician or midwife or other person in attendance upon the birth of such child, as to the cause of death, shall report the same to the Commissioner of Health, and shall be subject to the penalties hereinafter provided for failure to comply with the provisions of this section. Any person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 22 1890

4. Place of Birth, (Street and Number) 2236 East Baltimore

5. Full Name of Mother, Elizabeth Hellwig

6. Mother's Maiden Name, " Stang

7. Mother's Birthplace, Warberg Germany

8. Full Name of Father, Henry Hellwig

9. Father's Occupation, ~~U.S.~~ Express Agent

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J T Spicknall M.D.

Address, 14 N Patterson Pk Ave

Remarks,

1890 - 003830

ascertained the full name of such child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly filled out to the Commissioner of Health. In case the certificate before the first Tuesday of each month, to the Commissioner of Health, to be by him transmitted to the Board of Health, at its meeting upon the second Tuesday thereafter. It shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 2889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 3 1890
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 29
4. *Place of Birth, (Street and Number)* No 301 - Eastern. st. bet
5. *Full Name of Mother,* Louise Pfeifer
6. *Mother's Maiden Name,* Louise Seesell
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George Pfeifer
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs C. Seebach

Address, No 785 W Pratt St

Remarks,

1890-003031

Any person conferring illegal, false, or improper information, or refusing to give information required by this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment not exceeding thirty days, or both, at the discretion of the court. Any midwife, physician, or other person who shall have charge of any case of birth, shall, within ten days after the birth occurs, report the same to the Commissioner of Health, stating the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife, physician, or other person shall also report the death of any child under one year of age, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth or death shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately hereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, as herein required, and in default thereof, such person or persons shall be guilty of a misdemeanor, and upon conviction thereof shall be punished as in any such case provided. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BULAVY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEP'T OCT 3 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep 29th 1890
4. Place of Birth, (Street and Number) No 10.00 Lombard Street
5. Full Name of Mother, Mary Robins
6. Mother's Maiden Name, Mary Kelley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Robins
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Michels

Address No 849 west Pratt Street Baltimore

Remarks, 1890 - 003832

been conferred) later, enlarge the full name and occupation of its parents, the date and place of birth; and the said schedule shall be duly signed by the practitioner in the form of a certificate to the effect that he has attended the birth of any child said child, and every month to the office of the Commissioner of Health, in the manner and within the period required; and shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the birth, the mother of such child shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period required; and attendance upon the birth, the mother of such child shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period required; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 24831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. OCT 3 1890 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29th September
4. Place of Birth, (Street and Number) 1101 Hollins Street
5. Full Name of Mother, Coreline Emmich
6. Mother's Maiden Name, Coreline Van der Hyde
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, Otto Emmich
9. Father's Occupation, Restaurant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs C Seebach

Address, 738 W Pratt St.

Remarks, 1890-003833

been conferred) sex, color, the full name and occupation of the parents, the date and place of birth, and age of mother, as near as can be ascertained, within one day after the birth of any child, and every third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEE. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 20034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 29 1890
4. Place of Birth, (Street and Number) # 9 Sulphur Place
5. Full Name of Mother, Mary Theodora
6. Mother's Maiden Name, Duso
7. Mother's Birthplace, Balt. Co.
8. Full Name of Father, Hermann Theodore
9. Father's Occupation, Laborer
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return. Louis Ludwig

Address, #106. E. Monroe St

Remarks,

1890 - 003834

If the child is born out of wedlock the name can be ascertained the full name of each child, if any child is born out of wedlock the name can be ascertained (or conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur where there is no practitioner or midwife in attendance, the said schedule may be delivered by the nurse in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 11833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 30 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 29
4. Place of Birth, (Street and Number) Hanselle St 1890
5. Full Name of Mother, Mrs Minnie Schramm
6. Mother's Maiden Name, Minnie Escher
7. Mother's Birthplace, Washington D C
8. Full Name of Father, Mr John Schramm
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Auguste Boisen

Address, 909 Fol Cooles Hart

Remarks,

1890-003835

...to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled in, by the person in charge of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and will be the duty of the father of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any and every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 21830

HEALTH DEPARTMENT OCT 4 1900 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) C
3. Date of Birth, 19 Sept.
4. Place of Birth, (Street and Number) 1123 East Ave.
5. Full Name of Mother, Lizzie Hall
6. Mother's Maiden Name, Hall
7. Mother's Birthplace, Pennsylvania Russian
8. Full Name of Father, George Lucas Hall
9. Father's Occupation. Plaster
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 925 Carlton St.

Remarks,

1900 003836

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and shall deliver a certificate containing the said particulars to the person who shall be employed by the parents or either of them to register the birth of such child, and such person shall be entitled to receive from the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and such person or parents shall be furnished with the proper blanks for that purpose by the Commissioner of Health, and any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. W. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 24835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 29th 1890
4. Place of Birth, (Street and Number) # 111 N. Saratoga St.
5. Full Name of Mother, Mary L. Seitz
6. Mother's Maiden Name, " " Hilleard
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Jacob Seitz
9. Father's Occupation, Clerk
10. Father's Birthplace, Carlisle Pa

Name of Medical Attendant, or other person who makes this Return. Emil Lindau

Address, # 106 S. Monroe St.

Remarks,

1890 - 003837

...the full name and occupation of the parents, the date and place of birth, and the sex, color, and number of each child of any such mother, are required to be delivered, duly signed by the practitioner in person, or sent by mail, to the office of the Commissioner of Health, a certificate between the first and third day of each month, to the effect that no birth or stillbirth has occurred during the preceding month in the practice of such practitioner, and that no birth or stillbirth has occurred without the attendance of a practitioner or midwife, or should the birth of any child occur without the attendance of a practitioner or midwife, or should no birth or stillbirth occur during the month, then the nurse in attendance upon the mother, immediately after the birth, is the person required to make the certificate of birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 17206

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 4 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 30 th. 90
4. Place of Birth, (Street and Number) Liberty road
5. Full Name of Mother, Ida M. Dauth
6. Mother's Maiden Name, Ida M. Dibb
7. Mother's Birthplace, Baltimore Co. Md
8. Full Name of Father, Louis E. Dauth
9. Father's Occupation, Dairy Farmer
10. Father's Birthplace, Annapolis Md.

Name of Medical Attendant, or other person who makes this Return. H.C. Fuhr M.D.

Address, #1203 W. Fayette st.

Remarks,

1890 003638

Every child born in this city, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and every stillborn child, shall be reported to the Commissioner of Health on a certificate between the first and third day of each and every month. To be signed by the physician or midwife in attendance, if there shall be one in attendance upon the mother, immediately thereafter. If shall become the duty of the person or parents of such child, or of the occupier of the house where such child was born, to report the birth within the period above required, and any such person or persons who shall neglect or fail to report such birth, or who shall report a false statement of the same, shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 7855

HEALTH DEPARTMENT OCT 1930 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 9-28-1930
4. Place of Birth, (Street and Number) 924 E. Eastern Ave
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 290-043039

month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth, and the full name and occupation of the father of each child (if any shall have been conferred) to sex. Failure to file certificate duly signed by the practitioner or midwife, or some other person he in said schedule shall on every month to the office of the Commissioner of Health. In case the father or parents of such child to report the same to the Commissioner of Health, in writing within the period above required, he shall forfeit and pay to the use of the City of Baltimore the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Over

A 24887

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy John Joseph Kerner
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30th Septr 1890
4. Place of Birth, (Street and Number) N. Wolfe Ste & 2.
5. Full Name of Mother, Sophie Fitch
6. Mother's Maiden Name, Kerner
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Kerner
9. Father's Occupation, Collector
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs Bucher

1890-003940 Mother ✓

RETURN OF A BIRTH. A 14520

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DOT BALTIMORE

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 30 September
4. *Place of Birth (Street and Number)* 573 Preston st
5. *Full Name of Mother* Ella Ellis
6. *Mother's Maiden Name* Ella Costofis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Ed Ellis
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Gibbs

Address 533 Biddle Alley

Remarks

C. C. 0 - 0 0 3 8 4 1

RETURN OF A BIRTH A 74840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 6 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5- child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 30 September 1890
4. Place of Birth, (Street and Number) 111 Parish alley
5. Full Name of Mother, Sindrella Morton
6. Mother's Maiden Name, Sindrella Moore
7. Mother's Birthplace, [illegible]
8. Full Name of Father, Andrew Morton
9. Father's Occupation, Truckster
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. Mary E Jones

Address, 1121 Saratoga St

Remarks, 1890 003842

been entered in a color, the full name and occupation of its parents, the date and place of birth, and the child's sex and color, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, in case the birth shall occur without the attendance of a physician or midwife, or shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 24841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 6
BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) ~~5~~ 6th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 30 1890
4. *Place of Birth, (Street and Number)* 846 Woodward & Balti City Md
5. *Full Name of Mother,* Margaret Stinhoff
6. *Mother's Maiden Name,* V Emerick
7. *Mother's Birthplace,* Penn
8. *Full Name of Father,* J Fred Stinhoff
9. *Father's Occupation,* Mnfl Phigh
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return Thurlo Cooke Md

Address, 914 N Charles

Remarks,

1890 - 008343

...ween conferred) is requ... color, the full name and occupation of his parents, the date and place of birth; and the ...ame, residence and ... shall be delivered ... said schedule shall be delivered, duly signed by the attending physician or midwife, or by the householder, within the first and third day of each and every month to the office of the Commissioner of Health. If such birth or stillbirth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance as aforesaid, then it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 21807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 6 1910 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 30 1910
4. Place of Birth, (Street and Number) 17 W Barre St
5. Full Name of Mother, Elizabeth Kries
6. Mother's Maiden Name, Elizabeth Bolahan
7. Mother's Birthplace, Balto
8. Full Name of Father, George Kries
9. Father's Occupation, Sexton
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C A Tull

Address, 1525 Eutaw St

Remarks, Dairy Well

1690-00844

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter given; and the latter shall also make a return every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person in charge of the house or room where such child was born shall report its birth to the Commissioner of Health, in the manner and within the period of time above specified, and any person who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 6158

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 30 — 90

4. Place of Birth, (Street and Number) 428 East

5. Full Name of Mother, Dora Lavo

6. Mother's Maiden Name, Dora Jolley

7. Mother's Birthplace, Balt

8. Full Name of Father, Isw Lavo

9. Father's Occupation, Oysterman

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Daniel V Magruder M.D

Address, 1201 N Edw St City

Remarks,

1890-003845

conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the attending physician or midwife, in the form of a certificate between the hours of nine o'clock and twelve o'clock, m., and every month to the Commissioner of Health, or such other person as he shall designate for the purpose, a like certificate of the birth of any child which shall be delivered, duly signed by the physician or practitioner or midwife in attendance, or the person or parents of such child, if no physician or practitioner or midwife was in attendance upon the birth; and no other person be in charge of any case of birth, or assist therein, unless such physician or midwife shall be absent or unable to act, in which case such person shall report the birth as herein required. Every midwife who shall refuse or neglect to report any birth at which she shall be in attendance upon the birth, or who shall neglect or refuse to comply with the provisions of this section, shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-24929

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 423 Colvin (If rural give location)

3. Full name of child

4. Date of birth October 1, 1890 (Month) (Day) (Year)

5. Sex: Male | 6. Twin or triplet ... If so—born 1st, 2d, or 3rd ... | 7. Number weeks of pregnancy ... | 8. Hour of birth ... M.

FATHER OF CHILD

9. Full Name Vincent Pamesano
10. Color or race White 11. Age at time of this birth ... yrs.
12. Birthplace Italy (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Barbara Crovo
16. Color or race White 17. Age at time of this birth ... yrs.
18. Birthplace Maryland (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Mother's mailing address for registration notice:
423 Colvin

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ... related to this child as ...

24. Date rec'd by local registrar October 17, 1890

25. Signed Dr. George F. Rohe Registrar

26. Given name added ... by Registrar per ...

(Signed) Mrs. C Lauer (Midwife)
Physician (or midwife) who attended this birth
or Robert E. Lee Barber, M.D.
Commissioner of Health and Registrar

Address ... June 28, 1972 Date

VS 300 No information appears on the original filing for information not appearing on this certificate.

890 - 00346

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 9-30-90
4. Place of Birth, (Street and Number) 32 Main st
5. Full Name of Mother, Kate V. Fitt
6. Mother's Maiden Name, Kate V. Carrick
7. Mother's Birthplace, Penn Yan Co.
8. Full Name of Father, James R. White
9. Father's Occupation, Fireman
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this return. L. L. Fay M.D

Address, 115 Smallwood and Attendant

Remarks, L. G. Fay

690-003847

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the registrar in the form of a certificate between the first and third day of each month, by the attendance of a physician or practitioner of midwifery, or the person or parents of such child, or other person who shall neglect or refuse to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

748 HW

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 6th - 90.

4. Place of Birth, (Street and Number) 1039 N. Para

5. Full Name of Mother, ~~Flora~~ Flora L. Perdaix

6. Mother's Maiden Name, Flora L. Schultz

7. Mother's Birthplace, Frederick Md.

8. Full Name of Father, Sam'l. Perdaix

9. Father's Occupation, Physician

10. Father's Birthplace, Jefferson NC.

Name of Medical Attendant, or other person who makes this Return. W B Rennie MD

Address, 631 E. Chase St

Remarks,

1890 - 003848

Births shall be registered as far as the same can be ascertained, the full name of each child, if any shall have been given it, the sex, color, the day, month and year of its birth, the date and place of birth, and the full name, residence, occupation and birthplace of each parent. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such report shall be signed by the practitioner in the form of a certificate between the date and filing thereof; and every midwife or physician who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties are recoverable.

GEO. A. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 74846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 4th 1890
4. Place of Birth, (Street and Number) 737 Gunter and street
5. Full Name of Mother, Johanna Willet
6. Mother's Maiden Name, Johanna Weides
7. Mother's Birthplace, Germany
8. Full Name of Father, Christian Willet
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Hammel

Address, 548 Mc Mechen street

Remarks,

1890 - 003849

Whoever shall wilfully refuse or neglect to report, as herein required, the birth of any child, or shall report any false statement touching the same, or any particular required to be reported, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment not exceeding thirty days, or both, at the discretion of the court. And it shall be the duty of the midwife in attendance upon the mother, immediately thereafter, to report the birth of such child to the Commissioner of Health, in the manner and with the particulars above required, and any such midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 7587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 11 11 1890

4. Place of Birth, (Street and Number) 128 Hoffman Street

5. Full Name of Mother, Johanna Mc 11 Smith

6. Mother's Maiden Name, Johanna Hoffman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Mc 11 Smith

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Mumgold

Address, 543 Mc 11 Wilder st

Remarks,

1690-003850

SEC. 3. To be filled up by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as by law provided. Forfeitures are recoverable.

GEO. A. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24848.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 6 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 13th 1890
4. *Place of Birth, (Street and Number)*	1304 E. Chase St
5. *Full Name of Mother,*	Anna R. Willinger
6. *Mother's Maiden Name,*	Hebraus
7. *Mother's Birthplace,*	Lancaster Penna
8. *Full Name of Father,*	Louis F. Willinger
9. *Father's Occupation,*	Coal Dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	S. H. Feldner M.D.
Address,	1501 E. Eager St.
Remarks,	

690 - 003851

Name of child to be given, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the physician or midwife in attendance at the birth. The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the date of birth and the third day of each and every month to the office of the Commissioner of Health, in case no physician or midwife shall occur without the attendance of either, the certificate shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and also to report the name of the physician or midwife who shall be in attendance thereafter. It shall be the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-6-54

RETURN OF A BIRTH

248249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna Marguerite Evans

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14th 1920
4. Place of Birth, (Street and Number) 1616 Biddle St.
5. Full Name of Mother, Ella Evans
6. Mother's Maiden Name, Yates
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Samuel Evans
9. Father's Occupation, Painter
10. Father's Birthplace, Barbados West Indies

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 690-003852

...can legally fix sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than one hundred dollars (100) for each offense. In case the births of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report such birth to the Commissioner of Health within the period above required, and any midwife or person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH B 21850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. *Sex, (state whether male or female)* [illegible] Child
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return: [illegible]

Address, [illegible]

Remarks, 8900-003853

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, or other person in attendance, to the Registrar of the district, or to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then it shall be the duty of the parent or parents, or other person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

SEC. 4. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 4-6-66

RETURN OF A BIRTH A

24851.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louis Birkmeyer Hoffmeyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, 15. Sept. 90.
4. Place of Birth, (Street and Number) 748 George St.
5. Full Name of Mother, A. Hoffman
6. Mother's Maiden Name, A. Birkmeier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, C. Hoffman
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Robert Hoffman M.D. 603 Park av

Address,

Remarks, 890-003854

... name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 15th 1898
4. Place of Birth, (Street and Number) 1227 E. Eager St.
5. Full Name of Mother, Annie Beuttel
6. Mother's Maiden Name, Tiedemann
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Louis Beuttel
9. Father's Occupation, Confectioner
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. Wm. L. Bruns M.D.

Address, 1131 E. Baltimore St.

Remarks, 6900-003855

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the attendant, in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person in charge of such child, and of the parents or guardians of such child, if able, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 74883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 16th Sept
4. Place of Birth, (Street and Number) 702 N. Caroline st
5. Full Name of Mother, Barbara Heber
6. Mother's Maiden Name, Holmes
7. Mother's Birthplace, Germany
8. Full Name of Father, John Heber
9. Father's Occupation, Confectioneer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs J Grooling

Address, 420 N. Bury st

Remarks,

890-003856

In cases where the full name and occupation of the parents, the date and place of birth, and the number of children to whom the mother has been delivered, cannot be ascertained, the certificate between the first and second visits of each and every month to the office of the commissioner of midwifery, or should no other visits of such kind occur without the attendance of a physician, then the certificate shall become the duty of the person above required, and shall be made out and signed by him or her, and within the period above required, and the same shall be delivered at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child attendance upon the midwife Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 20804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 26 1933 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 17th Sept
4. Place of Birth, (Street and Number) 930 N Asquith st
5. Full Name of Mother, Sarah C Brown
6. Mother's Maiden Name, " " Campbell
7. Mother's Birthplace. Balto
8. Full Name of Father, William H Brown
9. Father's Occupation. Cooper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Brown

Address, 1918 N Gay st

Remarks, 690-003857

been conferred) (Jerk, color, the full name and occupation of its parents, the date and place of birth; and the other particulars required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parents or parent of such child shall within the period above required, and every month thereafter, furnish the information required by the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, the parents or parent of such child shall immediately thereafter, and every month thereafter, furnish the information required by the Commissioner of Health, in the manner and within the period above required, and otherwise comply with the provisions of this section. Every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. C. GULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 9485.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept. 17
4. Place of Birth, (Street and Number) Balt. No. 515 S. Durham St.
5. Full Name of Mother, Mrs Ada V. Rodges
6. Mother's Maiden Name, Mrs Ada V. Gardner
7. Mother's Birthplace, Franklin Virginia
8. Full Name of Father, Mr. Wm. J. Rodges
9. Father's Occupation, Captain of steam Vessels.
10. Father's Birthplace, Norfolk Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs Jos Krauger

Address, No. 2321 E. Fayette St. Balt. Md.

Remarks,

890-003858

being so ordered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said physician or midwife shall be delivered. duly signed by the practitioner or midwife, a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one of the parents of such child reside in the house where the birth occurs, then the owner or lessee of the house where such birth occurs shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable

A. S. ABELL & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, Sept. 18th 1890
4. Place of Birth, (Street and Number) E. Monument Str. 1606
5. Full Name of Mother, Lizie Spraker
6. Mother's Maiden Name, Lizie Punti
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andr. Spraker
9. Father's Occupation, Tinner
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Robert Hoffman M.D.

Address, 613 Park ave

Remarks,

1890 - 003859

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, if any, and if there was no attendant, the father or mother shall be required to report said facts within five days after the birth. And the said schedule shall be delivered, duly signed by the attendant, if any, and if not, by the father or mother, to the undertaker employed to bury the dead body of such child, or to the sexton or person in charge of the burial ground or place of interment in which such child is buried, before the interment shall take place; and every undertaker, sexton or person in charge of a burial ground or place of interment shall keep a record of the information required by this section to be reported, and shall report the same to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 2687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13 L
1. *Sex*, (state whether male or females)	Male
2. *Race or Color*, (if not of the white race)	White
3. *Date of Birth*	September 25 — 90
4. *Place of Birth*, (Street and Number)	127 So Stiel
5. *Full Name of Mother*,	Margaret Brundr
6. *Mother's Maiden Name*,	" Spellman
7. *Mother's Birthplace*,	Balto
8. *Full Name of Father*,	Geyer Brundr
9. *Father's Occupation*,	Deputy Sheriff
10. *Father's Birthplace*,	Balto
Name of Medical Attendant, or other Person who makes this Return.	Dunk Thompson M.D.
Address,	4.25 Eutaw
Remarks,	1890-003860

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and every month to the Office of the Commissioner of Health, on blanks furnished by the Commissioner for that purpose. In case of stillbirth, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health in the manner and within the period above required, and any such Person or persons who shall neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 24851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 22nd - 1890.
4. Place of Birth, (Street and Number)	1009 Fremont Place
5. Full Name of Mother,	Kate M. Mettee
6. Mother's Maiden Name,	Ryan
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	James Mettee
9. Father's Occupation,	Coachman
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	M B Penny Md
Address,	02 E Eutaw St
Remarks,	

690-003861

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, to the person registering the birth, as the form of a certificate between the first and third days, inclusive, after the same shall have been registered in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 25 1890
4. Place of Birth, (Street and Number) 1493 Patterson Avenue
5. Full Name of Mother, Albertina Snider
6. Mother's Maiden Name, Albertina Meinecke
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Snider
9. Father's Occupation, Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Messenzel

Address, 3-4 of Mile Medical

Remarks,

690-003862

...born (whether) (a) sex, color, the full name and occupation of its Parents, the date and place of birth and ... the certificate to be delivered, duly signed, to the Person or ... within the first ... said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child ... third day of each month, a like certificate of the birth of such child ... and over which no regular attendance of a physician or midwife ... attendance upon the mother, immediately thereafter it shall be the duty of the person or persons required, and child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be ... any such person so neglecting or refusing to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 7th Ward

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 6 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 26 th 1890
4. Place of Birth, (Street and Number) 1227 E Bond St.
5. Full Name of Mother, Emma Wagner
6. Mother's Maiden Name, Engel
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo L Wagner
9. Father's Occupation, Saleswoman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. S H Selner M.D.

Address, 1501 Eager St

Remarks, 890-003863

...shall cause to be registered the sex, color, the full name and occupation of the parents, the date and place of birth, and the name, if any, given to the child, in a book to be provided by the Commissioner in the form of a certificate herein prescribed, and the certificate shall be delivered, duly signed and verified, to the Commissioner of Health, or such other person as he may appoint for the purpose, within ten days after the birth of any child ... shall occur without the assistance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, or such other person as he may appoint for the purpose, within ten days after the birth of such child, and in such manner and within the period above required, and the certificate shall be subscribed by the mother, immediately thereafter, in the presence of a witness, who will be also required to report its birth to the Commissioner. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A4861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 17 th 1894
4. Place of Birth, (Street and Number)	1417 Preston st
5. Full Name of Mother,	Catherine Sailer
6. Mother's Maiden Name,	Catherine Persil
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Herman Sailer
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Mangold
Address,	543 N. Mechanic
Remarks,	

8 9 0 - 0 0 3 8 6 4

Every child born within the limits of Baltimore City shall be registered, and the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the maiden name of the mother, shall be entered in the form of return prescribed by the Board of Health. It shall be the duty of the physician or midwife in attendance upon any case of birth, or in case there be no physician or midwife in attendance, then the duty of the person in charge of the house in which such birth occurs within five days after such birth, to make return of the same to the Registrar of Vital Statistics, on the blank schedule which shall be delivered, duly signed by the practitioner in the form of return prescribed by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in charge of the house in which such birth occurs within five days after such birth, to make return of the same to the Registrar of Vital Statistics, on the blank schedule which shall be delivered, duly signed by the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall neglect, refuse or willfully omit to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 7567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second and

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27th September

4. Place of Birth, (Street and Number) 1213 Ellis Street

5. Full Name of Mother, Baltimore Maryland

6. Mother's Maiden Name, Barbara Byer

7. Mother's Birthplace, Germany

8. Full Name of Father, Edward Rahming

9. Father's Occupation, Brick Layer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Mangold

Address, 543 Mc Mechen St

Remarks, 1890 - 003865

best conform to its sex, color, the full name and occupation of its parents, the date and place of its birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife in attendance, to the office of the Registrar of Health, or should no other person of such as may be required by the Commissioners of Health, in the form of a certificate, the birth of any child shall occur without a physician or midwife in attendance, it shall become the duty of the person or persons required, and attendance upon its birth to the Board hereafter fail to report the same within the time prescribed by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CHAS. A. C. GILDAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 28th 1890
4. *Place of Birth, (Street and Number)* 1332 E Eden St
5. *Full Name of Mother,* Annie Beckeman
6. *Mother's Maiden Name,* Kane
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Beckeman
9. *Father's Occupation,* Cutter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Geo Berg Attendant

Address, 1538 E Monument St

Remarks,

8902003866

Upon conferring his sex, color, the full name and occupation of its parents the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, or should no other person be in attendance who is authorized by law to report the same, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. SULLIVAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 5 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	28th Sept
4. *Place of Birth, (Street and Number)*	1105 E Hoffman st
5. *Full Name of Mother,*	Teresa Fifth
6. *Mother's Maiden Name,*	Rentzler
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Joseph Fifth
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Wm J Greene
Address,	940 N. Bay st
Remarks,	

8 9 0 - 0 0 3 8 6 7

been conferred) the sex; color; the full name and occupation of its parents, the date and place of birth; and the number of child born to the mother. And the said practitioner hi the form of a certificate between the first and third day of every month. The said practitioner shall be entitled to receive from the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ADS. J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

OCT 14 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 28 th 1890
4. Place of Birth, (Street and Number) 603 Ellwood Ave
5. Full Name of Mother, Anna Mantz
6. Mother's Maiden Name, Anna Eschmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Mantz
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm A. McGinley

Address, 543 N. Wheeler Ave

Remarks,

8 9 0 - 0 0 3 8 6 8

been registered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, or certified to be correct by the first and third day of each and every month to the physician or practitioner of, midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons who shall have charge of any child to report its birth to the Commissioner of Health, in the manner provided by this section, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH. April

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 3 1890
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 29th Sept 1890
4. Place of Birth, (Street and Number) 1512 E. Bond st
5. Full Name of Mother, Teresa Gloria
6. Mother's Maiden Name, " Baird
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward Gloria
9. Father's Occupation. Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Young

Address, 940 N. Fay st

Remarks, 1890-003869

been entered) its sex, color; the full name and occupation of its parents, the date and place of birth; and the name of the physician or midwife, if any, present at the birth. The certificate shall be delivered, duly signed by the practitioner in the case, to the person who shall undertake the burial of the child, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in charge of the certificate, it shall be the duty of the person or persons in whose house or on whose premises such child was born, immediately thereafter to notify the Commissioner of Health, in the manner and within the time required, and such person shall be subject to the penalties for violation of the provisions of this section. Any person who shall hereafter fail to report the birth of a child, or who shall conceal its birth to the Commissioner of Health, in the manner and within the time required, and such person shall be subject to the penalties for violation of the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 30 th 1890

4. Place of Birth, (Street and Number) 607 Baltimore Street

5. Full Name of Mother, Annie Rosenberger

6. Mother's Maiden Name, Annie Rosenberger

7. Mother's Birthplace, Germany

8. Full Name of Father, Edward Rosenberger

9. Father's Occupation, Shoe maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Messinger

Address, 543 W. Pratt st

Remarks,

890-003870

Every person in charge of any institution, public or private, and every physician, midwife, or other person in attendance upon any case of birth, shall, within three days after the occurrence of such birth, make a return thereof to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to make such return to the Commissioner of Health as is required of physicians and midwives; and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 5th 1895
4. *Place of Birth, (Street and Number)* # 72 Carlton Ave
5. *Full Name of Mother,* Lena Steidle
6. *Mother's Maiden Name,* Hermann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Steidle
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Elsie Denny Midwife

Address, 1330 Lanvale St.

Remarks,

6902003871

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, that the office of the Commissioner of Health, in the manner and subject to the penalties hereinafter provided. And it shall be the duty of the physician or person in attendance upon the mother, or other person required by this section to make return of the birth of any child to report the same within ten days after the birth to the Commissioner of Health, in the manner and subject to the penalties hereinafter provided. And it shall be the duty of the physician or person in attendance upon the mother, immediately after the birth of any child, to give such child a name, if no name shall have been given it before such report is required to be made, and to report the name so given in the certificate required by this section to be made. Any physician or person in attendance upon the mother who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SHLAUCH & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 7486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 30th 1900
4. *Place of Birth, (Street and Number)* #202 Hanover Alley
5. *Full Name of Mother,* Margaret Hinchey
6. *Mother's Maiden Name,* Kenally
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Agatha Murphy
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Wm. Penn Attendant

Address, #638 E. Monument St

Remarks, 6900003872

been centered) races, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the person or persons required by this section to report the birth of any child within one week immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 70870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex,* (state whether male or female) male
2. *Race or Color,* (if not of the white race) white
3. *Date of Birth,* September 30th 1890
4. *Place of Birth,* (Street and Number) No. 25 Mufet Lane
5. *Full Name of Mother,* Mary Ellick
6. *Mother's Maiden Name,* Mary Roland
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Ellick
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

890-003873

Sec. 4. To ascertain the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the room of confinement, within thirty days after the birth, and the third day of each and every month thereafter. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be present at the birth of any child required to report it, the mother, immediately thereafter, shall report the same and furnish the information required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 30th 1890.
4. Place of Birth, (Street and Number) S. E Cor. Monument & Ensor Sts
5. Full Name of Mother, Catherine Friedel
6. Mother's Maiden Name, Chesler
7. Mother's Birthplace, Balto County
8. Full Name of Father, John C Friedel
9. Father's Occupation, Coffee Roaster
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. S. H. Selvers M. D.

Address, 1501 E. Eager St

Remarks,

6 9 0 - 0 0 3 8 7 4

...every birth which may occur within his district, the full name and occupation of its parents, the date and place of birth, and the sex and color of the child; and within three days after the birth of any child he shall be informed, duly signed by the practitioner in the form of a certificate, of the birth of any child attended by such practitioner; and in case there is no such practitioner, or in case the birth of any child shall occur without the attendance thereof, then within three days after the third day of each and every month to the office of the Coroner of midwifery, or should no other person be in attendance, then the father or mother of such child shall become the duty of the person or parents of each child to report the birth as aforesaid; and the Coroner of midwifery shall be required to report such birth to the Commissioner of Health, in the manner and within the time prescribed in the preceding section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Proof

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20 September
4. Place of Birth, (Street and Number) 1619 Alice Ann St.
5. Full Name of Mother, Maggie Heim
6. Mother's Maiden Name, Reese
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred Heim
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Priddel

Address, No. 638 South Bond St

Remarks, none

Full name of child William Henry 5

Any person who shall neglect to report the birth of any child as required by this schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the father or mother of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

A-118228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Dot fifth Kind

1. Sex, (state whether male or female) Mädchen
2. Race or Color, (if not of the white race) Weiß
3. Date of Birth, Dec 1 September
4. Place of Birth, (Street and Number) Westfield Kind A. 2132
5. Full Name of Mother, Rosa Zajic
6. Mother's Maiden Name, Rosa Soukup
7. Mother's Birthplace, Böhmen
8. Full Name of Father, Jakob Zajic
9. Father's Occupation, Tischler
10. Father's Birthplace, Böhmen

Name of Medical Attendant, or other person who makes this Return. Mary Laughlin

Address, E. Eager Kind 2030.

Remarks, 690-003876

...date said piece of birth and the ...certificate given the first and ...In case the birth of any child ...or should no other person be in ...duty of the person or persons required, and ...within the period above required, and ...the provisions of this section shall be sub... as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Balti

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Zwölfjähr

1. *Sex, (state whether male or female)* Knabe
2. *Race or Color, (if not of the white race)* Mosaisch
3. *Date of Birth,* Den 5 September
4. *Place of Birth, (Street and Number)* Zeppelin Straße
5. *Full Name of Mother,* Franci Neumann
6. *Mother's Maiden Name,* Franci Josifek
7. *Mother's Birthplace,* Böhmen
8. *Full Name of Father,* Emil Neumann
9. *Father's Occupation,* Kaufmann
10. *Father's Birthplace,* Böhmen

Name of Medical Attendant, or other person who makes this Return, Mary Jane

Address, 6 Eager Ave

Remarks,

890-00387

both ... third day of each ... shall occur without ... child to report its b... any such person or ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 2487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Edward Sheedy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 4th 1870 ~~Oct 4th~~ Oct 4th 1870
4. Place of Birth, (Street and Number) 1443 Washington Ave
5. Full Name of Mother, Clara Sheedy
6. Mother's Maiden Name, Wolnik
7. Mother's Birthplace, Hartford Conn
8. Full Name of Father, Joseph Sheedy
9. Father's Occupation, shoe maker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Dr B Billingslea

Address, 1206 E. Pratt St

Remarks, GIVEN NAME ADDED. 11-23-54 Lfg

890-003878

Sec. 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the parent or parents of each child born in the State of Maryland, or in default of the parent or parents, then of the householder in the house where such child is born, or of the nurse in attendance upon the mother at the birth of such child, or of the physician present at the birth of such child, or of the person having charge of such child, to report to the Commissioner of Health, in the manner and within the period above required, and in default of such report by the parent or parents, householder, nurse or physician, such person shall be subject to the penalty hereinafter provided. Sec. 2. Be it enacted, That the Commissioner of Health shall prepare and furnish to the proper persons all blanks necessary to carry out the provisions of this act, and shall prepare and have printed such forms as he may deem necessary for the proper registration of births and deaths, and shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 3. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 4. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 5. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 6. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 7. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 8. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 9. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 10. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 11. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 12. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 13. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 14. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 15. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 16. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 17. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 18. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 19. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return. Sec. 20. Be it enacted, That the Commissioner of Health shall cause to be printed on the face of each blank the name and address of the person to whom the same is to be returned, and the penalty for neglect or refusal to make such return.

RETURN OF A BIRTH A 7875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 5th 1880

4. Place of Birth, (Street and Number) 425 S. Fremont Ave

5. Full Name of Mother, Mary Coale

6. Mother's Maiden Name, Shanahan

7. Mother's Birthplace, Balto.

8. Full Name of Father, George Coale

9. Father's Occupation, Machinist

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. John Scott MD

Address, 701 N Gaudlin Ave

Remarks,

6 9 0 - 0 0 3 8 7 9

SEP 15 1880 HEALTH DEPARTMENT BALTIMORE

...as shall not be true as it can be ascertained the full name of each child, if any shall have been born alive, the full name and occupation of its Parents, the date and place of birth; and the said above required, duly signed by the practitioner or midwife, or should no other person be in attendance upon the birth, then by the owner or agent of the house in which the birth shall occur, within the period above required, and shall deliver, or cause to be delivered, a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child to which no attendant is present, the mother of such child shall become the attendant duly thereafter it shall become the duty of the person in attendance upon the birth to the Commissioner of Health, in the manner and within the time above specified, to make such return in accordance with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. S. ABELL & CO., CITY PRINTERS AND STATIONERS

[illegible] its sex, color, the [illegible] name and occupation of its parents, the date and place of birth; [illegible] the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be [illegible] forfeitures are recoverable.

RETURN OF A BIRTH

a 24876.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED NOV 10 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11-th

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) Colred

3. Date of Birth, 7

4. Place of Birth, (Street and Number) West st - 815

5. Full Name of Mother, mary morsell

6. Mother's Maiden Name,

7. Mother's Birthplace, Westmoreland - Co - va

8. Full Name of Father, Ben morsell

9. Father's Occupation, Laborman

10. Father's Birthplace, Calvert County MD

Name of Medical Attendant, or other person who makes this Return.

Address, Lavenia Miles

Remarks, Ward Street

1890-003880

RETURN OF A BIRTH A 24817.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	Male
Race or Color, (if not of the white race)	White
3. *Date of Birth,*	Sept. 7th. 1890
Place of Birth, (Street and Number)	1221 Shew St.
5. *Full Name of Mother,*	Bettie Fuchs.
6. *Mother's Maiden Name,*	Bettie Stimmel.
Mother's Birthplace,	Germany
8. *Full Name of Father,*	Henry Fuchs.
9. *Father's Occupation,*	Baker.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Wilmer Bointon, M.D.
Address,	Calvert & Pleasant Sts.
Remarks,	

1890 003881

RECEIVED NOV 8 1890 REGISTRY DEPARTMENT. BALTIMORE MD.

Given, as far as is same can be ascertained, by the parent or attendant required by law to report the birth, and the date of such report entered in the record. The City Register shall furnish blank forms for the above return, and shall receive and file every such return made to him, and shall cause the same to be recorded in a book to be kept for that purpose. The Commissioner of Health, or Assistant Commissioner in the form of a certificate hereto annexed, that a return of the birth of a child has been duly made according to the provisions of this ordinance, and that the said record has been recorded, shall be sufficient evidence in any court of this State of the facts therein stated. Any person required by this ordinance to report the birth of a child, or to procure the registration thereof, who shall neglect or refuse to comply with the provisions of this ordinance, shall be subjected to a fine of ten dollars for each offence, to be recovered before any justice of the peace of this city, in the manner that debts of like amount are recoverable by law. And it shall be the duty of every midwife, or other person not a physician or surgeon, who shall be in attendance upon the mother during confinement, to report the birth of such child to the Register of Vital Statistics, and within the period above required, and in the manner above directed, under the penalties and forfeitures above prescribed. Should no other person be in attendance upon the mother during confinement, it shall be the duty of the person or parents of such child to report the birth of such child to the Register of Vital Statistics, and within the period above required, and in the manner above directed, under the penalties and forfeitures above prescribed. Should no other person be in attendance upon the mother during confinement, it shall be the duty of the person or parents of such child to report the birth of such child to the Register of Vital Statistics, and within the period above required, and in the manner above directed, under the penalties and forfeitures above prescribed. Should no other person be in attendance upon the mother during confinement, it shall be the duty of the person or parents of such child to report the birth of such child to the Register of Vital Statistics, and within the period above required, and in the manner above directed, under the penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child Born

1. Sex, (state whether male or female) White Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 September
4. Place of Birth, (Street and Number) E. Eager Street No. 2030.
5. Full Name of Mother, Josefine Moravek
6. Mother's Maiden Name, Josefine Rouba
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Wenslin Moravek
9. Father's Occupation, Painter
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Jaworzik

Address, E. Eager Street No. 2030.

Remarks,

1890-003882

...occupation of the parent... date and place of birth, and the ...certificate between the first and ...be kept by any ...ty, or should no other person ... in ...duty of the person or persons of such ...within the period above required, and ...the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ENGR. J. C. BLAKEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 24875.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT NOV 6 1890 BALTIMORE MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.
2. Sex, (state whether male or female) Male.
3. Race or Color, (if not of the white race) White
4. Date of Birth, Sept. 10, 1890
5. Place of Birth, (Street and Number) 15 N. Eager St.
6. Full Name of Mother, Claribel N. Benoit Wright
7. Mother's Maiden Name,
8. Mother's Birthplace, Md.
9. Full Name of Father, C. F. Gaston Benoit
10. Father's Occupation, Publisher
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. G. Lane Taneyhill

Address, 110 3 Madison Avenue.

Remarks,

1890 - 003883

The sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or person in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required of such attendant. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 24879.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Sept. 11th. 1890
Place of Birth, (Street and Number)	1211 Holland Ave
Full Name of Mother,	May A. Patterson Barnett,
Mother's Maiden Name,	May A. Patterson,
Mother's Birthplace,	Ireland,
Full Name of Father,	Edward Barnett.
Father's Occupation,	Gashman,
Father's Birthplace,	Ireland.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton. M.D.
Address,	Calvert & Preston Sts.
Remarks,	

HEALTH DEPARTMENT NOV 8 1890 BALTIMORE MD.

6 9 0 - 0 0 3 8 8 4

sex, color, its age, name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance, by the parent or parents, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance, by the parent or parents, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person in whose house or on whose premises such birth occurs, or of the mother, if she be able, to report the same to the Commissioner of Health, in the manner and within the time prescribed in this section. Every child born within the limits of Baltimore City shall be registered, and a certificate of such registry shall be procured from the Commissioner of Health, in the manner and within the time prescribed in this section. Every child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section shall be subject to the fine of ten dollars for each offense. In the event that the provisions of this section shall be violated by any such person or persons who shall have failed to comply with the same, all other fines and forfeitures are recoverable.

[redacted] 5-14-56

RETURN OF A BIRTH 24880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Colette Margaret Wees

Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 11th - 1890
4. Place of Birth, (Street and Number)	941 Sterling St.
Full Name of Mother,	Mary L. Wees.
5. Mother's Maiden Name,	Mary L. Burns.
6. Mother's Birthplace,	Balto. Md.
7. Full Name of Father,	Julius Wees
8. Father's Occupation,	Police Officer
9. Father's Birthplace,	Balto. Md.
10. Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton. M.D.
Address,	Calvert & Preston Sts
Remarks,	

NOV 8 1890 BALTIMORE MD.

1890 - 003885

have conferred all the powers which may be exercised either by the Commissioner of Health or by the Board of Health. Every midwife or physician who shall attend at any birth shall, within ten days thereafter, report the same to the Commissioner of Health, in the manner and form prescribed by the Board of Health, and for every neglect or refusal to make such report, or for making a false report, such midwife or physician shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rose Shipper

4 x 5 th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male & Female

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) Sept 11th 1883

3. Date of Birth, 6 St Ann St

4. Place of Birth, (Street and Number) Kate Shipper

5. Full Name of Mother, Kansas

6. Mother's Maiden Name, Balto Md

7. Mother's Birthplace, George Shipper

8. Full Name of Father, Clerk

9. Father's Occupation, Balto Md

10. Father's Birthplace, M. B. Billingslea

Name of Medical Attendant, or other person who makes this Return, 1206 E. Fayette St

Address, GIVEN NAME ADDED. 5-28-53 L.M.

Remarks, + 8 9 0 - 0 0 3 8 8 6

month, as I shall set forth as far as the same can be ascertained the full name of each child; if any shall have been delivered, dead or alive, since the last return; the full name and occupation of its parents, the date and place of birth; and the said duty shall be performed within ten days after the birth of any child, and every month to the officer or practitioner of midwifery, or to the person or parents of such child, if no such officer or practitioner of midwifery shall have been employed; and the said duty shall occur without the attendance of a midwife, or other person, and within the period above required, and every month thereafter, immediately thereafter it shall become the duty of the person or parents of such child to report in the manner and within the period above required, and attendance upon the same to the Commissioner of Health, in writing, with the provisions of this section shall be complied with by the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. B 24882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13" 90
4. Place of Birth, (Street and Number) #617 N. Lombard St. City
5. Full Name of Mother, Kate O'Reilly
6. Mother's Maiden Name, Kate O'Reilly
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr. Louis J. Frescia, Asst.

Address, University Maryland, 617 N. Lombard St. City

Remarks, 8900-003887

bern conferred) its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, within the first and third days of each month to the office of the Commissioner of Health, in the manner and within the time required; and if such child is born without the attendance of a physician or a midwife, it shall become the duty of the person or persons in attendance upon the mother, immediately after the birth, to report the particulars required by this section to the Commissioner of Health, in the manner and within the time required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. KELLY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 74883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14th September 1890.
4. Place of Birth, (Street and Number) 240 Spring St.
5. Full Name of Mother, Fanny Glosberg
6. Mother's Maiden Name, Fanny Shereshevitch
7. Mother's Birthplace, Russia
8. Full Name of Father, Efroim Glosberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Liberman

Address, 42 S. Albemarle St.

Remarks, 890-003888

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the attendance upon the mother, immediately hereafter, to make the return and within the period above required, and in such manner as the Commissioner of Health may direct, and it shall be the duty of each person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GILANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 72882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the Registrar of the District in which the birth shall occur within ten days after the same shall occur. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report the birth to the Registrar of the District in which the same shall occur, and all such persons shall furnish the information required by the Registrar, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT NOV 1890 BALTIMORE, MD

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Second

Sex, (*state whether male or female*) Female

Race or Color, (*if not of the white race*) White

Date of Birth, Sept 15 1890.

Place of Birth, (*Street and Number*) 677 W. Lombard St. City

Full Name of Mother, Mary Reilly

Mother's Maiden Name, May Reilly

7. Mother's Birthplace, Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Hugh B. Batchelor Asst.

Address, Maternity Maryland 677 W. Lombard St. City

Remarks, 890-003889

GEO. J. C. SALMON & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-1-56

RETURN OF A BIRTH

A 34885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Meyer Cohen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th September 1890.
4. Place of Birth, (Street and Number) 820 E. Eat[illegible] street
5. Full Name of Mother, Lea B Cohen
6. Mother's Maiden Name, Lea Rihter
7. Mother's Birthplace, Russia
8. Full Name of Father, Russis Cohen
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Lebenman

Address, 42 E. Albemarle St.

Remarks, 1890-003890

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the parent or person in charge of the child within the period above required, and any such person or parent who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 21886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 Sept.

4. Place of Birth, (Street and Number) Bond 607

5. Full Name of Mother, Francis Lavendosky

6. Mother's Maiden Name, T. Wisniska

7. Mother's Birthplace, Poland

8. Full Name of Father, Vincent Lavendosky

9. Father's Occupation, Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Hodges

Address, 806 S. Ann St.

Remarks, 690-003891

OCT 25 1890

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner, or in case the mother be in attendance upon the mother, immediately thereafter. It shall ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... shall be subject to a penalty of ten dollars for each offense. Forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male

2. Race or color, (if not of the white race) White

3. Date of Birth, September 20th 1890

4. Place of Birth, (Street and Number) No. 2134 McCulloh St.

5. Full Name of Mother, Rachel E. Holbein

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Chas. E. Holbein

9. Father's Occupation, Solicitor (B+O Express)

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. A. L. Spicer MD

Address, 806 W. Lombard St.

1890-003892

Remarks, 1890-003892

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 2466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 20th 1890
4. Place of Birth, (Street and Number)	430 E. Fort Ave
5. Full Name of Mother,	Mrs Lillie Reynolds
6. Mother's Maiden Name,	Lillie Jones
7. Mother's Birthplace,	Howard Co Md
8. Full Name of Father,	Robt H. Reynolds
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Howard Co Md
Name of Medical Attendant, or other person who makes this Return.	B F Phillips M.D.
Address,	719 W. Fayette St
Remarks,	

890-003893

...shall be delivered, duly signed by the Physician or Midwife in attendance, or by the Commissioner of Health, or should no other person be in attendance, then by the nearest relative present, or by the householder, or by the owner or agent of the house in which such birth occurs. And every midwife or physician or practitioner of midwifery, or person acting in the capacity of such, who shall attend upon any birth, shall, within the first ten days of the month next after the birth of any child which he or she shall have attended during the previous month, make a return of such birth to the Commissioner of Health, in the manner and within the period above specified, and every such midwife or physician or practitioner of midwifery who shall neglect or refuse to make such return, or who shall wilfully make a false return of any such birth, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

...sex, color, the full name and occupation of its parents, the date and place of birth, and the ...shall occur without the attendance of a physician or midwife, the parent or parents, or the ...shall be delivered, duly signed by the Physician or Midwife in attendance, or by the Commissioner of Health, or should no other person be in attendance, then by the nearest relative present, or by the householder, or by the owner or agent of the house in which such birth occurs. And every midwife or physician or practitioner of midwifery who shall attend upon any birth, shall, within the first ten days of the month next after the birth of any child which he or she shall have attended during the previous month, make a return of such birth to the Commissioner of Health, in the manner and within the period above specified, and every such midwife or physician or practitioner of midwifery who shall neglect or refuse to make such return, or who shall wilfully make a false return of any such birth, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

GEO. A. O. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 24889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the time hereinbefore specified, then it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Children of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Sept. 21 — 1890
4. *Place of Birth, (Street and Number)*	King St.
5. *Full Name of Mother,*	Kate Banks
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	William Banks
9. *Father's Occupation,*	Whitewashing
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Caroline Reed
Address,	
Remarks,	1890 - 003189

GEO. J. G. BALDEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 7890

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Every Birth of any child born in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 21. 1890
4. Place of Birth (Street and Number)	1031 N. Calvert St
5. Full Name of Mother	Bessie L. Haberkorn
6. Mother's Maiden Name	Stanton
7. Mother's Birthplace	Washington D.C.
8. Full Name of Father	Henry S. Haberkorn
9. Father's Occupation	Lawyer
10. Father's Birthplace	Annapolis Md
Name of Medical Attendant, or other Person who makes this Return.	J. C. Atkinson
Address	605 Cathedral St
Remarks	890 - 003895

RETURN OF A BIRTH. A 2891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Sept. 22nd 1890
4. Place of Birth, (Street and Number) 412 Courtland St.
5. Full Name of Mother, Florence Watkins
6. Mother's Maiden Name, " Conrad
7. Mother's Birthplace, Cincinatti, O.
8. Full Name of Father, Isaac Watkins
9. Father's Occupation, Porter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks,

890-003896

BALTIMORE, MD. OCT 29 1890

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the full address of each, as near as may be, in the form of a certificate between the first and fifth days of each month to the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, himself or herself to report its birth to the Registrar of Health within the period above required, and shall refuse or neglect to do so, such person shall be subjected to the fine of ten (10) dollars for each offense, to be collected as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 72892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd Sept. 1890
4. Place of Birth, (Street and Number) 1054 Granby St.
5. Full Name of Mother, Bedzy Greenstein
6. Mother's Maiden Name, Meerovitch
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Greenstein
9. Father's Occupation, Laborer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Scherman

Address, 42 E. Allemanda St

Remarks,

890-003897

Note.—It is the duty of the parent or other person having charge of any child to cause the name of such child to be registered, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and should no other person be in attendance upon the mother at the time of the birth, or should no other person be in charge of such child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 21893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 23d 1890
4. *Place of Birth, (Street and Number)*	1220 St Paul St
5. *Full Name of Mother,*	Annie Griffith
6. *Mother's Maiden Name,*	" Stevens
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Benjamin Griffith
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Mr C A Lewis
Address,	602 Hanover St
Remarks,	690-003898

been confirmed) the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attendant. A certificate between the first and second days, inclusive, of each month shall be delivered, duly signed by the physician or person in charge of the case, at the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or person in charge of the case, the certificate of such attendance upon the mother shall be delivered as aforesaid within the period above required, and the circumstances of the case stated in writing immediately thereafter. It shall be the duty of the Commissioner of Health, if he is satisfied with the truthfulness of any such certificate, to report its birth to the Commissioner of Health, if he is satisfied with the truthfulness of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 2489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, ~~(state whether 1st, 2d, 3d, &c.)~~ 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 22 1900
4. Place of Birth, (Street and Number) 1555 Mewington Ave
5. Full Name of Mother, Mary C. Brown
6. Mother's Maiden Name, Mary C. Hunt
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, J. H. Brown
9. Father's Occupation,
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. Dr. C. Wardwell Mills

Address, 1303 Lombard St

Remarks, Child was born at home

990-003899

born - Husband present at birth.

...ceived his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CHECK NAME AND DATE 5-25-50 CERTIFICATE CORRECTED 5-25-50

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie B. Wilderman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 23 of September
4. Place of Birth (Street and Number), 729 Eutaw St, Balto
5. Full Name of Mother, Maggie S. ~~Wilderman~~ Wilderman
6. Mother's Maiden Name, Maggie S. Simmill
7. Mother's Birthplace, Balto
8. Full Name of Father, Alfred ~~Wilderman~~ Wilderman
9. Father's Occupation, Caulsmaker
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return. Mrs Ida Sadler

Address, 602, Cold, St, Balto

Remarks,

890-003900

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 24896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT. OCT 25 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 25 Sept.

Place of Birth, (Street and Number) Ann St. 728

5. Full Name of Mother, Josephine Alendrowitsh

6. Mother's Maiden Name, Yesa

7. Mother's Birthplace, Poland

8. Full Name of Father, Felix Alendrowitsh

9. Father's Occupation, Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Krzyka

Address, 806 Ann St.

Remarks,

690 - 003901

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent or guardian of the child, or other person in charge of the house in which the birth occurs, within ten days after the birth, and a duplicate of every such certificate shall be forthwith transmitted to the office of the Commissioner of Health. In case the birth occurs without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately after the birth, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required by this section, shall devolve upon the mother, who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense. Any person who shall willfully make any false return or certificate required by this section shall be subject to a fine of not less than one hundred dollars nor more than five hundred dollars, or imprisonment not exceeding six months, or both, at the discretion of the court, and all fines and penalties recovered under this section shall be paid into the treasury of the city of Baltimore. Any person who shall willfully refuse or neglect to make any return or certificate required by this section shall be subject to a fine of not less than one hundred dollars nor more than five hundred dollars, or imprisonment not exceeding six months, or both, at the discretion of the court, and all fines and penalties recovered under this section shall be paid into the treasury of the city of Baltimore. Any person who shall willfully refuse or neglect to make any return or certificate required by this section shall be subjected to the fine of ten dollars for each offense. All fines and penalties recoverable.

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 42897.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 25th Sept.
4. Place of Birth, (Street and Number) 1405 N. Fayette st
5. Full Name of Mother, alice Aiken
6. Mother's Maiden Name, " Lyman.
7. Mother's Birthplace, B. C
8. Full Name of Father, William H aiken
9. Father's Occupation, Salesman
10. Father's Birthplace, B. C

Name of Medical Attendant, or other person who makes this Return. Herman F Hillbert

Address, 1401 N. Fayette st

Remarks,

690 003902

SEP 27 1890 BALTIMORE MD.

FROM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 2093.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 25th 1890
4. Place of Birth, (Street and Number) 1243 South Eutaw Street
5. Full Name of Mother, Laddie Hartman
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mrs. A Eble

Address, 311 South Paca Street Balto Md

Remarks,

890 - 003903

HEALTH DEPARTMENT, BALTIMORE CITY, 1890

and certificate, in sex, color, the full name and occupation of its parents, the date and place of birth, and such other particulars as may be required by the Commissioner of Health, and shall sign such certificate. Such certificate shall be delivered, duly signed by the practitioner in charge, or midwife, or other person in attendance, to the office of the Commissioner of Health, between the first and third days of each month following the birth, and shall not be delivered by the midwife or practitioner of midwifery, or should no child be born in any child-bed during the month, immediately following the birth of any child, shall occur without the attendance of such midwife or practitioner, then it shall be the duty of the person or persons of the family of which the mother is a member, or in which the birth occurs, to report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-6-55 A 24699

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Thomas Harry

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th September 1890
4. Place of Birth, (Street and Number) York Ave 2107
5. Full Name of Mother, Lizzie Hadley
6. Mother's Maiden Name, Mayer Leithgiser
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Charles Henry Hadley
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore Magdeburg Prussia

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 1600 N Eutaw St

Remarks,

690-003904

Any person who shall wilfully refuse or neglect to make the return required by this section, or who shall wilfully make a false return, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment not exceeding thirty days, or both, in the discretion of the court.

WM. A. S. BALLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 2900.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th Sept. 1890
4. Place of Birth, (Street and Number) 42 S. Albemarle St
5. Full Name of Mother, Theresa Beggerow
6. Mother's Maiden Name, " Ringer
7. Mother's Birthplace, Prussia
8. Full Name of Father, Charley Beggerow
9. Father's Occupation, Caliper-maker
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return. C. Schermann

Address, 42 S. Albemarle St

Remarks, 1890-003905

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person giving the information, to the undertaker employed to bury the child, or to the sexton of the burial ground in which the interment is to be made, before the interment shall take place. In case the birth of any child shall occur without the presence or attendance of a physician or practitioner of midwifery, or should no other person, be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons having charge of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BALLANTY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 September 1890.
4. Place of Birth, (Street and Number) # 316 Washington st.
5. Full Name of Mother, Ella Steiner
6. Mother's Maiden Name, Ella Gruber
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William Steiner
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Magdalene Brune

Address, 160 N. Chester st.

Remarks, 1890 - 003906

Every person who shall neglect or refuse to perform any duty required of him by this section, or who shall wilfully refuse to answer any question required by the Registrar, or who shall wilfully answer falsely to any such question, shall be subject to a fine of not less than five dollars nor more than one hundred dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* 26th September.
4. *Place of Birth (Street and Number),* 1362 Hughes St.
5. *Full Name of Mother,* Minnie Hughes.
6. *Mother's Maiden Name,* Minnie Dreschler.
7. *Mother's Birthplace,* Austenburg
8. *Full Name of Father,* Charles Hughes.
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ida Sadler

Address, 602 Gold St Balto.

Remarks,

590 - 003907

Publishing Co., City Printers and Stationers.

The full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly filled by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons residing in the house in which the said birth shall occur, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 2903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* 26 of September
4. *Place of Birth (Street and Number),* 1320 E. Monument St.
5. *Full Name of Mother,* Katie E. Stymon.
6. *Mother's Maiden Name,* Katie Patterson.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H. Stymon.
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ida Sadler

Address, 602 Gold St Baltimore

Remarks,

0 9 0 - 0 0 3 9 0 8

Baltimore Publishing Co., City Printers and Stationers.

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of every person in charge of any case of birth, as far as he can ascertain the same on, to ascertain the name of said child, if any, and the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the person in whose house or premises the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 72404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Four
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 26
4. *Place of Birth, (Street and Number)*	117 S Paca St
5. *Full Name of Mother,*	Ida May Rice
6. *Mother's Maiden Name,*	Ida May Thomas
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William S Rice
9. *Father's Occupation,*	Bookkeeper
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Gayheard
Address,	1242 W [redacted] Pratt St
Remarks,	

890-003909

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 24900.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th September 1890
4. Place of Birth, (Street and Number) 20 S. Exeter St.
5. Full Name of Mother, Katie A. Bachman
6. Mother's Maiden Name, " " Sigue
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Bachman
9. Father's Occupation, Boxmaker
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. E. Scherman

Address, 42 S. Allendale St.

Remarks,

890 003910

been conferred), the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered with the certificate in the form of a certificate between the first and third day of every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the duty of the person in attendance upon the mother immediately thereafter, in like manner and within the period above required, and only with respect to such facts as may be within his knowledge, to report the birth to the Commissioner of Health; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the same penalties for each offense, to be recovered as other fines and forfeitures are recoverable.

...ORE, J. C. BRUNN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 11906 (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas E.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept. 26 11

4. Place of Birth, (Street and Number) 812 N. Loudon St.

5. Full Name of Mother, Inza Carson.

6. Mother's Maiden Name, " Smeddon.

7. Mother's Birthplace, Md.

8. Full Name of Father, Thos. Ed. Carson.

9. Father's Occupation, Clk.

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. J. J. Hitchcock.

Address, Fayette & Pine sts.

Remarks, Mid Continued.

890-003911

...birth conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the Commissioner of Health, at the office of the Commissioner of Health, in the City of Baltimore, within thirty days after the birth of such child, and no other person be is required to report the birth to the Commissioner of Health, or should no other person be is required to report the birth to the Commissioner of Health, in the absence of the attendance of a physician or practitioner at the birth of the person or parents of such child, it shall be the duty of the person in charge of the premises where the birth occurs, and within the period above required, to report the birth to the Commissioner of Health, in the manner and within the period above required, and at the same time present to the Commissioner of Health a certificate of such birth, which certificate shall be delivered, duly filled out, to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE CITY 1890

GEO. J. C. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 24907.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD. 1890

3 Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Male.

Race or Color, (if not of the white race) White.

3. Date of Birth, Sept 26 1890.

4. Place of Birth, (Street and Number) 307 N. Gilmor St.

5. Full Name of Mother, Emma Virginia Grafton

6. Mother's Maiden Name, " " Minnick

7. Mother's Birthplace, Md.

8. Full Name of Father, Wm Mc Grafton

9. Father's Occupation, Carpenter

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. D Lane Taneyhill

Address, 1103 Madison Avenue.

Remarks,

890-003912

RETURN OF A BIRTH

No. 24908.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 Sept.
4. *Place of Birth, (Street and Number)* 1131 N
5. *Full Name of Mother,* Yestina Krupp
6. *Mother's Maiden Name,* Banasiac
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Martin Krupp
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Jerry Krzyka

Address, 816 S. Ann St.

Remarks,

OCT 25 1890

BALTIMORE, MD.

890 - 003913

Register of each birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the date of the return of the birth. Every such Registrar shall, within the first seven days of each month, transmit to the office of the Commissioner of Health a true copy of such schedule, certified to be correct by his or her signature. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the occurrence of such birth it shall be the duty of the person or parents of such child to report the same to the Registrar of the district in which the birth occurred within the first three days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the occurrence of such birth it shall be the duty of the person or parents of such child to report the same to the Registrar of the district in which the birth occurred within the first three days of each and every month to the office of the Commissioner of Health. Any Registrar or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. D. ENLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 24909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th Sept 1898
4. *Place of Birth, (Street and Number)* 631 W. Baltimore St.
5. *Full Name of Mother,* Annie Schaffer
6. *Mother's Maiden Name,* " Levey
7. *Mother's Birthplace,* New York.
8. *Full Name of Father,* Isaac Schaffer
9. *Father's Occupation,* Store keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Schermata

Address, 42 N. Albemarle St.

Remarks,

890 - 003914

Whoever shall wilfully neglect or refuse to report, as herein required, the birth of any child, or shall report as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health, as herein required, or shall report any false statement, or shall cause the same to be done, or shall omit to report the birth of any child which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. 17 September 17

4. Place of Birth, (Street and Number) Chestnut alley

5. Full Name of Mother Kate Knauss

6. Mother's Maiden Name Kate Knass

7. Mother's Birthplace Germany

8. Full Name of Father John L Knass

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm L Baugh

Address, 511 Cornish st

Remarks,

1890 - 003915

been conferred with respect to color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, if there was one, which certificate shall be delivered, duly signed by the practitioner in the first case to occur after each birth, to the person who shall present the next certificate required to be given to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required by this section to give information concerning such birth, the occupier of the house in which the birth occurs shall, within the period above required, and attendance upon the Registrar of the Commissioner of Health, in the manner and with the particulars required by this section in the case of a birth attended by a physician or midwife, report to the Commissioner of Health, in the manner and with the particulars required by this section, the birth of such child, together with the information required to be given concerning the same; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH OCT 2 1890 BALTIMORE

A. 11604

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 2 90 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births [illegible] city, and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the informant, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and within the period above recited, and pay such fine, as the case may require, for failure to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 7 90
4. Place of Birth, (Street and Number) No 1936 Eastern Ave
5. Full Name of Mother, Nicie Schönbeck
6. Mother's Maiden Name, Margy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Schönbeck
9. Father's Occupation, Liquor Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Miss Louise Kraft

Address, No 2015 Bank St

Remarks,

890-003916

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 76625.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 19 1896
4. Place of Birth, (Street and Number) 920 Fan St.
5. Full Name of Mother, Ida E. Linker
6. Mother's Maiden Name, Rutter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Paul Wm Linker
9. Father's Occupation, Dyer & Scourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return. Mary Heine

Address, 1427 E Pratt St.

Remarks,

890 - 003917

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been registered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or other person required to make the return, at the office of the Commissioner of Health, to ease the birth of any child shall come within the cognizance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as required by law, and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. W. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 7th
4. Place of Birth, (Street and Number) No 1013 Eastern Ave
5. Full Name of Mother, Kate Disney
6. Mother's Maiden Name, Stevenson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Julius Disney
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 2015 Bank St

Remarks,

890 - 003918

month, and shall set forth as far as the same can be ascertained the full name of each child, by any and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

698. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-13-32

RETURN OF A BIRTH

HEALTH DEPARTMENT OCT 2 1900 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lena

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 20, 1900

4. Place of Birth, (Street and Number) 927 E Smithe St

5. Full Name of Mother, Elizabeth Fisher

6. Mother's Maiden Name, Schumann

7. Mother's Birthplace, Germany

8. Full Name of Father, Sebastian Fisher

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1603 Walker St. Balto Md.

Remarks,

890-003919

GEO. W. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every child born alive in the City of Baltimore shall be registered, and the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if there was one, shall be entered in the office of the Registrar of Vital Statistics, within ten days after the birth of any child. It shall be the duty of the physician or midwife in attendance upon any birth to deliver to the parent or parents, or person having charge of the child, a certificate containing the information required by this section to be registered, and to report the same to the Registrar of Vital Statistics within ten days after the birth of any child. In case there is no physician or midwife in attendance upon the birth of any child, it shall be the duty of the parent or parents, or person having charge of the child, to report the birth to the Registrar of Vital Statistics within ten days after the birth of any child. It shall be the duty of the Registrar of Vital Statistics to furnish blank forms for the certificates required by this section to be made, and to furnish, on application, certified copies of any certificate or record in his office. The certificate required by this section shall be made in the form and contain the information set forth as far as the same can be ascertained; the full name of each child (if any shall have been omitted at the time of the birth, the certificate shall be amended by supplying the same); the full name and occupation of its parents, the date and place of birth; and the name of the attending physician or midwife, if there was one

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Balto M. D. 1890 Child

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) Cols
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Annie Jones 21 of Sept
6. Mother's Maiden Name,
7. Mother's Birthplace, Gloucester Co M. D
8. Full Name of Father, Aleyer Jones
9. Father's Occupation, Gloucester Co M. D
10. Father's Birthplace, Laborer Work

Name of Medical Attendant, or other person who makes this Return.

Address, 1820 West Eutaw 505 Preston st

Remarks, 890-003920 City

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) the sex, color, the date and place of birth; and the full name, residence and occupation of its parents, the date and place of birth; and the full name, residence and occupation of the person or midwife in attendance at the birth of such child; and every such certificate shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother at the birth of such child, then it shall become the duty of the person or parents of such child to report the same in the manner and within the period above required, and shall secure without the attendance of a physician or midwife a certificate of such birth, and deliver the same to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) [illegible] such offense, to be recovered as other fines and forfeitures are recoverable.

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. m168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 29
4. Place of Birth, (Street and Number) 112 n s Chapel St
5. Full Name of Mother, Annie Weiler
6. Mother's Maiden Name, Dinsmore
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Weiler
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kuhl

Address, No 201 Bank St

Remarks,

1890 - 003921

month, and shall set forth as far as the same can be ascertained, the full name or each child born alive [illegible] been conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be signed by the physician or midwife in attendance, if there be such, and if not, by the father or mother of such child, if able to write, or if neither be able to write, then by the householder in whose house the birth occurs; and the third day of each and every month to the Clerk of the Board of Health a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be duly entitled to report the birth as herein required, then it shall become the duty of the person or parents of such child or children within ten days after the birth to report the same to the Board of Health, and for every neglect to pay such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 2674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 1900
4. Place of Birth, (Street and Number) 1929 Eastern Ave
5. Full Name of Mother, Fredericka Lentz
6. Mother's Maiden Name, Schlaugt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Lentz
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 2015 Bank St

Remarks,

890-003922

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth, and the full name, age and birthplace of parents of each child; and the name and residence of the practitioner in the form of a certificate between the first and last day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, it shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and such report shall contain the name and residence of such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 21630.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 22 — 1890
4. Place of Birth, (Street and Number) 430 S. Bond St.
5. Full Name of Mother, ~~Hon~~ Jenni Hagle Lynn
6. Mother's Maiden Name, Howard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Mc Lynn
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E Pratt St.

Remarks,

890 - 003923

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Registrar of Vital Statistics, and the practitioner in charge of such case shall, immediately thereafter if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, to the number and with the particulars required upon the mother, immediately thereafter if no practitioner was present, the duty of this section shall be applicable upon such person or persons who shall neglect or refuse to comply with the provisions of this section and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 7611/24

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the full name of each child born, the name of the parents, the date of birth, and the full name and occupation of its parents. In case a certificate between the first and second visits cannot be procured from the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one of the parents of such child reside in the house in which the birth occurs, it shall be the duty of the person who shall become aware of the fact, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 21 90
4. Place of Birth, (Street and Number) No 2137 Jefferson St
5. Full Name of Mother, Mary Anthony
6. Mother's Maiden Name, Bupp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Anthony
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kuhl

Address, No 015 Bond St

Remarks,

890-003924

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 21637

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 23, 1890
4. Place of Birth, (Street and Number) 172 E Pearson Park Ave
5. Full Name of Mother, Maggie Mc Kee
6. Mother's Maiden Name, Delaney
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Thomas Mc Kee
9. Father's Occupation, Pressman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St Balto Md

Remarks,

8 9 0 - 0 0 3 9 2 5

month, and shall set forth as far as the same can be ascertained the full name of each child (if any such have been born alive) and the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, if there was one present at the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be therein required to report the same, then it shall become the duty of the person in charge of such dwelling where such birth occurs, or in which the parents are living, to report the same immediately thereafter; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEC. 4. And be it further ordained, That it shall be the duty of the Commissioner of Health to cause to be printed a sufficient number of blank forms for the returns of births required by the preceding section, and to furnish the same to the several physicians, midwives and other persons required to make such returns; and he shall cause to be printed on each of said blank forms the substance of the preceding section, and shall cause the same to be distributed in such manner as he may deem best calculated to secure a prompt and accurate return of all births required to be reported.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 74633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 1 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 24th 1890
4. *Place of Birth, (Street and Number)*	1931 Linden Ave
5. *Full Name of Mother,*	Isabelle Hampson
6. *Mother's Maiden Name,*	Depoorvat
7. *Mother's Birthplace,*	York Pa
8. *Full Name of Father,*	Clarana Hampson
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas E Hatton MD
Address,	2108 Druid Hill Ave
Remarks,	

8 9 0 - 0 0 3 9 2 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; his sex, color, the full names of his parents, the date and place of birth; and the said return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or in case no return as aforesaid shall be delivered by the physician or midwife in attendance, the return shall be made by the person or parents of such child (or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 2v630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 sept
4. *Place of Birth, (Street and Number)* 219 Conley st
5. *Full Name of Mother,* Mary Ann Barwick
6. *Mother's Maiden Name,* Mary Ann Phipps
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John Wesley Barwick
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Fullem

Address, 3020 Hudson st

Remarks,

890-003927

under whose charge or supervision a birth shall hereafter take place, shall keep a true record of the facts required by this act to be recorded in the certificate of birth, and shall, within the period above required, and any such person shall neglect or refuse to make such record, or shall knowingly make a false record of any of the facts required to be recorded in the certificate of birth, he shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

A. 246300.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 90 BALTIMORE

Femail

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* femail
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Sept 24 1890 City
4. *Place of Birth, (Street and Number)* 550 Shafman
5. *Full Name of Mother,* Matilda Campher
6. *Mother's Maiden Name,* Matilda Bodley
7. *Mother's Birthplace,* Cambrae Md. Dorchester Co. Md.
8. *Full Name of Father,* Abert Bordley Dorchester Md.
9. *Father's Occupation,* Water
10. *Father's Birthplace,* Dorches Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Hester [illegible]

Address, 5009 Preston

Remarks,

1890-003928

Health. This schedule shall contain a list of ... the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Geo. J. C. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 246344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Ind Rec'd
1. *Sex,* (state whether male or female)	Wm Jgnan
2. *Race or Color,* (if not of the white race)	Wh.
3. *Date of Birth,*	24 September
4. *Place of Birth,* (Street and Number)	Sargent St 1262.
5. *Full Name of Mother,*	Evangeline Tyfonicus
6. *Mother's Maiden Name,*	Evangeline Tyfonicus
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Swinburne Tyfonicus
9. *Father's Occupation,*	Stone Cutter
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Wm B Carey
Address,	711 Eager St
Remarks,	

1890 ~ 003929

Health. "An act to provide for a uniform system of registration of births, marriages and deaths throughout the State of Maryland." Section 4. And be it enacted, That the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or the said schedule or certificate shall not be delivered in due attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

Anna B.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd.
1. *Sex, (state whether male or female)*	M.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 25. 1890.
4. *Place of Birth, (Street and Number)*	1705 N. Calvert St.
5. *Full Name of Mother,*	Bessie Barker Corner
6. *Mother's Maiden Name,*	" " Powell.
7. *Mother's Birthplace,*	Easton Md
8. *Full Name of Father,*	Jas. J. Corner
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Alfred Vanstale, M.D.
Address,	809 Cathedral St.
Remarks,	

1890 - 003930

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH A. 2636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 25 90
4. *Place of Birth, (Street and Number)*	507 No. Castle St.
5. *Full Name of Mother,*	Annie Cook
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Hugo Cook
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	1718 E. Pratt St.
Remarks,	

HEALTH DEPART OCT 1 90 BALTIMORE

890-003931

week, and shall set forth as far as the same can be ascertained at the full time of each child, (if any shall have been considered) its sex, color, the full name and occupation of the parents, the date of birth, and the place where said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereof as herein required. And the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when there is no physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of said child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 24637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male John Deans
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 of September
4. Place of Birth, (Street and Number) 1339 Andre St Locust Point
5. Full Name of Mother, Maggie Deans
6. Mother's Maiden Name, Maggie Branigan
7. Mother's Birthplace, Liverpool England
8. Full Name of Father, John Deans
9. Father's Occupation, Boilermaker
10. Father's Birthplace, Glasgow Scotland

Name of Medical Attendant, or other person who makes this Return. Lina Lang Midwife

Address, 1704 Fort Av Locust Point

Remarks,

8 9 0 - 0 0 3 9 3 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered to the officer of the registrar of midwifery, or should no such officer be in attendance upon the mother, to the commissioner of health, within the period above required, and child to report its birth, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

21608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Julia Conrad Mallonee

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht
3. Date of Birth Sep 25. 1890
4. Place of Birth, (Street and Number) 102 W Lan St.
5. Full Name of Mother, ~~Georgia Pierce~~ Mallonee
6. Mother's Maiden Name, ~~Georgia A. Pierce~~ Pierce
7. Mother's Birthplace, Winchester Virginia
8. Full Name of Father, ~~George~~ Mallonee
9. Father's Occupation, Painter
10. Father's Birthplace, Balt Co Md

Name of Medical Attendant, or other Person who makes this Return. Dr Chas F Thomas

Address, 2107 Maryland Ave

Remarks, Chloroform

1890 - 003933

HEALTH DEPARTMENT OCT 3 BALTIMORE

List of the births which have occurred under his or her care since the last return, stating the full name and occupation of its parents, the date and place of birth of each child, its sex, color, &c., as required by the regulations. In case the birth of any child shall occur without the attendance of a physician or midwife, or should it be stillborn, the parent or parents, or other person having charge of such child, shall within the first and third day of each and every month, or practitioner of midwifery, or should it be stillborn, to ascertained the full name of each child and the said schedule shall be delivered to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should it be stillborn, the parent or parents, or other person having charge of such child, shall within the first and third day of each and every month, be in attendance upon the mother, the Board of Health, in the manner and within the time above required, and any such person report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 9464

HEALTH DEPARTMENT OCT 2 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 23. 90
4. Place of Birth, (Street and Number)	1402 Bruce St
5. Full Name of Mother,	Catherine Dyer
6. Mother's Maiden Name,	Catherine Hales
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	James Dyer
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Dr Ricket
Address,	1402 Bruce St
Remarks,	890-003934

...month, and shall set forth as far as the same can be ascertained the full name of each child born alive within the district during the month preceding, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and such other information as may be required in the form of a certificate between the parents of any child becoming chargeable to the city, delivered, duly signed by the person required to make the return, to the Commissioner of Health. In case no other person be in said school of each and every month to the Commissioner of Health. In case no other person be in attendance upon the mother, the midwife or physician or practitioner of midwifery, of the person or parents of such child to report all births which shall occur without the attendance of a physician or midwife, and every midwife, physician or practitioner of midwifery who shall become aware of any birth which shall occur without the attendance of a physician or midwife, shall immediately thereafter, if such birth occur within the period above required, report the same to the Commissioner of Health, and every person required to make such return, or report any birth, who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. KILLANY & CO., CITY PRINTERS AND STATIONERS.

BIRTH NAME ADDED 9-7-55

RETURN OF A BIRTH

A 24640

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Joseph Fink

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 25th Sept 1890
4. Place of Birth, (Street and Number) 921 Hamilton St.
5. Full Name of Mother, Franza Fink
6. Mother's Maiden Name, Franza Faner
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Damast Fink
9. Father's Occupation, Carpenter
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return. Mrs. D. Fink midwife

Address, No. 907 Hamilton St.

Remarks,

1890 - 003935

Births, and shall set down in the same the names, if any, and surnames of the parents, the date and place of birth, and such other particulars as the said Commissioner of Health may require. And every midwife or other person who shall assist at the birth of any child, or shall be present at the same, shall, within ten days after the birth of such child, make a return thereof to the said Commissioner of Health, in the manner and within the period above required, and shall forfeit and pay for every neglect or refusal to make such return, the sum of ten dollars. And if the parent or parents of any such child shall neglect to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall neglect or refuse to comply with the provisions of this section in all other respects, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 2 1890
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 25th 1890
4. Place of Birth, (Street and Number) 32 S. Carey st
5. Full Name of Mother, Adeline D. Miller
6. Mother's Maiden Name, " " Bunce
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Alexander E. Miller
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Jas. E. Gilmore M.D.

Address, 833 Edmondson ave

Remarks, 890 003936

WM. J. C. DULANY & SON, CITY PRINTERS AND STATIONERS

A. 246 47

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept the 26 " 1890
4. Place of Birth, (Street and Number) 527 Mosher St
5. Full Name of Mother, L. Me Bauman
6. Mother's Maiden Name, " " Speer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo L Bauman
9. Father's Occupation, Dairman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mc L Dailey

Address, 1009 Lexington St

Remarks, 1890 - 003937

month, and shall set forth as far as the same can be ascertained, the full name of the child (if it have a name), the sex, the color, the date and place of birth, and the full name, residence, age and occupation of its parents, the date and place of birth and the name of the physician or midwife present at the birth, or if there was neither present, then the name of any other person having knowledge of the birth, as required by the provisions of this ordinance; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon such confinement, then it shall be the duty of the person or persons of such family where such birth shall occur without the attendance of any physician or midwife, within the period above required, and thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DATE CASE ADDED 3-11-53

RETURN OF A BIRTH

A 21643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 1 390 BALTIMORE

George Thomas Brooks Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 26 90
4. Place of Birth, (Street and Number) 2026 E Eager
5. Full Name of Mother, Florence Brooks
6. Mother's Maiden Name, " Brady
7. Mother's Birthplace, Md.
8. Full Name of Father, Samuel H. Brooks
9. Father's Occupation, Painter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. H. Robinson M.D.

Address, 726 E. Fulton St.

Remarks,

1890 - 003938

Every case of birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, by the attending physician, midwife, or other person in attendance upon the mother, immediately thereafter. If the mother shall be delivered without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the householder or owner of the premises where such birth occurs to report the birth to the Registrar, and within the period above required, and any person required to report a birth who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A

M65V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2

1. Sex, (*state whether male or female*) Male
2. Race or Color, (*if not of the white race*)
3. Date of Birth, Sep 26 – 1890
4. Place of Birth, (*Street and Number*) 318 S. Castle St.
5. Full Name of Mother, Jennie Getz
6. Mother's Maiden Name, Weininger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Getz
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

1890-003939

...month, and shall set forth as far as the same can be ascertained the ... name of each ... and the date and place of birth; and the ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 2645.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Mch

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, September 26 90
4. Place of Birth, (Street and Number) 111 2238 Eden St
5. Full Name of Mother, Eva Rowe
6. Mother's Maiden Name, Widner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Rowe
9. Father's Occupation, Can maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, N° 2015 Bank St

Remarks,

1890 - 003940

...shall set forth as far as the same can be ascertained the full name of each child. If any shall have been born since the last preceding return, the names of parents, the date and place of birth; and the month, and child's sex, color, the full name and occupation of the parents, and the place of birth of any child born within the month next preceding. It shall be the duty of each and every physician or practitioner in the city of the person or parents of such child, to report its birth to the office of the Commissioner of Health, or should no other person be in attendance, it shall be the duty of each and every midwife or nurse, to report to the Commissioner of Health the third day of each and every month, the births occurring in the city of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

888.—J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 21666

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27th of September
4. *Place of Birth, (Street and Number)*	915 Millington Av
5. *Full Name of Mother,*	Margaretha Böttinger
6. *Mother's Maiden Name,*	Margaretha Siblicht
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Böttinger
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friederike Bender Midwife
Address,	216 West Pratt
Remarks,	1890 - 003941

and shall set forth as far as he same can be ascertained by the inquiries of the parent, the name and place of birth; and the month, and shall set forth as far as he same can be ascertained by the inquiries of the parent, the name and place of birth; and the name, age, and occupation of its parents. The certificate shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance, by the nearest relative present, to the Commissioner of Health. In case the birth of any child shall occur without the aforesaid inquiries, or should no other person be in attendance, by the nearest relative present, to the Commissioner of Health. In case the birth of any child shall occur without the aforesaid inquiries, or should no other person be in attendance, by the nearest relative present, the parent or parents of such child shall cause the same to be certified to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1890, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-7-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mamie E. Meyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 27 1890
4. Place of Birth, (Street and Number) 1134 Comet St.
5. Full Name of Mother, Kate Meyer
6. Mother's Maiden Name, Wolf
7. Mother's Birthplace, Germany
8. Full Name of Father, Edward Meyer
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 427 E Pratt St

Remarks,

890-003942

month, and shall set forth as far as the same can be ascertained the full name of each child of birth; and the name and occupation of its parents, the date and place of birth, and the number of children (if any) to whom the mother has been delivered, and whether the child was born alive or stillborn. In case the first and said schedule shall duly signed by the practitioner in the form of birth. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be required to report the birth, it shall become the duty of the person or persons in charge of each and every month to the office of the Commissioner of Health, in the manner and within the time above specified, and attendance upon the mother. Commissioner of Health, in the manner and within the time above specified, and child to report the birth to the Commissioner of Health, in the manner and within the time above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascer[illegible] the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 74151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 27th 1890.
4. *Place of Birth, (Street and Number)* Lanvale St Ext Calverton Hts
5. *Full Name of Mother,* Lula Alverta Maben.
6. *Mother's Maiden Name,* " " Kirby
7. *Mother's Birthplace,* George St Baltimore Md.
8. *Full Name of Father,* James Edgar Maben
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Wirt. A. Duvall - M.D

Address, 703 Rayner ave

Remarks, 1890-003943

J. B. Gilroy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 27
4. Place of Birth, (Street and Number) 52 E Columbia
5. Full Name of Mother, Annie Frank
6. Mother's Maiden Name, Annie Carter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Aaron Frank
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wellington Ohlen

Address, 64 Dolphin St

Remarks, 890-003944

months, and shall set forth as far as the same can be ascertained, the full name and residence of the parents, the date and place of birth, and the sex, color, the full name and occupation of the parents, the date and place of birth, and the name (if offered) of such child; and the undertaker in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health, in which no other person be in attendance without the consent of the physician or midwife, a return of every child born within the said district during the preceding month, in the manner and within the period above required, and shall be delivered, duly signed, to the Commissioner of Health, or his agent, who shall issue a certificate to the undertaker for each child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section, he shall for each offense, upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons so failing shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 24619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th 7th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth* September 26th 1870
4. *Place of Birth, (Street and Number)* 801 South Eutaw St.
5. *Full Name of Mother,* Mrs Margt Posey.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Jane Collin
9. *Father's Occupation,* Working Lumber yard
10. *Father's Birthplace,* Accomack Co.

Name of Medical Attendant, or other Person who makes this Return. Mrs Emma Hughes

Address, 131 N. Eutaw Alley. City

Remarks, She born and die on Tuesday 30 sep 6m it was seven months old Died Sept 30th 1870 of fall.

HEALTH DEPARTMENT OCT. 1 70 BALTIMORE

Ascertain the full name of each child (if one or more shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said whole number of children born to the mother, including the present birth, of any child which ever shall be delivered, duly signed by the person in charge of the case, to the Registrar of Vital Statistics, at the office of the Commissioners of Health, in the City Hall, within ten days after the birth, and in case the birth shall take place upon the premises where there is no resident physician or midwife, or in case the report is not made by a physician or midwife, then it shall become the duty of the person or parents of such child, or persons who shall have charge of the premises where such birth shall take place, to report the same to the Commissioners of Health, in the manner and within the period above prescribed; and any such person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 21463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 28th 1890
4. *Place of Birth, (Street and Number)*	1206 Myrtle Ave
5. *Full Name of Mother,*	Rose Salmson
6. *Mother's Maiden Name,*	Kahn
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Moses Salmson
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Chas E Sattler MD
Address,	2100 DeP
Remarks,	

HEALTH DEPARTMENT OCT 1 1890 BALTIMORE

890-003946

Sec. 4. And shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered forthwith to the office of the Commissioner of Health. In case the birth of any child shall occur in any institution or family, or among persons who are not in the habit of employing a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth, to the Commissioner of Health, in the manner and within the period above required, and any such person neglecting or refusing to make such report, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 96631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 28 1890.
4. Place of Birth, (Street and Number) 115 N. Liberty St Balto
5. Full Name of Mother, Ellen Stewart Mitchell
6. Mother's Maiden Name, " " Buck
7. Mother's Birthplace, Prince Anne Maryland
8. Full Name of Father, William Mitchell
9. Father's Occupation, General Agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. A. Duvall Mrs.

Address, 70 Raymor ave. —

Remarks, 890-003947

Note.—It is hereby made the duty of the father, mother, householder, or other person having knowledge of the facts, to see that the date and place of birth, and the full name, sex, color, be full names and occupation of the parents, and the date of marriage of the parents, be correctly stated in the certificate herein required to be made, and the said schedule shall be delivered, duly signed by the practitioner in the case, or certificate given, as aforesaid, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the time limited, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required and any such Person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DELANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 21607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) F Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 28th 1890

4. Place of Birth, (Street and Number) No. 38 Belair Ave. Balt.

5. Full Name of Mother, Mary Wallert

6. Mother's Maiden Name, " Schraudner

7. Mother's Birthplace, Germany

8. Full Name of Father, Ernst Wallert

9. Father's Occupation, Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, No. 1859 N. Gay St. City

Remarks, None

890 003948

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, color, the full name and residence of the parents, the date and place of birth, and the said schedule shall be filled every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third days of each month, it shall be the duty of the person or persons who shall have the next attendance upon the mother, immediately thereafter, to report in writing to the Commissioner of Health, in the manner and within the period above required, and child to report its birth as herein required, and the penalties of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered in the manner and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2663

HEALTH DEPART. OCT 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28th September 2140 Vine St
4. *Place of Birth, (Street and Number)*	2140 Vine St
5. *Full Name of Mother,*	Lena Wagner
6. *Mother's Maiden Name,*	Lena Weber
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Wagner
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Friedrich Heinemann
Address,	216 West Pratt
Remarks,	

8 9 0 - 0 0 3 9 4 9

month, and shall set forth as far as the same can be ascertained, the full name of the child (if it shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate in which the practitioner shall certify that he was present at the confinement of the mother with the child named therein, and that he was in attendance as a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons neglecting or refusing to comply with the provisions of this section shall, on conviction, be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, an[illegible] its parents, the date and place of birth: and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 24652

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* September 28 1890

4. *Place of Birth, (Street and Number)* No 1814 Eastern Ave

5. *Full Name of Mother,* Jennie Keene

6. *Mother's Maiden Name,* Kreusschen

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Keene

9. *Father's Occupation,* Settler

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Krafft

Address, No 2015 Bank St

Remarks,

1890-003950

Wm. J. C. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 7 90
4. Place of Birth, (Street and Number) No 1408 Young St
5. Full Name of Mother, Mary Georgi
6. Mother's Maiden Name, Leibich
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Georgi
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kirst

Address, No 205 Bank St.

Remarks,

1890 ~ 003951

SEC. 3. Be it further ordained, That the full name and occupation of the parents, the date and place of birth; and the sex and color of the child, shall be certified by the attending physician or midwife, if any, and by the father or mother, if either be living, within ten days after the birth, and by the householder or owner of the premises where the birth occurs, within five days thereafter, if neither father nor mother be living, or if there be no attending physician or midwife; and a certificate of the death of any child dying without having been registered shall be given by the undertaker who buries it, or by the physician who attends it, or by the householder or owner of the premises where the death occurs, within the time above required, and a certificate of the death of any child found dead shall be given by the person finding it, within twenty-four hours after finding it. And the Commissioner of Health shall cause to be printed and furnished to the proper persons the blank forms of certificates required by this section, and shall cause the same to be distributed in such manner as he may deem best to secure a prompt and full compliance with the provisions of this section. And it shall be the duty of the Commissioner of Health to cause the information contained in the certificates of births and deaths to be tabulated and published at least once in every month, and at the end of each year to make a full report of the same, with such remarks upon the sanitary condition of the city as he may deem proper. And it shall be the duty of the Commissioner of Health to cause the blank forms of certificates required by this section to be printed on the first day of each and every month to the office of the Commissioner of Health. In case the birth and death certificates required by this section to be made and delivered to the Commissioner of Health shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of the house at the time of the occurrence of such birth or death, then it shall become the duty of the person or parents of such child to report such birth or death within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 1890 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male & Female

2. Race or Color, (if not of the white race)

3. Date of Birth, September 29 1890

4. Place of Birth, (Street and Number) No 2201 Collington Ave

5. Full Name of Mother, Lisbeth Lawson

6. Mother's Maiden Name, Lawrence

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Colin Lawson

9. Father's Occupation, Sailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, No 2015 Bank St.

Remarks, Twins

1890 - 003952

been conferred) its sex, color, (if not of the white race) date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, (if a certificate between the first said said schedule shall be delivered, duly signed by the practitioner, midwife or other person, to be in third floor without the attendance of a physician or midwife, or other person, the parents of such child to report its birth to the Commissioner of Health within the period above required, and any such persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

PRINTED BY GUGLER & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-22-56

RETURN OF A BIRTH. A 24607

HEALTH DEPARTMENT OCT 2 90 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Arthur Henry Reuter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* September 29 1890
4. *Place of Birth, (Street and Number)* 510 Otterbein St
5. *Full Name of Mother,* Kate Reuter.
6. *Mother's Maiden Name,* Kate Carl.
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Henry Reuter
9. *Father's Occupation,* Boxmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Baug[illegible]

Address, 711 [illegible] St

Remarks, 1890-003953

...health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 1900 BALTIMORE

Name: Thomas Jerome Gallery

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 30
4. Place of Birth, (Street and Number) 1610 E Baltimore St
5. Full Name of Mother, Catherine Gallery McDermott
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Gallery
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Heaft

Address, 1610 E Baltimore St

Remarks,

890 003954

Below is given (1) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, or to such person as he may designate to receive the same, within ten days after the birth of any child. In case the birth of any child shall occur without the services of a practitioner or midwife, the father, mother or parents of such child shall report the birth to the Commissioner of Health, in the manner and within the time above specified. Any midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 26659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 30th 1890
4. Place of Birth (Street and Number),	502 Patterson Park Avenue
5. Full Name of Mother,	Elizabeth A. Fischer -
6. Mother's Maiden Name,	Elizabeth A. Stewart -
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Albert G. Fischer -
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Emil A. Powell MD
Address,	217 Forsyth Street
Remarks,	

890-003955

and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been born and shall be delivered to the office of the Commissioner of Health, and the said schedule shall be delivered by the practitioner in the form of a certificate, and the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents in charge of such child to report the birth to the Commissioner of Health, or should no other person be in attendance the birth to the Commissioner of Health, or should no other person be in attendance the birth to mother, immediately thereafter in the manner and within the period above specified, and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Published by the City Printers and Stationers.

ment, ... [illegible] ... the date and place of birth, the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 2460

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c*.) 7

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Sep. 30 1890
4. *Place of Birth*, (*Street and Number*) 913 E. Dallas St.
5. *Full Name of Mother*, Annie Lewick
6. *Mother's Maiden Name*, " Keller
7. *Mother's Birthplace*, Balto. Md.
8. *Full Name of Father*, Thomas Lewick
9. *Father's Occupation*, Clothing Trimmer
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Keller

Address, 1605 E. Baker St. Balto. Md.

Remarks,

1890-003956

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 1111.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 30, 1890
4. Place of Birth, (Street and Number) 529 Short St.
5. Full Name of Mother, Mary Heller
6. Mother's Maiden Name, " Klein
7. Mother's Birthplace, Germany
8. Full Name of Father, Theodore Heller
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Fuller

Address, 1605 Walker St. Balto. Md

Remarks,

1890 - 003957

month, and shall set forth as far as the same can be ascertained, the full name of child, if it has any, and the full name of each of its parents, the date and place of birth; and the number of children to which the mother has given birth, and the number now living, if any other than the first child born alive; and the color, the full name, and the residence of the practitioner in the form of a certificate between the first and fifth days of each month to the office of the Commissioner of Health. Should no other person be in attendance upon the mother, immediately after the birth of a child, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 1 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 30 90
4. Place of Birth, (Street and Number) 1412 Biddle St.
5. Full Name of Mother, Annie Frizzell
6. Mother's Maiden Name, " Tipton
7. Mother's Birthplace, Md.
8. Full Name of Father, Jno. H. Frizzell
9. Father's Occupation, Cook
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. F. A. Robinson M.D.

Address, 136 E. Baltimore St.

Remarks,

1890 - 003958

RETURN OF A BIRTH B 2663.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4 ~~th~~

1. Sex. (state whether male or female) ~~White~~ Male
2. Race or color, (if not of the white race) White
3. Date of Birth. Sept 30th 1890
4. Place of Birth, (Street and Number) 1624 Hollin. St.
5. Full Name of Mother. Kate May. Burton
6. Mother's Maiden Name. Carlisle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Elijah Burton
9. Father's Occupation, Supt. of Mt Clare Stables
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. H. W. Wegner M.D.

Address, 723 W. Lombard. St.

Remarks, Natural Labor.

HEALTH DEPARTMENT OCT 1 1890 BALTIMORE

1890-003959

month, and shall set forth [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 30th
4. *Place of Birth, (Street and Number)*	105 S Eutaw St
5. *Full Name of Mother,*	Hannah Brooks Abbott
6. *Mother's Maiden Name,*	Hannah Brooks
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Abbott
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr Thos Dr
Address,	67 Columbus Av
Remarks,	

1890 003960

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, date of birth, and parentage of such child, and the name and residence of the physician, midwife, or other person who may have been in attendance upon the mother; and in case the birth of any child shall occur without the attendance of a physician or midwife, then the parent or parents of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and in case any person or persons required by this section to report the birth of a child shall neglect or refuse to do so, he, she or they shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 24663.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, and the sex, color, date and place of birth; and the full name, occupation and residence of its parents, the date and place of birth; and the number of children born to the mother, and the number now living. If any child shall be born dead after the fifth month, a certificate like that required to be given of a child born alive shall be given in case such child has been carried to the full period of utero-gestation, or should no other person be in attendance, the mother immediately after she shall become able shall make and deliver such certificate to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of such child, the person who shall be in charge of the premises where such birth occurs shall report the same to the office of the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	1
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	September 1890
4. *Place of Birth, (Street and Number)*	218 Tract St.
5. *Full Name of Mother,*	Florence Dennis
6. *Mother's Maiden Name,*	A. Schmidt
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	St. Dennis
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendent, or other person who makes this Return.	M. A. Bith.
Address,	1405 E. Monument St. S. St. cor. Central Ave
Remarks,	All Well

1890 003961

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 2666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
BALTIMORE

Name of Child: Francis Deppisch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 February
4. Place of Birth, (Street and Number) 1023 Eden Ave.
5. Full Name of Mother, Annie Deppisch
6. Mother's Maiden Name, Finke
7. Mother's Birthplace, Balt. city
8. Full Name of Father, Louis F. Deppisch
9. Father's Occupation. Tailor
10. Father's Birthplace, Balt. city

Name of Medical Attendant, or other person who makes this Return. Louis Finke

Address, 928 Eden Ave.

Remarks,

1890 - 003962

mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred; date, color, the duly signed by the practitioner in the form of a certificate the birth of any child said schedule shall be every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or midwife, of which fact the person or parents of such attendance upon the mother, immediately notify the Commissioner of Health, in the manner and within the time child to report the birth to the Commissioner of Health, in the manner and within the time specified in this section shall be any of the persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) mable.
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 Sept.
4. Place of Birth, (Street and Number) 1225 Hare street
5. Full Name of Mother, Ella Sawarski
6. Mother's Maiden Name, Yantofsko.
7. Mother's Birthplace, Germany
8. Full Name of Father, Gerdroch Sawarski
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Miss P. Giersemann

Address, 1225 Hare street

Remarks,

1890 - 003963

Any person who shall neglect to report the birth of any child, as required by this section, or who shall report any false statement concerning the same, shall be guilty of a misdemeanor, and subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 74668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 Sept
4. Place of Birth, (Street and Number) Post str. 715
5. Full Name of Mother, Mary Kunigan
6. Mother's Maiden Name, Mary Schulz
7. Mother's Birthplace, Germany
8. Full Name of Father, Christ Seuman
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Miss B. Liersemann

Address, 1225 Hare street.

Remarks,

1890-003964

month, and shall set forth as far as the same can be ascertained, the full name, color, occupation of its parents, the date and place of birth; and the name, if any, conferred in baptism. Every such certificate shall be duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, and should no other person be in attendance upon the mother, the same duty devolves upon the practitioner or midwife. No burial permit shall be issued by the Commissioner of Health, in the manner and within the period above required, said child was born, to the Commissioner of Health, or his agent, and no such burial shall occur without the attendance of a physician or midwife, who shall become the duty of the person or parents of such child, or person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

No. 7669.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	Black
3. Date of Birth,	September 2, 1890.
4. Place of Birth (Street and Number),	813 Remington Ave.
5. Full Name of Mother,	Georgianna Wilson.
6. Mother's Maiden Name,	Meadow.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Alfred Wilson.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	295 Chestnut ave.
Remarks,	

HEALTH DEPARTMENT OCT 7 1890 BALTIMORE

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Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 4 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 2 1900
4. *Place of Birth, (Street and Number)* 2115 E Pratt St
5. *Full Name of Mother,* Lucy Mine
6. *Mother's Maiden Name,* " Hart
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Moore
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Ireland

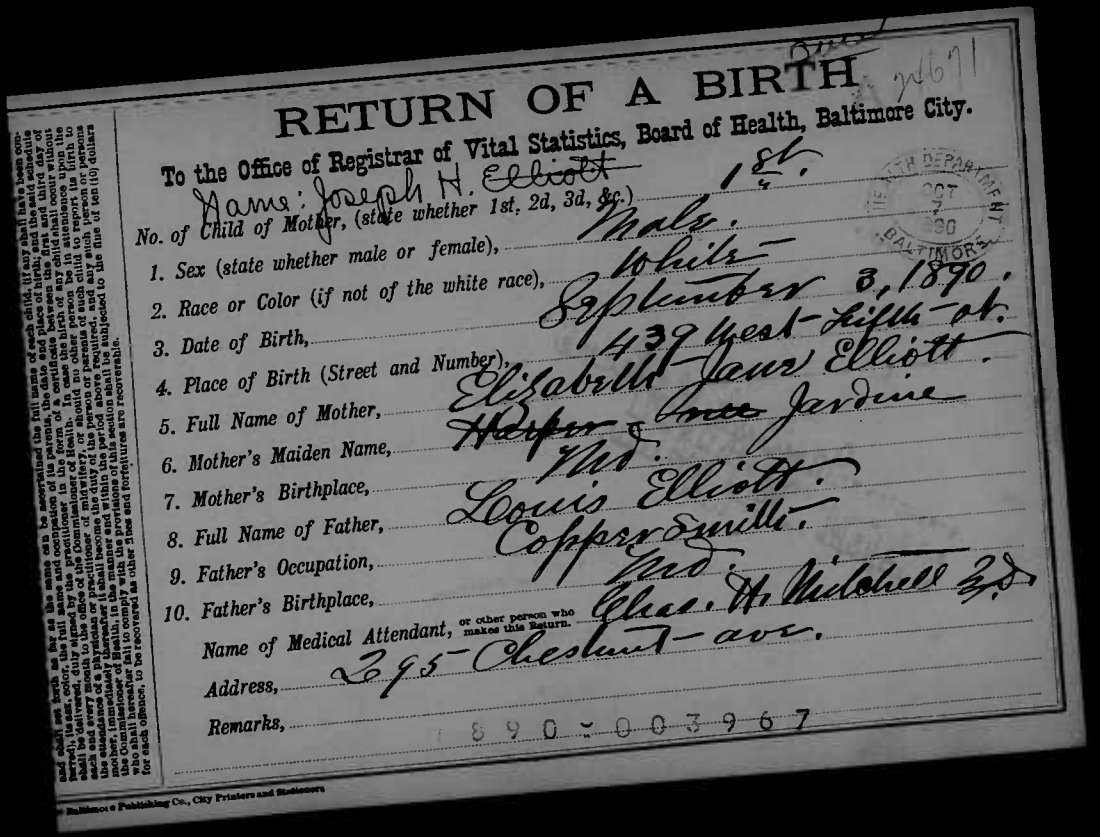
Name of Medical Attendant, or other Person who makes this Return. J H Pullen M.D.

Address, 612 Franklin

Remarks,

B 9 0 0 0 0 3 9 6 6

John Murphy & Co., City Printers and Stationers.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Name: Joseph H. Elliott 1st.

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White
3. Date of Birth, September 3, 1870.
4. Place of Birth (Street and Number), 439 West Fifth st.
5. Full Name of Mother, Elizabeth Jane Elliott.
6. Mother's Maiden Name, Harper Jane Jardine
7. Mother's Birthplace, Md.
8. Full Name of Father, Louis Elliott.
9. Father's Occupation, Copperplate
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Chestnut ave.

Remarks, 890-003967

OCT 7 30 BALTIMORE

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 7667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 2nd 1890
4. *Place of Birth, (Street and Number)*	1828 Hope St.
5. *Full Name of Mother,*	K. Hennessy
6. *Mother's Maiden Name,*	K. Hennessy
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Hennessy
9. *Father's Occupation,*	Baker.
10. *Father's Birthplace,*	Balto.
Name of Medical Attendent, or other person who makes this Return,	H. A. Butt.
Address,	1215 E. Monument St.
Remarks,	All Well.

590-003968

month, and each day's delay thereafter shall be deemed a separate offense. Every person required by this section to report the birth of any child who shall fail to report the same within the time above required, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. W. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

A. 7442

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 3rd 1890
4. *Place of Birth, (Street and Number)*	504 S Paca St
5. *Full Name of Mother,*	Maggie Hatch
6. *Mother's Maiden Name,*	Branson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	N Thayer Hatch
9. *Father's Occupation,*	Hostler
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Geo T Eschenburg
Address,	
Remarks,	890-003969

Every person in sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance at the birth within the period above required, and shall occur without the attendance of any practitioner, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 276

OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 3d Septbr. 1890
4. *Place of Birth, (Street and Number)* S. Chester St. 22.
5. *Full Name of Mother,* Lidvia Schirmer
6. *Mother's Maiden Name,* Herbert
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Herbert
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Riesenfeld Germania

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs. Buchler

1890 - 003970 wife

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the father, or, should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person occupying the house in which such birth occurs, or in which the mother is then being cared for, to report the birth to the Commissioner of Health, in the manner and within the period above required; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 2157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3. Septbr. 1890
4. Place of Birth, (Street and Number) S. Chappel Str: 116
5. Full Name of Mother, Eva Weino
6. Mother's Maiden Name, " Letsch
7. Mother's Birthplace, Germania
8. Full Name of Father, Emanuel Letsch
9. Father's Occupation, Cannacker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs. Rueker

Remarks, 1890 - 0 0173 N. Lombard Str.

RETURN OF A BIRTH

A 2676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 7 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White.
3. Date of Birth, September 4, 1890.
4. Place of Birth (Street and Number), 231 Hickory ave.
5. Full Name of Mother, Edith - Naylor.
6. Mother's Maiden Name, ~~Baldwin~~ ~~Smith~~ Smith.
7. Mother's Birthplace, Md.
8. Full Name of Father, William H. Naylor.
9. Father's Occupation, Painter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Chestnut ave.

Remarks,

1890 - 003972

This return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex and color of each child, the name and residence of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in charge of the case, at the office of the Commissioner of Health. In case the birth of any child attended upon the person making such return shall occur in a place other than the usual residence of the parents, or if there be no attendance upon the birth, such return shall be made by the person present at the birth, or by the parents or persons having charge of such child, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

E 7697

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 4 1890
4. *Place of Birth, (Street and Number)* Maternity Hospital 672 W Lombard St.
5. *Full Name of Mother,* Mrs. Nannie Willis.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. A H Claiborne M D

Address, Maternity Hospital, 672 W Lombard St City.

Remarks, 1890 - 003973

Health Department. § 3. And be it further ordained, That the name can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the officer of the Board of Health, whose duty it shall be to receive such returns, and every such practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to observe the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GILANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

B 2678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 4 1890 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sept 4 1890

4. *Place of Birth, (Street and Number)* 717 Harlem avenue

5. *Full Name of Mother,* Louisa Henderson

6. *Mother's Maiden Name,* " Foreman

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Andrew Henderson

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address, 101 E Fayette

Remarks,

890 - 003971

...g Murphy & Co., City Printers and Stationers.

...ed or caused the full name of each child, if any shall have been registered, its sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

A 24179

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 4th 1890
4. Place of Birth, (Street and Number) 520 Conway St Balto Md
5. Full Name of Mother, Mary Sophia Purkins.
6. Mother's Maiden Name. Helderman.
7. Mother's Birthplace, Balto, Md.
8. Full Name of Father, Geo Maree Purkins
9. Father's Occupation, Wood Moulder
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs Bauer

Address, 711 Grand St

Remarks,

890003975

Health. It is the duty of every person who shall attend upon any birth, or who shall have charge of any child born, to cause the birth of such child to be registered, and to report to the Commissioner of Health all the facts required by this schedule to be registered, as far as the same can be ascertained. The full name and date and place of birth; and the name (if deferred) its sex, color, the full names and occupation of the parents, and the number of children born to the mother, including the present birth, and the number now living, shall be set forth in the form of a certificate between the first and third days of each month, and delivered, duly signed, at the office of the Commissioner of Health. In case the birth of such child occurs in the absence of the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the same forfeiture as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 11680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 4 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Sept 5th 1890
4. Place of Birth, (Street and Number) University Hospital #622 W Lombard St. City
5. Full Name of Mother, Martha Wood
6. Mother's Maiden Name, Martha Wood
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. A Blair Sewell M.D

Address, University Hospital #622 W Lombard St City

Remarks, 890-003976

Every birth that occurs within the limits of Baltimore City shall be registered, and the full name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full names of its parents, the date and place of birth; and the said records shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, then the householder or owner of the premises where the birth occurs within five days after the birth of each and every child born within the limits of Baltimore City, to the office of the Commissioner of Health. In case the birth occurs in the absence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the householder or owner of the premises where the birth occurs shall be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 2681.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept. 5th /90
4. *Place of Birth, (Street and Number)*	# 1517 N. Lombard St.
5. *Full Name of Mother,*	Mary Dottenwich
6. *Mother's Maiden Name,*	" Krueger
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Conrad Dottenwich.
9. *Father's Occupation,*	Candy Maker.
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Emma Lindner
Address,	# 106 S. Monroe St.
Remarks,	

1890-003977

Month, and shall set forth as far as the same can be ascertained, the full name and occupation of each child, (if any shall have been born alive and not reported), and the date and place of birth; and the full name, residence and occupation of the parents of each child. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in charge of such child, the mother, immediately thereafter, shall report the same to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

GEO. J. C. GELSHEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 74 180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5th Sept, 1890
4. *Place of Birth, (Street and Number)*	1408 W. Balt. St.
5. *Full Name of Mother,*	Mollie Fingerwald
6. *Mother's Maiden Name,*	Furley
7. *Mother's Birthplace,*	Hagerstown, Md.
8. *Full Name of Father,*	John L. Fingerwald
9. *Father's Occupation,*	Hatter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	John Heck
Address,	1137 Hanover
Remarks,	

1890 - 003978

been conferred to sex, color, title (of) name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, as aforesaid. Immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, at the time of the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-6-55

A 246 83

RETURN OF A BIRTH

HEALTH DEPARTMENT OCT 8 1890 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eva Laura Pohler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6 Sep. 1890
4. Place of Birth, (Street and Number) 525 W. Lexington St
5. Full Name of Mother, Mary Pohler
6. Mother's Maiden Name, " Becker
7. Mother's Birthplace, Balto.
8. Full Name of Father, Robert Pohler
9. Father's Occupation, Dining Saloon
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs R Ellis

Address, 6302 Holland St

Remarks,

890 - 003979

Health. This schedule shall contain a list of the births which have occurred in the family of the above-named mother, and shall state, color, the full name and occupation of its parents, the date and place of birth, and the name and address of the physician or midwife, if any, in attendance upon the mother; immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required by the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 6th September 1890
4. *Place of Birth, (Street and Number)* S. Castle Str: # 116
5. *Full Name of Mother,* Clara Ritter
6. *Mother's Maiden Name,* Reis
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Reis
9. *Father's Occupation,* Carriage Maker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Jno. Bachtel

Address,

Remarks,

1890 - 003980

Every physician or midwife in attendance upon any case of birth shall, within ten days after the birth, report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, on a blank to be furnished by the Registrar, giving the name and residence of the parents, the date and place of birth, and the sex and color of the child; and for every neglect to report each birth, he shall forfeit and pay the sum of ten dollars. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Registrar of Vital Statistics, and for every neglect to report each birth, he, she or they shall forfeit and pay the sum of ten dollars. And any midwife who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-21-5-3[illegible]

RETURN OF A BIRTH

HEALTH DEPARTMENT OCT 1890 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frances Marie Julier, 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 6th 1890
4. *Place of Birth, (Street and Number)* 137 E. Lee St
5. *Full Name of Mother,* Francis Julier
6. *Mother's Maiden Name,* " Ricer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas. F. Julier
9. *Father's Occupation,* Tobacconist
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. J. C. Bruce M.D.

Address, 511 Hanover St

Remarks,

1890-003981

NOTE.—It is the duty of the parent, or head of the family, in which any child shall be born, or in case the parent or head of the family shall be absent, then it is the duty of the nearest relative present at the birth, or the person having charge of the mother, to report the birth, as herein required, and in the manner and within the time prescribed by law. Every child born in this State, and every person whose birth has been concealed, his sex, color, the full name and occupation of his reputed parents, the place of birth, and the fact that the birth was concealed, shall be registered (if not registered before) in the office of the Registrar of Vital Statistics in the city or county where found, within one month after such child shall be found. Every child who shall hereafter be received into any incorporated institution for the care of children, or into any asylum, hospital, or other charitable institution, or into any family other than that of its parents, shall be registered as above required, and the officer, agent or other person receiving such child shall report the birth, name, parentage, and other facts required by this section to the Registrar of Vital Statistics, in the manner and within the time prescribed by law. Every midwife or other person who shall hereafter attend the birth of any child, and every undertaker or other person who shall bury or assist in burying the body of any child, and every person who shall remove the body of any child for burial or other purpose, shall comply with the provisions of this section as to the registration of births and deaths, and every physician or midwife who shall hereafter attend upon the mother during her confinement shall report the birth of such child to the Registrar of Vital Statistics, in the manner and within the time prescribed by law. Every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. no86.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6 september
4. *Place of Birth, (Street and Number)*	1816 Light st
5. *Full Name of Mother,*	Fredericka Schramm
6. *Mother's Maiden Name,*	Fredericka C. Conrad
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Schramm
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendent, or other person who makes this Return.	C. A. Tully
Address,	1225 Light St
Remarks,	Twin W.C.

8 9 0 - 0 0 3 9 8 2

month, and shall set forth as far as the same can be ascertained, the name, the date and place of birth, and the sex, color, and parentage of every child born within the city, and the date and place of death of every child that has been conferred; the full name and occupation of the attendant in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons within the city having charge of such child, or of the parents or guardians of such child, if living within the city, to report the same as herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 24687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 4 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 5

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4 September 1890
4. *Place of Birth, (Street and Number)* 1415 Hoffman Street
5. *Full Name of Mother,* Lizzie Coates
6. *Mother's Maiden Name,* Rauch
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Coates
9. *Father's Occupation,*
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Jesse Miller

Address, 708 Cent. Ave.

Remarks,

1890 - 003983

keep conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter directed, and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of the city of Baltimore without the presence or attendance upon the mother, at the time of the birth, of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the father of such child, or in case of his absence, the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

888. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2nd St

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 7—'90
4. *Place of Birth, (Street and Number)*	Maternite, 115 N. Lombard St
5. *Full Name of Mother,*	Abby Boylan
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Pa
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return	J. H. Allen
Address,	Maternite
Remarks,	

890-003984

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born living, sex, color, and condition as to legitimacy, the date and place of birth, and the name, residence, occupation and birthplace of each parent. Every midwife, and every person who shall attend at the birth of any child shall, within five days thereafter, make a return of the birth of such child in the form and manner required by the Commissioner of Health, and shall deliver the same, duly signed by the midwife or attendant, to the parent or parents of such child, or to the householder of the house in which such birth occurred, and every midwife or attendant who shall neglect or refuse to make such return and deliver the same as aforesaid, shall forfeit and pay for each offense a sum not exceeding ten dollars, to be recovered as other fines and forfeitures are recoverable.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance who is required by this section to make such return, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and under the penalties imposed by this section upon midwives and other persons in attendance. And it shall be the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Sept. 7 - 90
4. Place of Birth, (Street and Number) Maternite, 115 W. Lombard St.
5. Full Name of Mother, Annie Hines
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Va
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. H. Sellers Maternite

Address,

Remarks, 8902003985

Sec. 4. And shall set forth as far as the same can be ascertained the full name of each child born alive within the district since the last preceding return, the sex and color of such child, the day, month and year of its birth, the name and occupation of its parents, the date of their marriage, the interval between the first and last child, and the number of children born to the present mother, and the number of these now living, which information shall be certified by the attending physician or midwife, if there was one in attendance, and if not, by the nearest relative or other person having knowledge of the facts, and shall be delivered, duly signed by the practitioner in charge, or should no other person be present, by the nurse in attendance, or the father or mother of such child, to the Commissioner of Health, or his authorized agent, within ten days after the birth; and the said return shall be verified by the oath or affirmation of the person making the same, before any officer authorized to administer oaths. Any midwife, physician or nurse in attendance upon the mother of any child born alive, who shall neglect or refuse to report as herein required, shall forfeit to the use of the City of Baltimore the sum of ten dollars, to be recovered as other fines are recoverable. And any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) One

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Sept 7. 1890.
4. *Place of Birth*, (*Street and Number*) #622 W Lombard St City
5. *Full Name of Mother*, Annie Jackson
6. *Mother's Maiden Name*, Annie Jackson
7. *Mother's Birthplace*, Maryland
8. *Full Name of Father*,
9. *Father's Occupation*,
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return. St Clair Spruill M.D.

Address, University Hospital #622 W Lombard St City

Remarks, 890-003986

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. OCT 3 '90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th September
4. *Place of Birth, (Street and Number)*	2530 E. Elizabeth St. Balt.
5. *Full Name of Mother,*	Anna Tribull.
6. *Mother's Maiden Name,*	Anna Dams
7. *Mother's Birthplace,*	Germania.
8. *Full Name of Father,*	August Tribull.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Germania.
Name of Medical Attendant, or other person who makes this Return.	Miss E. Liessemann.
Address,	1225. Hare street.
Remarks,	

1890 - 003987

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall be left at such office within the same time, or in default thereof, or if such practitioner shall not be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT
1890
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept. 7th '90
4. *Place of Birth, (Street and Number)*	# 320 Norris St.
5. *Full Name of Mother,*	Sadie C. Skipper
6. *Mother's Maiden Name,*	" " Gollet
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	William H. Skipper
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Howard Co.
Name of Medical Attendant, or other person who makes this Return.	Louis Lindner
Address,	# 101 S. Monroe St.
Remarks,	1890 - 003988

month, and shall set forth as far as the same can be ascertained, the full name of each child, sex, color, date and place of birth, and the full name, residence and occupation of the parents. In case the birth occurs in a hospital or other institution, the physician or person in charge shall be required to make the return. No certificate shall be given by the Registrar of Vital Statistics for the burial of any child, nor shall any interment be made in any burial ground within the city limits, until a certificate of birth, as required by this section, shall have been delivered to the Registrar of Vital Statistics, or his agent, or deposited in a post office addressed to the Registrar of Vital Statistics, and the said certificate shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become and be the duty of the nurse in attendance upon the mother, or of the father, if present, to report such birth within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DILLON & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A n693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPART. OCT 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 7th September 1890
4. *Place of Birth, (Street and Number)* S. Caroline St. # 21
5. *Full Name of Mother,* Margarethe Bachman
6. *Mother's Maiden Name,* Margarethe Schwarzman
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* John Schwarzman
9. *Father's Occupation,* Steevedore
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return. Mrs Buckler

Address,

Remarks, 1890 - 003989 Twin wife

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 6 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 7. 1900

4. Place of Birth, (Street and Number) 853 N. McHenry St

5. Full Name of Mother, Virginia Jennings

6. Mother's Maiden Name, Hard

7. Mother's Birthplace, Carroll Co Md.

8. Full Name of Father, Joshua Jennings

9. Father's Occupation, Ironworker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Edward H Conaway MD

Address, ~~Address~~

Remarks, address 1403 W Fayette St

8 9 0 0 0 3 9 9 8

Antrim

RETURN OF A BIRTH A. 2nd 695.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 18 90

4. Place of Birth, (Street and Number) 113 W. Lombard St.

5. Full Name of Mother, Jennie Bankard

6. Mother's Maiden Name, " " Pa.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. S. H. Allen

Address, Maternite

Remarks,

8 9 0 - 0 0 3 9 9 1

month, and shall set forth as far as the same can be ascertained the sex, color, the full name and [illegible] parents, the place of birth; and the said certificate shall be signed by the attendant in attendance between the first and third day of each and every month, or if no attendant shall be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report to the Registrar of Vital Statistics, in the form above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 21697

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPART
OCT 2
1890
BALTIMOR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 6 1890
4. Place of Birth, (Street and Number) 710 E Preston St
5. Full Name of Mother, Ella Reedy
6. Mother's Maiden Name, " Price
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick Reedy
9. Father's Occupation, U S Customs officer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo R Graham

Address,

Remarks,

1890 C 003992

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein set forth, and the like duty of certification and delivery shall devolve upon the midwife or other person who shall have charge of any case of birth which shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter. It shall be the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required of such attendant, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 24697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 4 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 3
4. Place of Birth, (Street and Number) 1925 East Balto
5. Full Name of Mother, Maggie Ulrich
6. Mother's Maiden Name, Shiffauer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles L. Ulrich
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Washington Bavaria

Name of Medical Attendant, or other person who makes this Return. Anna Waltz

Address, 928 East Balto

Remarks,

1890-003993

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the attendant, duly signed by the practitioner in the form of a certificate between the first and third days of each month, and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the period above required. Any person who shall neglect to report the birth of a child as herein required, or shall become the duty of the person, or parents of such child to report the same, or any physician, or midwife who shall neglect to report the birth of a child as herein required, or shall become the duty of the person, or parents of such child to report the same, or any physician, or midwife who shall neglect to report the birth of a child as herein required, or shall become the duty of the person, or parents of such child to report the same, or any physician, or midwife who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 2469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. OCT 3 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 8th 1900
4. Place of Birth, (Street and Number) # 325 Bruce St.
5. Full Name of Mother, Clara Farrar
6. Mother's Maiden Name, " Kellinstch.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Frank Farrar
9. Father's Occupation, Baker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Annie Lidman

Address, 1106 W. Monroe St.

Remarks, 890003994

Every person required by law to report the birth of any child shall write plainly with ink or indelible pencil, and in the case of a certificate between the first and second schedule shall be delivered, duly signed by the person making the same, to the Commissioner of Health. To case the birth of any child third day of each and every month to any physician or practitioner of midwifery, or should no other person, be required by law to report such birth, then the father or mother of such child, or in case both parents be dead, or in case neither parent shall occur within the city, then within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 24699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 7 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first (1)

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* September 6th 1890
4. *Place of Birth (Street and Number),* 906 Milton Place (Gay St.)
5. *Full Name of Mother,* Elizabeth Bennett
6. *Mother's Maiden Name,* Allen
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Armand Bennett
9. *Father's Occupation,* Laborer in the Yard E. Monument
10. *Father's Birthplace,* Germany Md

Name of Medical Attendant, or other person who makes this Return. A. E. Richards M.D.

Address, 179 E Baltimore St

Remarks,

1690-003995

and shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been born alive since the last return,) the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth be not in attendance upon the the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 27900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	4.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 9, 1890
4. *Place of Birth, (Street and Number)*	601 Spring St.
5. *Full Name of Mother,*	K. Lindner.
6. *Mother's Maiden Name,*	K. Bau
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	F. Lindner
9. *Father's Occupation,*	Bottler
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendent, or other person who makes this Return.	H. C. Bell
Address,	1240 E. Monument St.
Remarks,	Dr. Bell 3900-003995

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the parent, or parents, of every child born within the limits of this State, to report to the Commissioner of Health, the date and place of birth; and the full name and occupation of the parents, and the sex, color, and place of birth of such child, in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and is hereby made the duty of such mother to report such birth to the Commissioner of Health within the period above required, and any such person or persons who shall wilfully neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 74701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 4 90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7 September
4. *Place of Birth, (Street and Number)* 1036 Bank St
5. *Full Name of Mother,* Julie Thering
6. *Mother's Maiden Name,* Thonick
7. *Mother's Birthplace,* Kleinlautenbach Bavaria
8. *Full Name of Father,* Joseph Thering
9. *Father's Occupation.* Taylor
10. *Father's Birthplace,* Muenchen Bavaria

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 728 Bank St

Remarks,

890-003997

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as [illegible] of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 24702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 [illegible] BALTIMORE

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 1

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* 9 Sep.
4. *Place of Birth,* (Street and Number) 1815 E. Monument St
5. *Full Name of Mother,* Emma Brandt
6. *Mother's Maiden Name,* " Siegel
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Albert Brandt
9. *Father's Occupation,* Tanner
10. *Father's Birthplace,* Balti.

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ullrig

Address, 1302 Holland St

Remarks,

1890-003998

[illegible] CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10 Sep.
4. Place of Birth, (Street and Number) 138 Harrison St
5. Full Name of Mother, Annie Tiranz
6. Mother's Maiden Name, " Ashendorf
7. Mother's Birthplace, Europe
8. Full Name of Father, John Tiranz
9. Father's Occupation, Baker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R Uhlig

Address, 302 Holland St

Remarks,

1890 - 003999

...worth, as a penalty for the neglect, and shall be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 24704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 4 99 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 - 2 - 99 1316 Dallas St.
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Annie Baranowski
6. *Mother's Maiden Name,* Weber
7. *Mother's Birthplace,* Saxon
8. *Full Name of Father,* John Baranowski
9. *Father's Occupation.* Butcher
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other person who makes this Return. Anna Weber

Address, 926 Col. Ave.

Remarks,

1890-00-0000

Being required by law to register the sex, color, the full name and occupation of its parents, the date and place of birth; and the name, residence and occupation of the attendant at the birth, of every child born within the limits of Baltimore City, I do hereby certify that the information contained in the form of a certificate between the first and said schedule shall be delivered, duly signed, by the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, the person or parents of such child or the nearest relative present at the birth, or the person in charge of the premises where the birth occurred, shall report its birth to the Commissioner of Health within the period above required, and shall deliver to the Commissioner of Health, at the time of such report, a certificate of such birth, signed by the mother, immediately thereafter. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and shall deliver to the Commissioner of Health, at the time of such report, a certificate of such birth, signed by the mother, immediately thereafter. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and shall deliver to the Commissioner of Health, at the time of such report, a certificate of such birth, signed by the mother, immediately thereafter. It shall be the duty of the person or parents of such child to comply with the provisions of this section within the said period. Any such person or persons, who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

Over

A. 24/05.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1905 BALTIMORE

Name of Child: Claud Edward Bland

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th September
4. Place of Birth, (Street and Number) 459 Cross St
5. Full Name of Mother, Elizabeth Bland
6. Mother's Maiden Name, Elizabeth Hammond
7. Mother's Birthplace, England
8. Full Name of Father, James Bryan Bland
9. Father's Occupation, Glass Blower
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Mrs Bland

Address, 711 Cross St

Remarks,

590-004001

Boards of Health in cities of the first class shall require the name and residence of the parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the number (if any) of the child of the mother, of each child born alive within their respective districts, and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, or by the midwife, or other person who shall cause the birth of any child to be registered, to the commissioner of health, in such form as he may direct, within the first day of each and every month; and if a physician or practitioner of midwifery, or should no other person be in attendance, the midwife or other person who shall become the duty of the person or parents of such child to report its birth to the commissioner of health, in the manner and within the time above specified, and shall omit upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 24706

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10th September 1890
4. Place of Birth, (Street and Number) Cambridge Str. # 2303
5. Full Name of Mother, Maggy Seifert
6. Mother's Maiden Name, " Hirst
7. Mother's Birthplace, Germania
8. Full Name of Father, August Hirst
9. Father's Occupation, workman
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Rev. Buettner

1890 - 004002 Mother

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons present at such birth or of the parents, if able, to report the same within the period above required, and which such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 24707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. OCT 3 1890 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 10th, 1890
4. Place of Birth, (Street and Number) 106 N. Fulton Av.
5. Full Name of Mother, Emma Blocher
6. Mother's Maiden Name, Banning
7. Mother's Birthplace, Md
8. Full Name of Father, Wm. J Blocher
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Mrs Carter M.D.

Address, 1800 W. Balto St.

Remarks,

890-004003

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the parent or parents, or in case of their absence, or inability, the duty of the householder in whose house any child shall be born, and of every person present at the birth, and of the undertaker who shall bury the body of any child supposed to be still-born, to report to the Registrar of Vital Statistics of the city or county where such birth occurs, the full name, color, and occupation of its parents, the date and place of birth, and the name (if any) of such child, which report shall be made within ten days after the birth, or burial of such child, and the said Registrar shall furnish blank forms for the purpose of such report, and shall keep a record of the births and deaths reported to him, and shall report the same to the Board of Health of the city or county, as the case may be, at the end of each month. And the said Registrar shall furnish to any person reporting a birth, a certificate of the same, which certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the parent or parents, or in case of their absence, or inability, the duty of the householder in whose house any such child shall be born, and of every person present at the birth, and of the undertaker who shall bury the body of any child supposed to be still-born, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 21788

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 September
4. Place of Birth, (Street and Number) 66 Belair road
5. Full Name of Mother, Marie ~~Hall~~ Ehrich
6. Mother's Maiden Name, Hoffl
7. Mother's Birthplace, Ball - cities
8. Full Name of Father, Herman ~~C~~ Ehrich
9. Father's Occupation,
10. Father's Birthplace, Ball city

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Ent. Ave.

Remarks,

390 - 004004

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the attending physician, midwife or other person in attendance upon the birth of any child, to report to the Commissioner of Health, in the manner and within the period above required, the name, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

888. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24704.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct. 11 - 1900
4. Place of Birth, (Street and Number)	43 W. Lombard St.
5. Full Name of Mother.	Rosa Bender
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Md
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	J. H. Allen
Address,	Maternite
Remarks,	There was milk in child's breasts on the 6th day.

004005

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, color or the full name and nationality of the parents, the date and place of birth, and such other information as may be required by the Commissioner of Health. A certificate of the birth of any child shall be delivered, duly signed, at the office of the Commissioner of Health, by the person in attendance upon the mother at the time of such birth, or in case there shall be no such person, or in case the birth of any child shall occur without the attendance of a physician or practitioner, then the duty of the person or parties occupying the house or tenement where such birth shall occur shall be the same as is herein imposed upon the attendant, and such person shall, immediately after the birth, file the certificate with the Commissioner of Health. In the absence of the father, the mother shall be subject to the same duties and penalties as the father. Any person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE J. C. BALDWY & SON, CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can [illegible] the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, [illegible] of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in the form [illegible] In case the birth of any child
third day of each and every month to the office of the Commissioner of Health. In case [illegible] should no other person be in
shall occur without the attendance of a physician or practitioner of midwifery, or should [illegible] the person or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the period above required, and
child to report its birth to the Commissioner of Health, in the manner and within [illegible] this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of [illegible]
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A24910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 September 1890
4. *Place of Birth, (Street and Number)* Corner of Covington & Donaldson
5. *Full Name of Mother,* Mary Ellen Raftery
6. *Mother's Maiden Name,* " Ellen Sheridan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick Raftery
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Ireland

Name of Medical Attendent, or other person who makes this Return. C. B. Tully

Address, 1828 Light St

Remarks, Doing Well

1890-00040065

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 20711.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 12th Septbr 1890
4. Place of Birth, (Street and Number) S. Dunkan alley. 120
5. Full Name of Mother, Kathe Barnikel
6. Mother's Maiden Name, Kochors
7. Mother's Birthplace, Germania
8. Full Name of Father, Martin Kochors
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return. Wm. Kautter

Address,

Remarks, 1890-00400 Twins.

GIVEN NAME ADDED 9-16-55

RETURN OF A BIRTH. A. m 7 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 6 1890 BALTIMORE

Name - Herbert Ozier

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 Sept - 1890
4. Place of Birth, (Street and Number) 112 W Second st
5. Full Name of Mother, Millonnena Aburn
6. Mother's Maiden Name, " Stoll
7. Mother's Birthplace, Germany
8. Full Name of Father, Johnson P Aburn
9. Father's Occupation. Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr J Grogan

Address, 116 N. Gay st

Remarks, 890-004008

months, etc., as the case may be, and the full name and occupation of its parents, the date and place of birth; and the name, color, and place of residence of the person in the form of a certificate herein required, and the same shall be delivered, duly signed by the Commissioner of Health, or such other person as said duty of each and every month to a physician or practitioner of midwifery of the person or parents of such child or to such other person as the Commissioner of Health may designate, and within the period above specified shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report such birth to the Commissioner of Health in the manner and within the period above specified. Any person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 74713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as known the name and surname, the color, the usual occupation of its parents, the date and place of birth; and the been conferred; its sex, color, and, only signed by the practitioner in the form of certificate next above provided. It shall be the duty of every midwife who shall attend the birth of any child child, every person or persons who shall hereafter fail to comply with the provisions of this section shall be subattendance upon the mother, and the Commissioner of Health, in the manner and within the time above specified. And shall shall occur without the attendance of a physician or midwife, or should no other person be in jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	6
1. *Sex,* (*state whether male or female*)	Male Child
2. *Race or Color,* (*if not of the white race*)	
3. *Date of Birth,*	September 12 1890
4. *Place of Birth,* (*Street and Number*)	613 Central Ave.
5. *Full Name of Mother,*	R. Echmier
6. *Mother's Maiden Name,*	R. Steinhart
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	J. Echmier
9. *Father's Occupation,*	Shirt-cutter
10. *Father's Birthplace,*	New York
Name of Medical Attendent, or other person who makes this Return.	M. A. Bath
Address,	1215 E. Monument St. S.E. cor. Central Ave.
Remarks,	All Well 1890-004009

ED. J. C. SULLIVAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 24714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 12 Sep.
4. *Place of Birth, (Street and Number)* 1127 E. Lombard St
5. *Full Name of Mother,* Maggie Wenzel
6. *Mother's Maiden Name,* " Hutman
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Andrew Wenzel
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs R. Illig

Address, 1302 Eutaw St

Remarks,

690 - 004010

month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any alive at the time of such return, the sex, the color, the parents, the date and place of birth; and the certificate shall be delivered, duly signed by the practitioner in the form of a certificate given above. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be required to make such return, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and subject to the penalties provided in any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 34710.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 12/90
4. Place of Birth, (Street and Number) No. 915 Bevan St.
5. Full Name of Mother, Elizabeth Haegerich
6. Mother's Maiden Name, " " Walter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John M. Haegerich
9. Father's Occupation, Piano maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Lewis Bevan

Address, 915 E 40 - 004011

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Physician or Midwife in attendance upon the birth of any child, or by the parent of such child, if there be no Physician or Midwife in attendance, within the period above specified; and the said Physician or Midwife shall, within ten days after the birth of any child, make return of the same in writing to the Commissioner of Health, in the form of a certificate between the hours of 9 A. M. and 4 P. M. of each and every day, Sundays excepted, and every month to the office of the Commissioner in the form of a certificate between the hours of 9 A. M. and 4 P. M. of the first Monday in each month. In case the birth of any child shall occur when there is no Physician or Midwife in attendance upon the mother, the parent or parents of such child shall report its birth to the Commissioner, hereafter it shall become the duty of the person in charge of any institution or family in which a birth occurs, to make such return in the manner and within the period above specified. Any Physician, Midwife or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. N. 716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	12th Sept 1890
4. *Place of Birth, (Street and Number)*	406 Clement St
5. *Full Name of Mother,*	Ella Wingert Barnett
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Anton Wingert
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Agerwale
Address,	
Remarks,	890-004012

months, and shall set forth as far as the same can be ascertained, the full name of each child, and two such certificates shall be delivered, duly signed by the Practitioner in the form of a certificate of birth, and the third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Practitioner of midwifery, or should no other person be required to report its birth to the Commissioner of Health, to the same, the person or parent of such child is required to make such report, and shall herself or himself comply with the provisions of this section shall be subject to the fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 30
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 13 Sept
4. Place of Birth, (Street and Number) 420 E. Fort Ave
5. Full Name of Mother, Lena Arnold
6. Mother's Maiden Name, Fox
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. A. Arnold
9. Father's Occupation, Brick Mason
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. C. Bonds M.D.

Address, 511 Hanover St

Remarks, 890-004013

...month, and state of birth as far as the same can be ascertained. In case of its parents, the date ... and occupation of the father. In case no other person be in ... certificate, the physician or midwife in attendance shall sign ... the full name and occupation of the person or parents of such ... delivered, duly signed and sworn to before the Commissioner of Health, or an officer of the ... Commissioner of midwifery, or an affidavit of such ... achievable sign and every month a physician or midwife shall become the duty of the person above required ... third day of each month, a like certificate of each birth which ... without the attendance of a physician or midwife during the period above required ... immediately thereafter. In the manner and with the penalties provided ... attendance upon the mother or child to report the birth to the Commissioner, who shall receive no other fines and forfeitures are recoverable. ... child to report, the person or persons who shall neglect or refuse to comply with the provisions of this section ... any such person or persons who shall neglect or refuse to comply with the provisions of this section ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A-24414

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Arthur Burbaum male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 1st 1890.
4. Place of Birth, (Street and Number) (1206) 1206 Hollins St
5. Full Name of Mother, Mamie Burbaum
6. Mother's Maiden Name, Manko
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David Burbaum
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Geo R Graham

Address,

Remarks: Full given name of child added by cousin, Hazel Manko, upon applying for a transcript. Hazel Manko

E. Nolan - Birth Index Clerk
Jan. 31-1929.

month, and shall set forth [illegible] the same ca[illegible] the date and place of birth; and the [illegible] its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. 24719.

RETURN OF A BIRTH

HEALTH DEPARTMENT OCT 4 90 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

1. *Sex, (state whether male or female)* Fe[illegible]
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12 September
4. *Place of Birth, (Street and Number)* 6 [illegible] St.
5. *Full Name of Mother,* [illegible] Kroll
6. *Mother's Maiden Name,* Annie Ludolph
7. *Mother's Birthplace,* Balt City
8. *Full Name of Father,* Samuel Kroll
9. *Father's Occupation.* Carpenter
10. *Father's Birthplace,* Balt City

Name of Medical Attendant, or other person who makes this Return. [illegible] Walker

Address, 728 [illegible] St.

Remarks, 890-0004015

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 1675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 17 1890
4. Place of Birth, (Street and Number) #622 W. Lombard St. City
5. Full Name of Mother, Catherine Lewis
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr Blair Stowell M D

Address, University Hospital #622 W. Lombard St Balt. Md

C 90 - 004016

Remarks,

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

mons, and shall set forth in full the name and occupation of its parents, the date and place of birth, and the sex and color of the child, and such other information as may be required by the Commissioner of Health, and the certificate shall be duly signed by the practitioner in the form of a certificate to be furnished by the Commissioner of Health, and every practitioner who shall attend the birth of any child shall, within twenty-four hours after the birth of such child, report the same to the office of the Commissioner of Health, and every month to the office of the Commissioner of Health, or should no other person be in attendance, the mother, or the person who shall become the duty of the person or parents of such child to report the same, as aforesaid, and every practitioner who shall neglect or refuse to report as required by this section when in attendance upon the mother, or the person who shall become the duty of the person or parents of such child to report the same, as aforesaid, and every practitioner who shall neglect or refuse to report as required by this section when in attendance upon the mother, or the person who shall become the duty of the person or parents of such child to report the same, as aforesaid, and every practitioner who shall neglect or refuse to report as required by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 24721.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 12th 1890
4. Place of Birth, (Street and Number) # 1818 W. Lombard St.
5. Full Name of Mother, Josephine F. Hofstetter
6. Mother's Maiden Name, " " Weiss
7. Mother's Birthplace, Elicot. City Md.
8. Full Name of Father, Instrument Maker
9. Father's Occupation, Balt. Md.
10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return. Louis Leidner M.D.

Address, 100 S. Monroe St.

Remarks, 890-004017

month, an affidavit stating the cause of its death, the date and place of birth; and the name, residence and occupation of the physician, midwife or other person who shall have been conferred, duly signed and sworn to before the Commissioner of Health. In case the birth of any child shall occur without the aid of a physician or midwife, or should no one of the parents of such child reside in the house where such birth occurs, then the duty to report the birth as above required, and attendance upon the Commissioner of Health, in the manner and at the time specified, shall devolve upon the householder or person in charge of the premises where such birth occurs. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 74 / 13

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT — 1890 — BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Sept 12th 1890
4. *Place of Birth, (Street and Number)* #6720 Dunbar St City
5. *Full Name of Mother,* Sarah Lacks
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. H Clair Speiser M.D.

Address, University Hospital #6720 Dunbar St City

Remarks,

C40-004018

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person or persons present at such attendance upon the mother, immediately thereafter, if shall become the duty of the person or persons present at such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GELSHY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 24722

HEALTH DEPARTMENT OCT 3 1930 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 13.
4. Place of Birth, (Street and Number) N: 19 Pennsyl.
5. Full Name of Mother, Antonia
6. Mother's Maiden Name, Kotnelon
7. Mother's Birthplace, Germany Bohema
8. Full Name of Father, Jos. Pintnowsky
9. Father's Occupation, teilor
10. Father's Birthplace, Bohema

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Seebach

Address, No 735 W Pratt st

Remarks, 8 9 0 - 0 0 4 0 1 9

Register of each birth is to contain a list of the births which have occurred in each family, and the schedule shall contain a list of the births which have occurred in each family, if any shall have occurred, during the month; and shall set forth as far as the same can be ascertained, the full name of such child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the full name of each midwife, doctor or other person present at the birth. The schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and fifth day of each month, to the officer of registry, or shall be delivered by some other person in his behalf. Any midwife, doctor or other person who shall neglect or refuse to comply with the provisions of this section, or shall cause the birth of any child to be concealed, or shall make any false statement concerning the birth of any child, or shall cause or procure the attendance of a physician or practitioner of midwifery, or shall himself practice midwifery without the attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 13 1890
4. Place of Birth, (Street and Number) 342 Ringold Al
5. Full Name of Mother, Lillian Long
6. Mother's Maiden Name, Lillian Boehme
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Long
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Boyd

Address, 711 S Eutaw St.

Remarks, 1890-004020

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the Board of Health of Baltimore City to procure the registration of the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician, midwife or other person present at the birth of every child born within the limits of Baltimore City, which registration shall be made in the office of the Commissioner of Health, in the form of a certificate to be delivered to the parent or person having charge of such child, duly signed by the physician or practitioner in attendance upon the mother, immediately after the birth of such child, or by such person or persons as may be present at the birth, or in case no person was present, then by the parent or person having charge of such child, which certificate shall be delivered to the Commissioner of Health within ten days after the birth of such child, and it shall become the duty of any physician or practitioner in attendance upon any case of birth occurring within the limits of Baltimore City, or should no other person be in attendance, then it shall become the duty of the person or parent having charge of such child to report the birth to the Commissioner of Health within ten days after the birth occurs, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 44324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 14 - 90
4. Place of Birth, (Street and Number) Maternite 115 W. Lombard
5. Full Name of Mother, May Myers
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Pa.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. H. Allen

Address, Maternite

Remarks, 690 - 004021

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24778.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Sept. 14 90
4. Place of Birth, (Street and Number)	115 N. Lombard St.
5. Full Name of Mother,	Alice Swift
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Md.
8. Full Name of Father,	
9. Father's Occupation.	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	J. H. Allen
Address,	Maryland Maternite.
Remarks,	

89 D = 004022

month, and shall set forth as far as the same can be ascertained the place of birth and the full name of the child, the sex, color, the full name and residence of the parents, the date of birth and the fact whether it is the first or other birth, and such other information as may be required by the Commissioner of Health. And every person who shall assist at the delivery of any child shall cause a return to be made as aforesaid, and in default thereof shall be liable to the penalty aforesaid. And every person who shall occur without the attendance of a physician or practicing midwife or other person shall report the birth of such child to the Commissioner of Health. It shall become the duty of the physician or midwife in attendance upon the mother, immediately thereafter, to make the record of such birth and report the same as aforesaid, and in default thereof shall be liable to the penalty aforesaid. And every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any justice of the peace, by warrant, with costs, attending fines and forfeitures are recoverable.

GEO. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 4 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 14th 1890
4. *Place of Birth, (Street and Number)* Baltimore City, 655 N. Hyde St
5. *Full Name of Mother,* Mary Shriner
6. *Mother's Maiden Name,* Mary Zimmerman
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Ralph Shriner
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs M. Shaffer

Address, No 716, W. West St

Remarks, 890-004023

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 14477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 4th 1890
4. Place of Birth, (Street and Number) 1528 Charles St
5. Full Name of Mother, Jinnie Nash
6. Mother's Maiden Name, Jinnie Patterson
7. Mother's Birthplace, Charleston W Va
8. Full Name of Father, Asher Nash
9. Father's Occupation. Barkeeper Charleston W Va
10. Father's Birthplace, Charleston W Va

Name of Medical Attendant, or other person who makes this Return. Dr A Selby

Address, 1820 Eutaw St

Remarks, 890 Dis 402 All

SEP 4 1890 BALTIMORE

month, and shall set forth as far as necessary the name and occupation of its parents, the date and place of birth; and the sex, color, and full name of the child, if it has been named. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person required to report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEC. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A4771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 6 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 15th 1890
4. *Place of Birth, (Street and Number)* 1029 N. Dallas St.
5. *Full Name of Mother,* Annie E. Dauer
6. *Mother's Maiden Name,* Gordon
7. *Mother's Birthplace,* Gettysburg Pa.
8. *Full Name of Father,* William E. Dauer
9. *Father's Occupation,* Book-Keeper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. S. W. Selover M.D.

Address, 1501 E Eager St

Remarks, 890-004025

RETURN OF A BIRTH A. 24/89

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Sept. 15th 1890
4. Place of Birth, (Street and Number) 423 Falls Road, Hampden.
5. Full Name of Mother, Edith S. Bowers
6. Mother's Maiden Name, Edith S. Turner
7. Mother's Birthplace, Balt. Co. Md
8. Full Name of Father, James W. Bowers
9. Father's Occupation, Factory operative
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower M.D.

Address, 123 - 3rd Ave. Woodberry, Balt.

Remarks, 890-004026

Any person who shall refuse or neglect to register the full name, occupation of its parents, the date and place of birth, and the sex and color of the child, as required by this act, or shall refuse or neglect to deliver duly signed by the attendant in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, a certificate of the birth of any child which may have occurred within the preceding month, and which shall occur without the attendance of a physician or midwife, or which shall occur in the attendance upon the birth of any child of any other person who shall refuse or neglect to deliver to the Commissioner of Health, in the manner and within the period above required and specified, the certificate of birth of any child which may have occurred while such person was in attendance upon the birth of such child, and which shall occur after the passage of this act, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 30 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 15th
4. Place of Birth, (Street and Number)	1026 S. Race St
5. Full Name of Mother,	Elizabeth Vansant
6. Mother's Maiden Name,	" Dorsey
7. Mother's Birthplace,	City
8. Full Name of Father,	Wm Vansant
9. Father's Occupation,	Publisher
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	J C Buvinda MD
Address,	511 Hanover St
Remarks,	890-004027

GEO. J. D. GULANY & SON, CITY PRINTERS AND STATIONERS.

How it is to be filled out. It is hereby made the duty of the Attending Physician, Midwife, Parent or Householder, to ascertain the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered with the certificate hereinafter mentioned. In case the birth occurs without the third day of such month, or if no physician or midwife is in attendance, the householder or parent shall within the said time report the same to the office of the Commissioner of Health. In case the birth occurs in a hospital, alms-house or other institution, the superintendent or matron thereof shall report the same as above required. In case of the absence or inability of the parent or householder, the physician or midwife in attendance upon the mother shall report the birth as above required. And in case of the absence or inability of both parent and householder, and of the physician or midwife, the person who shall have charge of such child shall report its birth to the Commissioner of Health in the manner and within the period above required. And any such physician, midwife, parent, householder or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 47621

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 8 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15th Septbr 1890
4. Place of Birth, (Street and Number) S. Register St. # 104
5. Full Name of Mother, Maggie Cattler
6. Mother's Maiden Name, Krumick
7. Mother's Birthplace, Balto.
8. Full Name of Father, Georg Krumick
9. Father's Occupation, Workman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1890-00402 Rachel Whitridge

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT
BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (state whether ~~male~~ or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 16 99

4. Place of Birth, (Street and Number) 404 Courtland st

5. Full Name of Mother, Emma Cooper Frist

6. Mother's Maiden Name, Emma Cooper

7. Mother's Birthplace, Balto.

8. Full Name of Father, John E. Frist

9. Father's Occupation, machinist

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address, 102 E Franklin

Remarks, 2 9 0 - 0 0 4 0 2 9

This Return must be signed by the Physician, Midwife or other person in attendance at the birth, and delivered by him or her to the parent or person having charge of the child, within ten days after the birth, and before any burial permit can be issued. Every Physician, Midwife or other person who shall refuse or neglect to make such return, shall forfeit and pay for each offense a sum not exceeding ten dollars, to be recovered before any justice of the peace of the city of Baltimore, on the complaint of the Commissioner of Health, for the use of the city. In case the parents are unknown, the Physician, Midwife or other person in attendance at the birth shall make such return to the Commissioner of Health, and shall state all the facts and circumstances which may lead to the ascertainment of the name and place of birth, and the sex and color of such child. In case the mother of any child shall be delivered of a child out of the city, and shall afterwards bring the same into the city, and the same shall die within the limits thereof, the undertaker or other person burying the same shall procure a certificate of the death and burial of such child from the Commissioner of Health, and shall return the same to the Sexton of the burial ground in which such child is buried, and any such Sexton who shall bury any such child without the certificate aforesaid, shall forfeit and pay for each offense a sum not exceeding ten dollars, to be recovered before any justice of the peace of the city of Baltimore, on the complaint of the Commissioner of Health, for the use of the city. It shall be the duty of the Physician, Midwife or other person who shall attend the birth of any child, and the mother, immediately after the birth of such child, to enter the name and residence of the mother and the sex and color of such child in a register to be kept by him or her for that purpose, and to report the same to the Commissioner of Health, in the manner and within the period required by this section. Any Physician, Midwife or other person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 247733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16 September
4. *Place of Birth, (Street and Number)* 214 Thames St.
5. *Full Name of Mother,* Lizzie Reese
6. *Mother's Maiden Name,* Chambers
7. *Mother's Birthplace,* Cincinnati O. Baltimore
8. *Full Name of Father,* Ferdinand Reese
9. *Father's Occupation.*
10. *Father's Birthplace,* ~~Ball~~ Balt.

Name of Medical Attendant, or other person who makes this Return. Dr. Anna M. Ellis

Address, 228 Central Ave.

Remarks, 1890-004030

been conferred, if a race, color, the full name and occupation of the Parent. Any Physician, Midwife or other person who shall neglect to make the first and third day of each and every week, duly signed by the practitioner in the form of a certificate between the first and said schedule shall likewise certify on the same day that no births have occurred in his practice during the week. Every birth shall occur without the attendance of a physician or midwife, or if there be no other person to report it, then the parent or parents of such child to report the same to the Commissioner of Health, immediately thereafter it shall become the duty of the person in attendance upon the mother, in the manner and with the particulars required in this section. Every such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

498. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 20137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT SEP 3 1900 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) ~~White~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 16th September
4. Place of Birth, (Street and Number) 613 Bath St
5. Full Name of Mother, Margaret A Ryan
6. Mother's Maiden Name, Margaret A Ging
7. Mother's Birthplace, Bath Co
8. Full Name of Father, Jno F Ryan
9. Father's Occupation, Carpenter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Noble

Address, 1117 Madison Ave & Bloom St

Remarks, 8 7 0 - 0 0 4 0 3 1

and shall enter the same on a blank selected to suit such [illegible] of the Commissioner of Health. Such blanks shall be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the date and place of birth, the full name, sex, race, residence, trade or occupation of the parents, the full name and place of birth of the child, and such other facts as may be required by the Commissioner of Health. In case a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health within the period above required, it shall be the duty of the parent, or person having charge of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A. W 738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1930 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).	First
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Black
3. *Date of Birth,*	Sep 17th
4. *Place of Birth, (Street and Number)*	2415 Hudson St
5. *Full Name of Mother,*	Mathilda Lagoway
6. *Mother's Maiden Name,*	Mathilda Moor
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Lagoway
9. *Father's Occupation,*	Hone
10. *Father's Birthplace,*	Dont know
Name of Medical Attendant, or other person who makes this Return.	G H Evarka M D
Address,	2430 Oak St
Remarks,	890-004032

month, and shall set forth as far as practicable the date and place of its parents, the date and place of marriage, and the occupation of its parents, the date and place of birth of each parent, and the name and occupation of the physician or midwife in attendance upon the mother. Immediately thereafter, if no birth certificate has been conferred, it shall be the duty of the physician or midwife in attendance upon the mother, to report in the form of a certificate between the first and said schedule shall be delivered, mailed or telephoned to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should any person be in attendance upon the mother, immediately thereafter, it shall be the duty of the parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

THE A. S. ABELL CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 90 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 White
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	September 1st 1890
4. *Place of Birth, (Street and Number)*	413 N. Fifth St.
5. *Full Name of Mother,*	Mary E. Gallagher
6. *Mother's Maiden Name,*	Mary E. Gorman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jno. J. Gallagher
9. *Father's Occupation,*	Liberty St. Police
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Carol
Address,	1428 Pressman St
Remarks,	890-004033

be so offered. (1) sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance, then the mother or nurse of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. S. ABELL & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 94 37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	17 Sept
4. *Place of Birth, (Street and Number)*	1631 E. Eager st
5. *Full Name of Mother,*	Isabella Rhodes
6. *Mother's Maiden Name,*	Hanna
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John H. Rhodes
9. *Father's Occupation,*	Morocco dresser
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Thos. J. Gregory
Address,	740 E. Eager st
Remarks,	8 9 0 - 0 0 4 0 3 4

month, and shall set forth as far as the same can be ascertained, the name, sex and color of each child born; and the date and place of birth; and the full name and occupation of its parents. The date and certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth required to make such return, then it shall become the duty of the person or persons with whom the mother of such child or children may be residing, or in whose house or premises such birth shall occur, to report such birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Sept 17 '90
5. *Place of Birth, (Street and Number)* 115 N. Lombard St.
6. *Full Name of Mother,* Lucy Wilson
   Mother's Maiden Name, " "
7. *Mother's Birthplace.* Pa.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. H. Allen

Address, Maternite.

Remarks, 890-004035

month, and shall set forth as far as the same can be ascertained, the full name, residence and occupation of the parents, the date and place of birth, and the sex and color of each child born alive, or stillborn, after the period of gestation has been completed, which shall occur within the limits of the City of Baltimore; and in the case of a child born alive, the certificate between the first and third day of each and every month to the office of the Commissioner of Health, and in case no other person be in attendance upon the birth, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health within the period above required and shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health within the period above required and any such person or persons who shall neglect or refuse to comply with this ordinance shall be subject to the fine of ten (10) dollars for each offense, to be recovered, with costs, in the manner prescribed by law for the recovery of other debts and forfeitures are recoverable.

RECEIVED
OCT 17 1890
REGISTRAR'S OFFICE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

OVER NAME ADDED 4-12-56

RETURN OF A BIRTH A 47739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Nellie M. Ruth First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 17th 1890
4. Place of Birth, (Street and Number) 336 S. Woodyear Al
5. Full Name of Mother, Mollie E. Ruth
6. Mother's Maiden Name, Mollie E. Bell
7. Mother's Birthplace, Cambridge Md
8. Full Name of Father, John A. Ruth
9. Father's Occupation, Lightning rod setter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Wm. J. Leman

Address, 339 S. Woodyear St.

Remarks, Health 8 90-004036

month, and did set forth as far as the same can be ascertained of its parents, the date and place of birth, and the sex, and if a child born alive, the full name and occupation of the father in the form of a certificate hereinafter prescribed, and the said certificate shall be delivered, duly signed and verified, to the said Commissioner of Health, or to such person as he shall appoint to receive the same, within the period above required, and every physician or midwife who shall neglect or refuse to perform the duty of the person or parents of such child, as above required, shall forfeit and pay for every such offence a sum not exceeding fifty dollars, to be recovered as other fines and forfeitures are recoverable.

GEO. J. BALDEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 24740

DEPARTMENT OF HEALTH
OCT 3 1890
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Wendsday Sep 17. 5.30 am.
4. Place of Birth, (Street and Number) 125 Ellicot street.
5. Full Name of Mother, Katie Smith
6. Mother's Maiden Name, Kate Hartteck
7. Mother's Birthplace, Baltimor Maryland
8. Full Name of Father, Harry E. Smith
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs P. Lietzmann.

Address, 1225 Hoare street.

Remarks, 890-004037

Every person conceiving a child within the limits of Baltimore City, shall, within ten days after the delivery, or miscarriage, or abortion of such child, report to the Commissioner of Health, in writing, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician or midwife present at the birth; and the Commissioner of Health shall furnish a certificate between the first and third day of each and every month to a physician or practitioner of midwifery, or should no other person be present at the birth, to the father or mother of such child, which said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur when no physician or midwife is present, or should no other person be able to report within the time above required, the father or mother of such child shall become liable to the penalty above mentioned, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 24741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1990 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17 of September
4. *Place of Birth, (Street and Number)*	Balto 49 Browns Lane
5. *Full Name of Mother,*	Catherine Fischer Mueck
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Wiescher
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Anna Lindner
Address,	106 Monroe Street
Remarks,	590-004038

Sex, (entered) its sex, color, the [illegible] ages and occupation of its parents, the date and [illegible] place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of such person, it shall become the duty of the person in charge of the house in which the birth occurs, or in which the mother is, to report the birth to the Commissioner of Health, in the manner and within the time above required, and third day of each and every month to the person or practitioner of midwifery, or should no other person be in attendance, then the father or mother, immediately thereafter. It shall become the duty of the person in charge of the house in which the birth occurs, or in which the mother is, to report the birth to the Commissioner of Health, in the manner and within the time above required, and shall be entered in a book to be kept for that purpose. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-21-54

RETURN OF A BIRTH

A 1904 42

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Boyd Hiett 3d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 17th 1890
4. Place of Birth, (Street and Number) 1527 William St
5. Full Name of Mother, Jennie Hiett
6. Mother's Maiden Name, Jennie Sowden
7. Mother's Birthplace, Balto md
8. Full Name of Father, Buchanan Hiett
9. Father's Occupation, Engineer B&O R R
10. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return. C A Webb

Address, 1828 Eutaw St

Remarks, 8 9 0 4 0 0 4 0 3 9

...ion of its parents, the date and place of birth; and the ...ner in the form of a certificate between the first and ...ch certificate shall be delivered, duly filled out, to the ...ner of Health. In case the said certificate shall not be ...ner within the period above required, and ...ner without the attendance of a physician or practitioner ...ner, immediately thereafter, in the manner and within the ...ner, or other person in charge of such child, shall ...ner as aforesaid, shall hereafter fail to comply with the provisions of this section shall be ...ny such person or persons who shall hereafter fail to comply with the provisions of this section shall be ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ess, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 94/43

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 8 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 17th 1890
4. Place of Birth, (Street and Number) C. Barney bet 6th & 7th
5. Full Name of Mother, Anna Bahlaman
6. Mother's Maiden Name, Anna Bahlman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Bahlaman
9. Father's Occupation. Plumber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. P. J. Wells

Address, 1828 Aisquith St

Remarks, 1890 Sept 17 0 4 0 M

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of each child, and such other information as may be required by the practitioner in the form of a certificate to be furnished for the purpose; and it shall be the duty of the first and said schedule shall be delivered, with the fee of fifty cents, to the office of the Commissioner of Health. In case no physician or midwife shall attend at the birth of any child third day of such birth, it shall become the duty of the person or parents of such child within the next succeeding ten days, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required; and attendance upon the mother, immediately before or after the birth, it shall be the duty of such physician or midwife to report the birth of such child to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 Sept 1890
4. *Place of Birth, (Street and Number)* 416 Folsom St
5. *Full Name of Mother,* Elizabeth Harper
6. *Mother's Maiden Name,* Crouch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George W Harper
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Alexandria Va

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yarnall

Address, 516 Hont Ave

Remarks, 1890 - 004041

Note.—It is hereby made the duty of the father of any child born in the city of Baltimore, and in case of his absence, or his inability from sickness or other cause, then of the mother, of the attending physician or midwife, and in case there be no physician or midwife in attendance, then of the householder of the premises where such birth occurs, to report to the Commissioner of Health, in the manner and within the time prescribed by the ordinances of the city, the full name and occupation of its parents, the date and place of birth, and the sex, color, and other facts required by the Commissioner of Health, to secure the registration of such birth; and the certificate of the attending physician or midwife, if there be one in attendance, shall be prima facie evidence of the facts therein stated. And it shall be the duty of the person or parents of such child, or in case of his absence, or his inability from sickness or other cause, then of the householder of the premises where such birth occurs, to procure a certificate of such birth from the Commissioner of Health, and present the same to the clergyman or magistrate before the solemnization of any marriage, under the penalty of forfeiting fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable. And it shall be the duty of the Commissioner of Health to furnish, free of charge, to the parents of every child born in the city of Baltimore, a certificate of such birth, and the Commissioner of Health shall furnish, free of charge, to any person who shall require the same, a certificate of the birth of any child born in the city of Baltimore, and for every certificate of birth, or of the absence of any birth, furnished by the Commissioner of Health, except as above provided, he shall be entitled to receive the sum of fifty cents, to be paid by the person requiring the same. It shall become the duty of the person or parents of such child, or in case of his absence, or his inability from sickness or other cause, then of the householder of the premises where such birth occurs, to procure a certificate of such birth from the Commissioner of Health, and present the same to the clergyman or magistrate before the solemnization of any marriage, under the penalty of forfeiting fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-25-55

RETURN OF A BIRTH

A 247 VJ.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPART OCT 3 1890 BALTIMO

Edna May Bangs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 nett Sept 1890
4. *Place of Birth, (Street and Number)* 319 Fort ave
5. *Full Name of Mother,* Maggie Bangs
6. *Mother's Maiden Name,* Crispins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Bangs
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Elizabetta Gerwell

Address, 516 Fort ave

Remarks, 1890 - 004042

Penalty Clause. Any person who shall refuse or neglect to report, as required by the foregoing section, the birth of any child, or who shall report any false statement of the particulars required to be reported in relation thereto, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding twenty (20) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 2974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Sept. 19—90.

4. Place of Birth, (Street and Number) 115 W. Lombard St.

5. Full Name of Mother, Annie Stokes.

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Va.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. H. Otten

Address, Maternite

Remarks,

890 004043

month, and shall set forth as far as the same can be ascertained, the full name and residence of its parents, the name or caul, color, sex and date of birth of each child born alive and not previously reported, the full name and residence of the midwife, physician or other person in attendance upon the birth, the date and place of birth of each child born alive and not previously reported, the number of children born to the mother, including children born dead, and the number of children born alive and now living, and the number born alive and since deceased, and such other information as may be required by the Registrar of Vital Statistics. Every birth occurring after the first day of January, Eighteen Hundred and Eighty-Nine, within the limits of Baltimore City, shall be reported to the Registrar of Vital Statistics within ten days after the birth, and the certificate of birth shall be delivered at the office of the Commissioner in the form of a duplicate of the return of birth of any child born alive and not previously reported, and every such certificate shall be signed by the physician or midwife in attendance upon the birth, or by the father or mother of the child, or in the absence or inability of both father and mother, by the householder of the house in which the birth occurred, or by the owner or agent of the building or tenement in which the birth occurred, or by the nurse in attendance upon the mother. Any physician or midwife who shall refuse or neglect to report any birth as herein required, shall forfeit and pay for each offense a sum not exceeding twenty dollars, to be recovered as other fines and forfeitures are recoverable. And every undertaker who shall bury or otherwise dispose of the body of any child for which a certificate of birth has not been delivered to the Registrar of Vital Statistics, as herein required, shall forfeit and pay for each offense a sum not exceeding twenty dollars, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. BULANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, 19. of September.
4. Place of Birth, (Street and Number) 1300. Raper. Place.
5. Full Name of Mother, Mrs. Helen E. Lawson.
6. Mother's Maiden Name, Miss. Helen E. Mahoney.
7. Mother's Birthplace, Front. Royal. Virginia.
8. Full Name of Father, Mr. George W. Larson.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1890 - 004044

considered) to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days after the birth, to the Commissioner of Health, or shall be left at his office or at any of the offices of any of the said Commissioners within the said time, if such birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 24768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 19 T
4. Place of Birth, (Street and Number) 2049 Hanover Street N
5. Full Name of Mother, Caroline Frances Cox
6. Mother's Maiden Name, Caroline F Schwaby
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, Samuel Kepton Cox
9. Father's Occupation, Window-Glass Blower
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Everett Boyer

Address, 209 S. Eutaw St

Remarks, 890-004045

been collected); its sex, color, the full name and occupation of its parents, the date and place of its birth, and such other information as may be required by the Commissioner in the form of a certificate herein provided. And the said Commissioner is hereby authorized to issue a certificate for the burial of any child upon receiving a like return from the office of the Commissioner of Health, or should no other person be in attendance, upon a return made by the undertaker or person having charge of the burial. Every such return shall be made to the Commissioner of Health within the first ten days of each and every month of a physician or practitioner of the city of the person or parents of such child, and every midwife, undertaker or person having charge of such burial, and every such return shall be made in the manner and within the period above specified, and every such physician, midwife, undertaker or person who shall neglect or refuse to make such return, or shall make a false return, or shall neglect or refuse to report its birth to the Commissioner of Health, or any midwife who shall neglect or refuse to report its birth to the Commissioner of Health, or any midwife who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24749.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1900 BALTIMOR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 19 Sept.
4. Place of Birth, (Street and Number) 907 N. Gay St
5. Full Name of Mother, Isabel Offenbacher Lowenthal
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sam. Offenheimer
9. Father's Occupation, Dining Saloon
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulbig

Address, 1302 Holland St

Remarks, 1890-004046

month, and shall set forth as far as the same is known, the name and occupation of its parents, the date and place of birth, and the number of children (whether living or dead) to which the mother has been delivered, and the number (if any) of such children now living; and the said schedule shall be duly signed by the practitioner in the form of a certificate; but if there be no such practitioner, then by the person who shall have charge of the case, or of the delivery of such child; and every such practitioner or person having charge of such case, or of such delivery, or should no other person be in charge, then the mother of such child, who shall fail to report the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in charge, then the mother of such child, who shall fail to report the birth of any child as required by this section, shall be subject to the penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-29-57

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Eugenia Schmeisser

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth ~~110 Penna Ave Exld~~ Sept 19/90
4. Place of Birth, (Street and Number) 110 Penna Av Exld
5. Full Name of Mother, Annie E Schmeisser
6. Mother's Maiden Name, Annie E Krell
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Schmeisser
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. H C Pole

Address, 1116 Madison Av & Bloom P

Remarks, 890-004047

HEALTH OCT 3 BALTIMORE

ascertained the full name of each child (if any shall have been rendered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner, it shall be the duty of the person or parents of such child, to be in attendance upon the mother, to make return of such birth within the period afore required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 8-19-55

RETURN OF A BIRTH. E 74951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 6 1890 BALTIMORE

Margaret Mertle ~~Refstock~~ Rebstock

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 19 1890
4. Place of Birth, (Street and Number) 1838 West Pratt Place
5. Full Name of Mother, Barbara Rebstock
6. Mother's Maiden Name, Barbara Engelhart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Rebstock
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C A Tully

Address, 1828 Light St

Remarks, 1890 ~~Dec~~ Oct 4 Bill

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, or certificate issued, by the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attended or whose mother shall be attended by a physician or practitioner of midwifery, or should no other person be in charge of the case, the said physician or practitioner shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 24757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEPARTMENT OF HEALTH
OCT 4
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3

1. *Sex, (state whether male or female)* girl ~~boy~~
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1st Day Night
4. *Place of Birth, (Street and Number)* 910 Lemmon st
5. *Full Name of Mother,* Veronica Butler
6. *Mother's Maiden Name,* Welch
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Edward Butler
9. *Father's Occupation.* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Eleanor Wallace

Address, 928 Lee st

Remarks, 8 5 0 - 0 0 4 0 4 9

Jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 24750

HEALTH DEPARTMENT OCT 4 30 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 September
4. Place of Birth, (Street and Number) 1234 Chase st.
5. Full Name of Mother, Rosie Feinstein
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, Michael Feinstein
9. Father's Occupation, Painter
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return.

Address, [illegible]

Remarks, 1890-004050

...and the ...ate of birth; and the ...ame, sex, color, the full name and occupation of its parents, the date and place of birth; and the ...been collected by the practitioner in charge of the case. Blanks for such certificate shall be furnished by the Commissioner of Health. In case the birth occurs without the presence of a physician or midwife, or the person or parents of such child shall neglect or refuse to furnish the information required, it shall become the duty of each and every attendance of a physician or midwife within the period above required, and shall occur without the presence of a physician or midwife within the period above required, and ...shall occur without the presence of a physician or midwife, the parent or parents of such child ...attendance, or its birth to the Commissioner of Health. In the manner the provisions of this section are recoverable. ...shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ROB. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 7754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 6 1898 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W hite
3. Date of Birth, Oct 1 1898
4. Place of Birth, (Street and Number) 220 Olston St
5. Full Name of Mother, Ellan Parker
6. Mother's Maiden Name, Ellan Johnson
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward Parker
9. Father's Occupation, Brick Layer
10. Father's Birthplace, Balto

Name of Medical Attendent, or other person who makes this Return. C F Tully

Address, 822 Light St

Remarks, 8 9 0 Living Child

The law requires the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the office of the Commissioner of Health, in case no other person be in attendance upon the mother. Immediately after the birth of any child hereafter born in this city, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 24755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Oct. 29-90
5. Place of Birth, (Street and Number) 42 W. Lombard St.
6. Full Name of Mother, Kate White
7. Mother's Maiden Name, " "
8. Mother's Birthplace, Va.
9. Full Name of Father,
10. Father's Occupation,
11. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. Maternite

Address,

Remarks, 890-004052

OCT 8 1890

been conferred; sex, color, the full name and occupation of its parents, the place of birth and residence of each, the number in the family of a certificate between the first and second days of each and every month of the City, which certificate he is required to deliver, duly signed by him, to the Commissioner of Health, or to such other person as he may designate for the purpose, at his office, No. 211 East Lombard street, in the City of Baltimore. Any physician or midwife who shall neglect or refuse to make such return, or who shall make a false return, shall forfeit to the Commissioner of Health the sum of ten (10) dollars for each offense; and any such physician or midwife who shall neglect or refuse to make such return for the space of ten days after the same is required as aforesaid, shall forfeit to the Commissioner of Health the sum of ten (10) dollars for each offense, to be recovered as other fines are recoverable. And any such person or persons who shall neglect or refuse to make such return, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

WM. A. C. HILLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 1796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 21 1890

4. Place of Birth, (Street and Number) 1627 Monument St.

5. Full Name of Mother, B. Rowes

6. Mother's Maiden Name, B. Ware

7. Mother's Birthplace, Germany

8. Full Name of Father, C. Rebues

9. Father's Occupation, Brass finisher

10. Father's Birthplace, Germany

Name of Medical Attendent, or other person who makes this Return. W. A. Bird

Address, 1708 E. Monument St.

Remarks, Acc. No. 690-004053

been conferred) its sex; color; the full name and occupation of its parents, and the date of birth, in the form of a certificate between the first and third day of each month, on blanks furnished by the Commissioner of Health. In case the birth of any child shall occur within the limits of a city or town in which there is no registry office, the person or parents of such child to report its birth to the Commissioner of Health, as above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 20th 6.20 P.M. 1890
4. Place of Birth, (Street and Number) 120 N. Washington
5. Full Name of Mother, Mary Schmidt
6. Mother's Maiden Name, Mary Cavanaugh
7. Mother's Birthplace, Ireland
8. Full Name of Father, Antone Joseph Schmidt
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Samuel E. Dimmitt M.D.

Address, 1710 E Baltimore St.

Remarks, 890-004054

Coroners shall be duly signed by the practitioner in the form of a certificate, between the first and third days of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, commissioner of Health, in the manner and within the period aforesaid, the midwife shall report in like manner. If it shall become the duty of the person or parents of such child to report the birth, and he, she or they shall neglect or refuse to do so within the period aforesaid, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 20 September
4. Place of Birth, (Street and Number) 1240 Eager st
5. Full Name of Mother, Caroline Fleishmann
6. Mother's Maiden Name, Fuchs
7. Mother's Birthplace, Balt. city
8. Full Name of Father, Henry Fleishmann
9. Father's Occupation, Tailor
10. Father's Birthplace, Balt. city

Name of Medical Attendant, or other person who makes this Return. Anna F. Wells

Address, 928 Ent. Pl.

Remarks, 1890-004055

THE SEP 27 BALTIMORE

month, and a like record of the full name and occupation of its parents, the date and place of birth; and the name, date and place of the marriage of the parents, if married, within the first month after the birth of any child born to them, which certificate shall be for the first child in case the birth of any child shall occur without the attendance of a physician or midwife, or also no other person be in attendance upon the mother, such duty shall become the duty of the person or parents, and shall cover the same matters hereinbefore directed to be recorded by the physician or midwife, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 7777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 4 1909 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 fd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, Sept. 20 [illegible]
4. Place of Birth, (Street and Number) 237 Caswell ave
5. Full Name of Mother, Minnie Burger
6. Mother's Maiden Name, Minnie Rosenthal
7. Mother's Birthplace, Balt
8. Full Name of Father, Louis D. Burger
9. Father's Occupation, Barber
10. Father's Birthplace, Balto md

Name of Medical Attendant, or other person who makes this Return. Anna Bouchard

Address, 603 E Lee St

Remarks, 1890-004056

(Inserted) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of the mother, if born alive, and if dead, the cause of death, as far as can be ascertained. Such certificate shall be delivered, duly signed by the practitioner in charge, or midwife, to the person required to report the birth, between the first and third day of each and every month to the officer or practitioner of midwifery, or should no other person be present, then such certificate shall be delivered, duly signed by the practitioner or midwife, to the father of the child, if present, and if not, then to the mother, immediately thereafter. It shall become the duty of the person to whom such certificate is delivered, as aforesaid, to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 1890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 667 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 20th 1890
4. Place of Birth, (Street and Number) 2103 W. Vine St
5. Full Name of Mother, Mary Bertha Cook
6. Mother's Maiden Name, Mary Bertha Akers
7. Mother's Birthplace, Carroll Co md
8. Full Name of Father, John Wesley Cook
9. Father's Occupation, Brick Maker
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. G. W. Slater M.D.

Address, 1637 W. Lafayette St

Remarks, 1890-004857

scents, and shall not forfeit or pay more than one dollar in any case. Any person who shall refuse or neglect to give the full name and occupation of its parents, the date and place of birth of any child born within his knowledge, or shall knowingly give a false account thereof, shall be subject to a fine of ten dollars for each offence. Every certificate of birth of any child shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent of such child or person having charge of it, at the time of leaving the house on the third day of such child, and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance without the attendance of a practitioner of midwifery, or should no other person be in attendance, then the midwife present at the birth, and every midwife who shall attend any such child thereafter, shall immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above named, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 24760½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race)
3. Date of Birth, 20 Sept.
4. Place of Birth, (Street and Number) 809 Fenen. street
5. Full Name of Mother, Loese Conrad.
6. Mother's Maiden Name, Juerst
7. Mother's Birthplace, Germany
8. Full Name of Father, Johann Conrad.
9. Father's Occupation, Farbrer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. P. Lissenmann

Address, 1225 Hare. street.

Remarks, 1890 - 004058

Any person who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 147 61

HEALTH DEPT OCT 3 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th Septr. 1890
4. *Place of Birth, (Street and Number)* S. Bethel Str. # 111
5. *Full Name of Mother,* Annie Gear
6. *Mother's Maiden Name,* Engero
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas. Engero
9. *Father's Occupation,* Pay Car
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 640-0040 59 Mrs. Buehler Attendg

A.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
BALTIMORE, MD.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, the color or race, the full name of the parents, the date and place of birth; and the said schedule shall be returned, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth occurs without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) .....

1. *Sex (~~state whether male or~~ female),* .....
2. *Race or Color (if not of the white race),* .....
3. *Date of Birth,* 20th Sept 1890
4. *Place of Birth (Street and Number),* 1128 Argyle Ave
5. *Full Name of Mother,* Ella S. Rogers
6. *Mother's Maiden Name,* " Stone
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo P. Rogers
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Geo H Lyst M.D.

Address, ...

Remarks, ...

690-004060

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 245526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child, (if any) Anna Dorothea Freitag
2. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.
3. Sex, (state whether male or female) Female
4. Race or Color, (if not of the white race)
5. Date of Birth, Sept 20 — 1890
6. Place of Birth, (Street and Number) 720 Light st
7. Full Name of Mother, Katie Freitag.
8. Mother's Maiden Name, Benner.
9. Mother's Birthplace, America.
10. Full Name of Father, Philip Freitag.
11. Father's Occupation, Cigar manufacturer.
12. Father's Birthplace, Germany.
13. Name of Medical Attendant, or other person who makes this Return. J. Lohwasser. Midwife
14. Address, 1032 Hanover st.
15. Remarks,

8 9 0 - 0 0 4 0 6 1

SEP 30 1890

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and the date of the birth of the first and last child. In case the birth of any child shall occur without the limits of the City, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person required, and each person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24526.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

3. Date of Birth, September 21, 1890.

4. Place of Birth, (Street and Number) 2½ Nicoma St.

5. Full Name of Mother, Annie Kraft

6. Mother's Maiden Name, Anne Hummel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Steve Kraft

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary L. Swagerman

Address, 726 Luzerne St

Remarks, 8 9 0 - 0 0 4 0 6 2

month, and shall set forth as fully as the same can be ascertained at the time of the return, the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 24537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 30 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, September 21 1890

4. Place of Birth, (Street and Number) 1126 Canton St

5. Full Name of Mother, Lizzie Krupp

6. Mother's Maiden Name, Lizzie Rives

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, John Krupp

9. Father's Occupation, Sailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary L. Savage

Address, 1126 Luzerne St.

Remarks, 890 004063

...have occurred under his or her care during the ...shall have ...ascertained the full name of each ...place of birth; and the ...sex; color, the full name and occupation of its ...birth of a certificate between the first and ...delivered, duly signed by ...or illness. In case the birth of any child ...to the ...of the period above required, and ...third day of each and every ...of this section shall be ...shall occur within the ...upon the mother, immediately ...child to report its birth to the Commissioner of ...any such person or persons ...jected to the fine of ten (10) dollars for each offense, to be recovered as ...and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 72538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 22nd 1890
4. Place of Birth, (Street and Number) 110 Centre Market Sp.
5. Full Name of Mother, Mary Lynch
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lynch
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st

Remarks, 1890-004064

SEP 1890 MD

month, and shall set forth as far as the same can be ascertained the full name of each child of any such have been conferred, his sex, color, the full name and occupation of its father, the date of its birth, and the place where born, (street and number) and the name of the physician or midwife present at the birth. And every such physician or midwife shall within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person occupying such premises where such birth occurs, within the time above required, to report the same to the Commissioner of Health in the manner above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 76529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First
2. *Sex, (state whether male or female)* Female.
3. *Race or Color, (if not of the white race)* Black.
4. *Date of Birth,* Sept 23rd 1890
5. *Place of Birth, (Street and Number)* 1425 Maryland Ave
6. *Full Name of Mother,* Mary Sarah Estell McGinnis
7. *Mother's Maiden Name,* Sarah Estell
8. *Mother's Birthplace,* Washington D.C.
9. *Full Name of Father,* J B. McGinnis
10. *Father's Occupation,* Treasury Dept. Washington
11. *Father's Birthplace,* Delaware

Name of Medical Attendant, or other person who makes this Return, C. B Gamble Jr M.D.

Address, 925 Cathedral St

Remarks, Face presentation 1890 .0 6 5

...been conducted, there exists in the same can be ... of each child of such mother, said schedule shall be ... the full name and occupation of its father, ... and place of birth of the ... third day of each and every month to the ... cate between the first and ... shall occur without the attendance of a physician or practitioner of medicine, ... case the birth of any child ... child to report the birth of such child, ... person or other person who ... any such person or persons who shall ... fail to, in the manner and within the period above required, and ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 24530.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 23 — 1890
4. *Place of Birth, (Street and Number)*	303 Fort Av.
5. *Full Name of Mother,*	Mary White.
6. *Mother's Maiden Name,*	Sollers.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Samuel White.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

890-004066

month, and shall set forth as far as the same can be ascertained the full name of each child, of any and every color or race, the full name and occupation of its parents, the date and place of birth, and the number of each child born to the mother, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall become the duty of the father or mother of such child to report its birth as herein required within the period above specified. And it shall be the duty of the Commissioner of Health to supply with the necessary blanks all persons required to make returns of births, and to receive returns of births from all persons who may make the same. Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 74531.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 24 1890
4. Place of Birth, (Street and Number) 732 Luzerne St.
5. Full Name of Mother, Annie Malone
6. Mother's Maiden Name, Annie Eckhart
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Malone
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L. Lanagan

Address, 726 Luzerne St

Remarks, 890-004067

SEP 25 1890

Be it enacted as far as the same can be ascertained, the full name of each child born alive, the sex and color, the date and hour of birth, the full name, residence and occupation of the parents, the street and number of the place of birth, and the name and address of the physician or midwife in attendance at the birth, if any such there be, and if the child was born dead, or died before the return was made, that fact shall be stated. The return of every birth shall be made in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth required to make the return, it shall be the duty of the person or persons in whose house or premises such birth shall occur, within the period above required, and in such manner as the Commissioner of Health may direct, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 74532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 27 [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Annie [illegible]
6. *Mother's Maiden Name,* " [illegible]
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* [illegible]
9. *Father's Occupation.* [illegible]
10. *Father's Birthplace,* U. S.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, 890-004068

[illegible] 30 1890

[illegible]

[illegible] the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health. If such schedule be not delivered as aforesaid, or if any child shall die without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and [illegible] any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] fines and forfeitures are recoverable.

ENS. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 74533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Sept. 24th 1890
5. Place of Birth, (Street and Number) 1516 Lancaster St.
6. Full Name of Mother, Maggie Brady
7. Mother's Maiden Name, Dougherty
8. Mother's Birthplace, Baltimore City
9. Full Name of Father, John J. Brady
10. Father's Occupation, Carpenter
11. Father's Birthplace, Baltimore City

Name of Medical Attendent, or other person who makes this Return. Dr. [illegible]

Address, 1111 [illegible]

Remarks, 1890 - 004069

SEP 29 1890

Every physician or practitioner of midwifery, or should no other person be in attendance at any birth, then the person in charge of the premises where such birth occurs, shall within ten days after such birth, report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, and every month to the office of the Clerk of the Circuit Court of the county in which such birth occurs, a certificate of such birth, stating the name of such child, the name of the father and mother, the sex of such child, the color or race, the date of birth, the place of birth, the name and occupation of its parents, the date and place of birth, and the name, residence and occupation of the attendant or person in charge of the premises where such birth occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at any such birth, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 71021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, Sept 24 — 1890.
5. Place of Birth, (Street and Number) 909 Leadenhall st.
6. Full Name of Mother, Lizzie Zeller.
7. Mother's Maiden Name, Kell
8. Mother's Birthplace, America.
9. Full Name of Father, Henry Zeller.
10. Father's Occupation, Tinner.
11. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return. J. Schwasser. Midwife.

Address, 1032 Hanover st.

Remarks,

1890-004070

month; and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of [illegible] and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] date between the first and third day of each and every month to the office of the Registrar of Vital Statistics, which [illegible] shall serve without charge on physician or [illegible] no other person shall be in attendance upon the mother, immediately thereafter it shall become the duty of [illegible] person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the [illegible] above required, and any such person or persons who shall hereafter fail to comply with the [illegible] shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other [illegible] forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24536.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 30 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 25th 1890
4. Place of Birth, (Street and Number) 613 Bradford Alley
5. Full Name of Mother, Emma Rimmel
6. Mother's Maiden Name, Emma Brandt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Rimmel
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary L. Lasagna

Address, 726 Lanzerne St.

Remarks, 890-004071

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the births of any child attended upon by a practitioner shall become the duty of the keeper of any asylum or other person being in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. DELANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 20536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* September 25th 90.
5. *Place of Birth, (Street and Number)* 1103 Pinkney St
6. *Full Name of Mother,* ~~John~~ Minnie Murphy
7. *Mother's Maiden Name,* Minnie Gordon
8. *Mother's Birthplace,* West Virginia
9. *Full Name of Father,* John J Murphy
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. H.C. Ohle M.D.

Address, 1102 W. Fayette St

Remarks, 1890 00407 2

SEP 29 1890

PORTER

The Law requires that the full name and occupation of the father shall be given in each case of birth, if any shall be omitted or refused, the midwife, physician or other person required to make return of such birth, shall report the fact to the office of the Commissioner of Health within the first said twenty-four hours after the birth, and the Commissioner of Health or his agent shall become the duty of the person or parents of such child to furnish the information required by this section, and in default thereof, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the midwife or physician in attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons so failing to comply, within the time specified, shall be subjected to the fine of ten dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24537.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 30 1890

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, September 25 1890.
   Place of Birth, (Street and Number) 816 Luzerne St.
5. Full Name of Mother, Kate Kemp
6. Mother's Maiden Name, Kate Emmath
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Kemp
9. Father's Occupation, Truck Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary L Swayne

Address, 726 Luzerne St.

Remarks, 6 9 0 - 0 0 4 0 7 3

been corrected in sex, color, the full name and occupation of its parents, the date and place of birth; and the said physician shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month after the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, in case the person in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

A

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth.* Sept 25 1890

4. *Place of Birth, (Street and Number)* 1420 Patterson Lane

5. *Full Name of Mother,* Cora Williams

6. *Mother's Maiden Name,* Cora Nelson

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Jas. Williams

9. *Father's Occupation.* Laborer

10. *Father's Birthplace,* Md (Balto. Co.)

Name of ~~*Medical Attendant*~~ or other Person who makes this Return Annie Giddings midwife

Address, 910 Whatcoat St.

Remarks, Eight months child

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 20039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 26 - 90
4. Place of Birth, (Street and Number) 125 E Eager.
5. Full Name of Mother, Annie Gallagher
6. Mother's Maiden Name, Long
7. Mother's Birthplace, Ireland
8. Full Name of Father, Edward Gallagher
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Thos Wm Williams

Address, 125 E Eager.

Remarks, 8 9 0 - 0 0 4 0 7 5

Notice.—Every birth shall be registered as above required, the full name of each child (if any shall have been conferred) the full name and occupation of its parents, the date and place of birth, and the said certificate filled out, signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered by law.

SOLD BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 26670.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 30 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 26th 1890
4. Place of Birth, (Street and Number) 304 S. Ann st.
5. Full Name of Mother, Mary Dopp
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, ~~Father~~ Christ Dopp
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1890 - 004076

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the full address from which the birth occurred. It shall be delivered, duly filled out and certified, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or where no other person is in attendance upon the mother, immediately thereafter it shall become the duty of the person having charge of such child to report the birth to the Commissioner of Health in the manner and with the particulars required; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 21071.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 26, 1900
4. Place of Birth, (Street and Number) 418 Monroe
5. Full Name of Mother, Fannie E. Eckert
6. Mother's Maiden Name, " " Kahrs
7. Mother's Birthplace, Pa
8. Full Name of Father, Addison F. Eckert
9. Father's Occupation. Conductor
10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return. Dr. Wm. A. Abrell

Address, 1218 Druid Hill Ave

Remarks, 1900-004077

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. If any child shall not have been attended by a practitioner, the parent or parents or other person having charge of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 7547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 30 1890 FILED

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 27 1890.
4. Place of Birth, (Street and Number) No. 432 S. Eden Street
5. Full Name of Mother, Ida Weigand.
6. Mother's Maiden Name, Ida Heileman.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Charles Weigand.
9. Father's Occupation, Brakeman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Asa A. Elwell M.D.

Address, 1741 Hanford ave.

Remarks, 8 9 0 - 0 0 4 0 7 8

shown, or shall not set forth as far as the same can be ascertained, the full name of each child, and the date and place of birth, the name and residence of the person or persons who have been conferred the sex, color, the full name and occupation of its parents, the date and place of birth, and the said office, a certificate duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, stating the number of births which have occurred during the month, and shall occur without the attendance of a physician or practitioner of midwifery, or in case the birth of any child attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child or children, as the case may be, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail, neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 74673.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CERTIFICATE CORRECTED 2-16-93

Name: Henry Frey Hillard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Sept ~~27~~ 26th 1890
4. Place of Birth, (Street and Number)	No 1633 Hanover st
5. Full Name of Mother,	Barbara E Hillard
6. Mother's Maiden Name,	Barbara E (~~Frey~~) Frey
7. Mother's Birthplace,	Lancaster Co Pa
8. Full Name of Father,	Charles J Hillard
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Lancaster Co Pa
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Hinton
Address,	No 1612 E Charles st
Remarks,	1890 - 004079

been conferred) its sex, color, the full name, and, as ascertained, the full name of each child, if any, and said schedule shall be delivered, duly signed, by the undertaker or other person in charge of the funeral to the third day of each and every month to the office of the Commissioner of Health, a certificate between the first and attendance upon the mother during her confinement, or if no such person be present, it shall become the duty of the person or persons present at the birth of any child child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Office Use Above 7-7-55

RETURN OF A BIRTH

A 240 111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 1. Child of Mother, (state whether 1st, 2d, 6d, &c.) Ethel Roberta Simpson 2nd

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race)

4. Date of Birth, Sept. 28. 1930

5. Place of Birth, (Street and Number) 433 N. Broadway

6. Full Name of Mother, Mrs. Mary Ellen Ray Simpson

7. Mother's Maiden Name, Mrs " " Ray

8. Mother's Birthplace, Balt. Md.

9. Full Name of Father, Robert Henry Simpson

10. Father's Occupation, Letter Carrier

11. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Gude M.D.

Address, 2000 E. Balt. St.

Remarks, Natural Delivery

OCT 10 1930

The Registrar of Vital Statistics is required to see that the name and address of the person who is to attend each case is ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the Commissioner of Health, to whom the return of every birth and still birth occurring without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, to the master and within the period above required and in the manner above prescribed, under the penalty of five dollars for each and every neglect, which may be collected by suit, to be recovered to the use of the City of Baltimore, and any person who shall refuse or neglect to make such return as required by this ordinance, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

months, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 20545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 1st Sept. 1889.

4. Place of Birth, (Street and Number) 1011 Leadenhall St.

5. Full Name of Mother, Laura Schmidt

6. Mother's Maiden Name, Laura Burger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Schmidt

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Catherine Münch

Address, 800 Leadenhall Street.

Remarks, 1890-004081

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 206-25

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Charles Albert Siegfeest

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 September 1890
4. Place of Birth, (Street and Number) Johnsohn st # 1126
5. Full Name of Mother, Luise Siepfastn Seitzinger
6. Mother's Maiden Name,
7. Mother's Birthplace, Germyen
8. Full Name of Father, Georg Siegfastn
9. Father's Occupation. Forler
10. Father's Birthplace, Germyen

Name of Medical Attendant, or other person who makes this Return. Catherina Alwine Jr

Address, 80 Leadenhale Street.

Remarks, 890-004082

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, filled up and signed by the practitioner in the form of a certificate hereto annexed; and the third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of reporting such birth shall devolve upon the mother, immediately thereafter, if she become able, and in case of her inability, upon the father, grandparent, nurse, or any other person present at the birth, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clara Morris Barker

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2

1. Sex, (*State whether male or female*) Female

2. Race or color, (*if not of the white race*) White

3. Date of Birth, 2 September 1890

4. Place of Birth, (*Street and Number*) # 802 Packer St

5. Full Name of Mother, Clara Celeste Barker

6. Mother's Maiden Name, " " Robson

7. Mother's Birthplace, Baltimore Md

8. Full Nome of Fother, William Marcel Barker

9. Father's Occupation, Blacke Smith

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Bauder

Address, Mrs Mary Bauder 1170 Hartikoke St Baltimore Md

Remarks, CHECK SLIP ADDED P-7-53 3

1890-004083

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, the midwife or nurse in attendance upon the mother shall have the duty of reporting such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 24547.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Oct 5th 90
5. Place of Birth, (Street and Number) 8 Stricker St Ramsay Sts
6. Full Name of Mother, Mrs Mary Jenkins Spandler
7. Mother's Maiden Name, " "
8. Mother's Birthplace, Germany
9. Full Name of Father, Geo Spandler
10. Father's Occupation, R R
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. E. E. Ullrich M.D

Address, Pratt & Stricker Sts

Remarks,

1890 - 004084

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 74578.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	September 8 1892
4. *Place of Birth, (Street and Number)*	Parish st 311
5. *Full Name of Mother,*	Mary Ellen Bruce
6. *Mother's Maiden Name,*	Mary Ellen Facey
7. *Mother's Birthplace,*	Ohio
8. *Full Name of Father,*	George Bruce
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	2022 Eutaw Ave
Remarks,	

1890 - 004085

SEP 30 1892

...conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be signed by the practitioner in the form of a certificate between the first and third day of each said every month to the office of the Registrar of Births, Deaths and Marriages, and shall occur without the attendance of a physician or midwife, or should no certificate of any child ...attendance upon the mother, immediately after birth, as herein required, and ...any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. no 79

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 9
4. Place of Birth, (Street and Number) Hanover, St. 1504. Baltimore
5. Full Name of Mother, Dena Kern
6. Mother's Maiden Name, Dena Diehl
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George W. Kern
9. Father's Occupation, Glass Potmaker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Catherine Minnich

Address, 800 Leadenhall Street

Remarks, 890-004086

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, by the practitioner in the form of a certificate the birth of any child third day of each month to the office of the Commissioner of Health. If no attendance of a physician or person or parents of such child to report its birth to the Commissioner of Health in the manner as aforesaid, within ten days after the birth of any child shall hereafter fail to comply with the provisions of this section, such person shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 26550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Joseph Schuster

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10th September 1890
4. Place of Birth, (Street and Number) Baltimore Md 108 Leadenhall St.
5. Full Name of Mother, Anna M. Schuster
6. Mother's Maiden Name, Anna M. Knorr
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph A. Schuster
9. Father's Occupation, Police Officer
10. Father's Birthplace, Williamsport Pa

Name of Medical Attendant, or other person who makes this Return. Mrs Munch

Address, 80 Leadenhall St.

Remarks, GIVEN NAME ADDED 1-6-54

1890-BM0087

The sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall become the duty of the person or parents of such child to cause such birth to be registered as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

12-32-55

RETURN OF A BIRTH A 24631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ida Baker Napier

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 11 th - 1890
4. Place of Birth, (Street and Number)	218 E Montgomery
5. Full Name of Mother,	Lydia Napier
6. Mother's Maiden Name,	Baker
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Chas. T. Napier
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	E. Webster
Address,	413 Hanover St
Remarks,	

1890 - 004088

Births shall be registered as far as the same can be ascertained, the full name of each child, if any shall have been given, sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the person or physician or other person who shall attend at the birth of any child, or by the parent of such child, to the Commissioner of Health, in case no other person be in attendance, within ten days after the birth, and before the expiration of the third day of each and every month a physician or practitioner of midwifery, or the person or parents of such child, to report its birth to the Commissioner of Health, in case no other person be in attendance, shall occur without the presence of a physician or midwife, and within the period above required, and after the expiration of the said period of ten days, it shall become and shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in case no other person be in attendance, immediately thereafter. It shall become and within the period above required, and after the expiration of the said period of ten days, it shall become and shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in case no other person be in attendance, immediately thereafter. It shall be the duty of every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

... [illegible] ... [illegible] ... ar as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 24557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male (crossed)
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12 Sep, 1890
4. *Place of Birth, (Street and Number)* 507 West St
5. *Full Name of Mother,* Carrie Leffler
6. *Mother's Maiden Name,* Daugman
7. *Mother's Birthplace,* Balto, md
8. *Full Name of Father,* Chas Leffler
9. *Father's Occupation,* Glass Worker
10. *Father's Birthplace,* Balto, md.

Name of Medical Attendant, or other person who makes this Return. Catherine Mundy

Address, 800 Leadenhall Street.

Remarks,

890-004089

J. C. Sulany & Co., City Printers and Stationers.

RETURN OF A BIRTH A 24533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 12 1892

4. Place of Birth, (Street and Number) 2 Brown st 1013

5. Full Name of Mother, Anna C Reuf

6. Mother's Maiden Name, Anna C Reuf School

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Reuf

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, 2022 Milton Ave

Remarks,

1890 - 004090

RETURN OF A BIRTH A. 245324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 13th.
4. Place of Birth, (Street and Number) 1026 Sharp St.
5. Full Name of Mother, Elizabeth Witte
6. Mother's Maiden Name, Heuschen
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Hermann Witte
9. Father's Occupation, Cigar Box Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Glynn

Address, 200 Lee Lenhard Street.

Remarks,

8 90 - 004091

shall conceive) the sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the physician or midwife, if any, present at the birth; and if there be no physician or midwife present, then the first adult person present at the birth shall report the case as herein required. In case the child be born dead, or should die before the third day, or if the mother shall be delivered, duly signed by the practitioner in charge, or midwife, if there be one present at the birth; and the shall occur without the attendance of a physician or midwife, then the first adult person present at the birth shall report the case as herein required. In case the child be born dead, or should die before the third day, or if the mother shall be delivered, duly signed by the practitioner in charge, or midwife, if there be one present at the birth; and the attendance upon the mother, immediately thereafter, shall become and be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons or practitioner who shall hereafter fail to comply with the provisions of this section, etc., shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth. 14th September 1890
4. Place of Birth, (Street and Number) 419 North Gilmore St
5. Full Name of Mother, Mary Weber
6. Mother's Maiden Name, Mary Ammer
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles J. Peter
9. Father's Occupation, Liquor Merchant
10. Father's Birthplace, Vienna - Austria

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Appleton St

Remarks,

1890 - 004092

been entered) its sex, color, the full names and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in charge of the case, or the midwife, or the parent, to the office of the Commissioner of Health, or, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance at the birth, then the parents or parent of such child is required to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 24556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth,* September 14 1890
5. *Place of Birth, (Street and Number)* Mt Henry st 1505
6. *Full Name of Mother,* Annie M Frederick
7. *Mother's Maiden Name,* Annie M Bowling
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Jacob H Frederick
10. *Father's Occupation,* Molder
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs S Killey

Address, 2022 Pennsylvania Ave

Remarks,

1890-004093

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of each child, if any, born before it; and the name, residence and address of the person who attended the birth of any child and shall occur without the attendance of a physician or a practitioner of [illegible] or, should the birth of any child occur without the attendance of a physician or practitioner of [illegible] or, should the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents shall have forfeited all claim to any fee for services rendered in the premises, and shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 24557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) _____

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th Sept — 1890
4. *Place of Birth, (Street and Number)* 107 W. Hamburg st
5. *Full Name of Mother,* Fillie P. Riggin
6. *Mother's Maiden Name,* Linde
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Rhoda Riggin
9. *Father's Occupation,* Iron Slate Builder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Murph

Address, 800 Lexington Street.

Remarks, _____

1890 - 004094

been conferred) name, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the person making the return. If the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, as aforesaid, and no other person shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child or children, in the city of Baltimore, to report the same within the period above required, and any such person or persons who shall neglect or fail to make such return as herein required, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 7165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ...of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) W
4. Date of Birth, Sept 15 90
5. Place of Birth, (Street and Number) 1814 Hillsdown St
6. Full Name of Mother, Katie Hemming (Mrs)
7. Mother's Maiden Name, " Burkhyser
8. Mother's Birthplace, Md
9. Full Name of Father, Geo Hemming
10. Father's Occupation, Hair Factory
11. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. B. Ulrich MD

Address, Pratt & Linden St

Remarks,

1890 - 004095

...born conferred) its sex, color, the full name and occupation of its ... said schedule shall be delivered, duly signed by the practitioner ... of birth; and the ... third day of each and every month to the office of the Commissioner of said vicinity, or should no ... such person be in ... shall occur without the ... of such person, the duty of ... parents of such ... child, immediately thereafter it shall become the duty of ... person or ... in whose house or tenement such birth shall occur, within the period above required, and ... child to report its birth to the Commissioner of Health, to the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 10-2-31 A 2458

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 30 1890

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) Howard Lee Gaigler 7
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, September 15 1890
5. Place of Birth, (Street and Number) Gilmore st 339
6. Full Name of Mother, Mary E Gaigler
7. Mother's Maiden Name, Mary E Bathall
8. Mother's Birthplace, Richmond Va
9. Full Name of Father, William Gaigler
10. Father's Occupation, Cigar Maker
    Father's Birthplace, Baltimore
    Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley
    Address, 2022 Wilkens Ave
    Remarks,

1890-004096

been complied with, the full name, color, the date and place of birth, and the name and residence of the practitioner in the form of a certificate herein required, shall be delivered, or caused to be delivered, by the physician, midwife, or other person in attendance upon the mother, immediately after the birth of any child to the office of the Commissioner of Health, or should no other person be in attendance, then the parent of such child shall report the birth as above required; and in default of such report being made by the parent, the midwife or other person who shall have been in attendance upon the mother, immediately after the birth of any child, shall report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered, with costs, and forfeitures are recoverable.

RETURN OF A BIRTH A. 74560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 September 15th 1897.
4. Place of Birth, (Street and Number) 127 Stockton St
5. Full Name of Mother, Lucy Jane Nichols
6. Mother's Maiden Name, Virginia Nelson
7. Mother's Birthplace, Point Coupee
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. Catherina Arnold

Address, 800 Leadenhall Street.

Remarks,

890-004097

...special conditions as sex, color, the full name and occupation of its parents, the date and place of birth; and the ...child, if now living, or if dead, the date of death; and shall also state whether a certificate has been given by the ...physician or midwife in attendance upon the mother; and if no physician or midwife was in attendance, the ...shall occur without the attendance of either, then the father or mother, if living, or if neither parent be living, ...shall report the birth to the Commissioner of Health, in the manner and within the time above required, and ...subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recovered by law. (Forfeitures are recovered as debts.

...ORD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 15 1890
4. Place of Birth, (Street and Number) 1027 E Mount St
5. Full Name of Mother, Catherine Mc Glynn Abbott
6. Mother's Maiden Name, "
7. Mother's Birthplace, Penn
8. Full Name of Father, Jas E Abbott
9. Father's Occupation, Clerk
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. E. B. Ullrich M.D.

Address, 1 E Preston St

Remarks,

1890-004098

This schedule shall contain a list of the births which have occurred, under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex and color of each child born, the name and surname of each parent, the street and number of the house where the birth occurred, the date and place of birth, and the name, residence and occupation of the attendant. The full names of the parents, as far as the same can be ascertained by the practitioner in the form of a certificate between the first and second days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and in case of the neglect or refusal of such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 9116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 19th 1892
4. *Place of Birth, (Street and Number)* 301 S Sharp st
5. *Full Name of Mother,* Bridget Gorman
6. *Mother's Maiden Name,* " " Doyle
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* H. C. Gorman
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Danville P

Name of Medical Attendant, or other person who makes this Return. Catherine Minch

Address, 830 Eastern Ave

Remarks,

1892-0044099

...month, and shall set forth all the births which have occurred under his or her care during the month, and shall set forth as far as possible the particulars required by the form of certificate to have been entered; its sex, color, the full name and occupation of the parents, the date of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above named, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. W. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH E 24683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if the person or persons in attendance shall neglect or refuse to report such birth, the owner or occupier of the premises in which such child is born, or the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept. 20th. 1890
4. Place of Birth, (Street and Number) 1529 E. Preston St.
5. Full Name of Mother, Emma E. French
6. Mother's Maiden Name, Emma E. Bright
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. French
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. G. Harryman, M.D.

Address, 1512 E. Fayette St.

Remarks, 1890-004100

A. S. ABELL & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept. 20/90
4. Place of Birth (Street and Number),	2022 Fairmount av.
5. Full Name of Mother,	Mary E. Hicks
6. Mother's Maiden Name,	" " Replin
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	W. J. Hicks
9. Father's Occupation,	Gilder
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M D
Address,	129 S. Broadway
Remarks,	

1890-004101

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, and every person having charge or superintendence of any lying-in house, or other place, where births occur, shall, within ten days after the birth of a child born under his charge or superintendence a birth shall have occurred, make a return thereof to the Commissioner of Health. Register of each birth, and shall enter the same on a blank to be procured from the Commissioner of Health, and shall enter the name of each child born under his or her care during the month. This schedule shall contain, as far as can be ascertained, the full name of each child, if any shall have been named, and if not named, the fact to be stated; the sex, color, the full name and occupation of its parents, the date and place of birth, and the full maiden name of the mother. And it shall be the duty of the practitioner in attendance upon the birth of any child shall occur without such attendance, or if the parent or parents of such child shall refuse to give the information required by this section, then it shall become the duty of the person or persons who shall immediately thereafter it shall become the duty of the parent or parents of such child, and in default thereof, the duty of the person in charge of the house where such birth shall occur, to report the same to the Commissioner of Health. In the manner and within the period above specified, and any practitioner, midwife, or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Williams & Wilkins Co., City Printers and Stationers.

Over

A 24560.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Walter Alois Schaar

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 20 1890
4. *Place of Birth, (Street and Number)*	Frederick Ave & Schaar
5. *Full Name of Mother,*	Catharine E. Schaar
6. *Mother's Maiden Name,*	Catharine E. Kimball
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	Alois Henry Schaar
9. *Father's Occupation,*	Carriagemaker
10. *Father's Birthplace,*	Prussia Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs L. Kellerp
Address,	2022 N. Mount Ave
Remarks,	

1890 - 004102

...ance with the duty of the person ... manner and within the period ... child to report its birth to the Board ... any such person or persons shall ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures ...

...ther the mother, immedi... the attendant ... shall hereafter fail to comply with the provisions of ...

RETURN OF A BIRTH A 24566.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	White Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 25th 1890
4. Place of Birth, (Street and Number)	824 Leadenhall St
5. Full Name of Mother,	Sophia Klingmeyer
6. Mother's Maiden Name,	Sophia Voll
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Fr Klingmeyer
9. Father's Occupation,	Brewer
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Miss Mingo
Address,	800 Leadenhall St
Remarks,	

890-004103

said schedule shall be delivered, by the person in attendance upon the mother, or the father, or householder, or nearest relative present at the birth, or the undertaker employed to inter the remains of such child, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...sex, color, the full name and occupation of its parents, the date and place of birth; and the ...shall be delivered, by the ...Commissioner in the form of a certificate between the first and ...with to the office of the Commissioner of Health. In case the birth of any still ...

...J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 11367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 September
4. Place of Birth, (Street and Number) 1315 Patapsco Street
5. Full Name of Mother, Anna Brown
6. Mother's Maiden Name, Anna Klappenberger
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Brown
9. Father's Occupation, Lackschmid
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Murphy

Address, 1315 Kendall Street

Remarks,

1890-004104

...ascertained the full name of each child of any such ... and the ... between the first and ... of each child ... in case the birth of any child ... or should no other person of such ... required, and ... of the period above required, and ... of this section shall be sub- ... forfeitures are recoverable. ... be recovered as ... been conferred) ... sex, color, the ... said schedule ... shall be every month to the office of the Commissioner of Health, or should no other person of such ... child ... of each ... or should the ... attendance upon the mother, immediately after the birth of any child, without the attendance of a physician or midwife, the person in charge of the premises shall report ... child to report ... any such ... or other persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as ...

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 24 " 90
4. Place of Birth, (Street and Number) 984 N. Mt. Street
5. Full Name of Mother, Mrs Mary Smith Thalen
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father, And. Thalen
9. Father's Occupation, R.R.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, C. B. Lillie M.D

Address, Pratt & Fulton Sts

Remarks,

1890 C 004105

beco conferred; in sex, color (if not white), occupation of its parents, the date and place of birth, and such other facts as may be required by the Commissioner of Health. Any midwife, or other person who shall have attended upon a birth, and who shall neglect or refuse to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter practice midwifery, or attend upon births, without having complied with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, and other fines and forfeitures are recoverable.

RECEIVED OCT 1890

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 24th 1890
4. Place of Birth, (Street and Number) No. 1530 N. Caroline St.
5. Full Name of Mother Mary Ellen Maginnis
6. Mother's Maiden Name, " " Cook
7. Mother's Birthplace, Baltimore City
8. Full Name of Father. James Maginnis
9. Father's Occupation, Painter
10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, 800 W. Broadway

Remarks,

E 90 0 0 0 4 1 0 5

"Section 5. . . . says hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

... & CO., CITY PRINTERS ...

RETURN OF A BIRTH A 24570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 30

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 24, 1890

4. Place of Birth, (Street and Number) McHenry 1324

5. Full Name of Mother, Lena Schaffer

6. Mother's Maiden Name, Lena Polzup

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fredrick Schaffer

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs S. Kelly

Address, 2022 N Athena Ave

Remarks,

1890-004107

...in each case, the full name and occupation of its parents, the date and place of birth, and the ...shall be delivered, duly signed by the attendant, at the office of the Registrar within the first and ...shall occur after such period, a certificate setting forth the reasons for delay, or in case the birth is ...attendance upon the office of Registrar, it shall be the duty of the physician or person in charge of ...to report its birth to the Registrar within the period above required, and ...Commissioner or person appointed by him to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 24071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (state whether male or female) ..... Male
2. Race or color, (if not of the white race) ..... White
3. Date of Birth, ... Sept 25th
4. Place of Birth, (Street and Number) ..... 238 Lancaster St Alley
5. Full Name of Mother, ... Laura E. Palmer
6. Mother's Maiden Name, ... Gossard
7. Mother's Birthplace, ... Balto Co.
8. Full Name of Father, ... Ralph Palmer
9. Father's Occupation, ... Richard Fisherman
10. Father's Birthplace, ... Balto, Co
- Name of Medical Attendant, or other person who makes this Return. ..... Josiah S Bowen
- Address, ... 1619 Washington
- Remarks, ...

1890 - 004108

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur within the limits of a city or town, and in case the birth shall occur elsewhere, then within the same period to the nearest registrar of births in the district where the birth occurs; and the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

G. BRANT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Friday 26 1890
4. *Place of Birth, (Street and Number)* Baltimore Chesnut Street 119
5. *Full Name of Mother,* Margret Clark
6. *Mother's Maiden Name,* Margret Lungee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Church
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Caroline Jordan

Address, 117 Chesnut Street

Remarks, Well as can be expected

890-004109

Every birth, its sex, color, full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

[redacted] 5-24-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Murray Lamar Lindsay 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, Sept 27th 1890
4. Place of Birth, (Street and Number) 144 W. Preston St.
5. Full Name of Mother, Alice Lindsay
6. Mother's Maiden Name, Alice Manning
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Lindsay
9. Father's Occupation, Waiter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. O. B Gambrill J.

Address, 925 Cathedral St.

Remarks,

1890-004110

Order ... as to sex, color, the full names and occupation of its parents, the date and place of birth; and the name and residence of the physician or midwife in attendance, or a certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance, then of the person in charge of the case, setting forth the fact and the reason why such notice was not given, shall immediately thereafter, it shall become the duty of the person in charge of the case to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 265974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Or Late
3. *Date of Birth,*	September 22 1890
4. *Place of Birth, (Street and Number)*	Mchenry st 822
5. *Full Name of Mother,*	Kate Macfarlan
6. *Mother's Maiden Name,*	Kate Bailey
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Eazra E Macfarlane
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	2022 Wilkins Ave
Remarks,	

640-004111

...ordered to be sent, by mail or otherwise, to the Registrar of the City of Baltimore, the name and place of birth, and the name and residence of the physician or midwife, if any, present at the birth of each child born within the limits of the City of Baltimore, and the Registrar shall cause to be delivered to the person required to report the birth of each child, a certificate of birth, and the blank for the return thereof, and shall demand a return thereof within the period above required, and every month thereafter during default. And if any person required as aforesaid to report the birth of any child shall refuse or neglect to report the same within ten days after the birth, or to make return of the certificate of birth, as required by this section, he shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not more than ten dollars for each offense, and every such refusal or neglect for each month after the first month shall be deemed a separate offense. And if any person required as aforesaid to report the birth of any child shall refuse or neglect to report the same within the period above required, and shall continue in default for ten days after having been notified by the Registrar or his agent to report the birth of such child, he shall become liable to a penalty of ten dollars in addition to the fine to which he may be subjected for the first month's default. It shall be the duty of the person or parents of each child born alive in the City of Baltimore, or the midwife, physician or other person in attendance at the birth, to report the birth of such child to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth occurs, without the attendance of a physician or practitioner of midwifery, or should the birth of any child occur in the absence of the parents, it shall be the duty of the person or persons having charge of such child to report its birth to the Commissioner of Health. Immediately hereafter it shall become the duty of the person or parents of each child born alive in the City of Baltimore, or the midwife, physician or other person in attendance at the birth, to report the birth of such child to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth occurs, without the attendance of a physician or practitioner of midwifery, or should the birth of any child occur in the absence of the parents, it shall be the duty of the person or persons having charge of such child to report its birth to the Commissioner of Health. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 24575.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 28th 1890.
4. Place of Birth, (street and Number) 267 Falls Road
5. Full Name of Mother, Alice V.C. Cauley
6. Mother's Maiden Name, Alice Tipton
7. Mother's Birthplace, Balto Co. now Anne
8. Full Name of Father, Elmer V.C. Cauley.
9. Father's Occupation, L. Local Fireman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Josiah S. Powers

Address, 147 Washington Balto Co.

Remarks,

1890 - 004112

All schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health, at his office, in the City of Baltimore; and any physician who shall neglect without sufficient excuse, the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

E. SELLMAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 7115 16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* September 29th 1890
4. *Place of Birth, (Street and Number)* No 1023 Jenkins Al
5. *Full Name of Mother,* Kate Johnson
6. *Mother's Maiden Name,* " Saunders
7. *Mother's Birthplace,* Hartford Co. Md.
8. *Full Name of Father,* James A. Johnson
9. *Father's Occupation,* Stableman
10. *Father's Birthplace,* Maryland

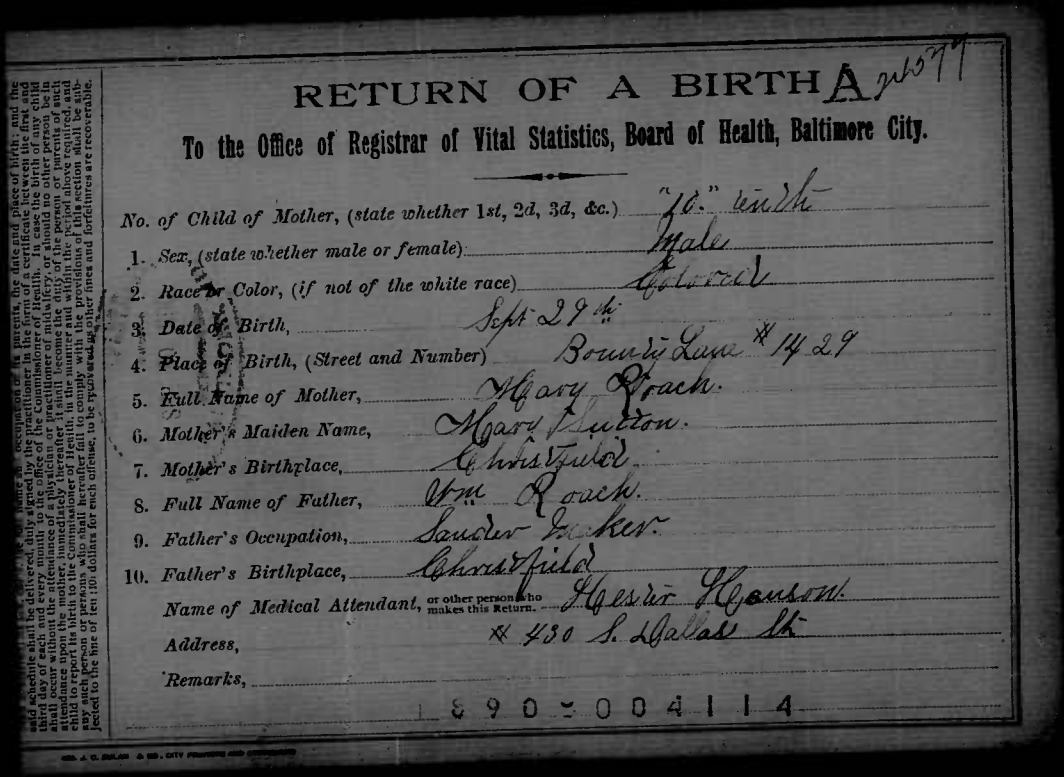
Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Park Ave

Remarks,

1890 - 004113

J. C. BRADY & CO., CITY PRINTERS AND STATIONERS.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) "10." with
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 29th
4. Place of Birth, (Street and Number) Bounds Lane # 1429
5. Full Name of Mother, Mary Roach.
6. Mother's Maiden Name, Mary Clinton.
7. Mother's Birthplace, Christfield
8. Full Name of Father, Wm Roach.
9. Father's Occupation, Sander Baker.
10. Father's Birthplace, Christfield
Name of Medical Attendant, or other person who makes this Return. Hester Hanson.
Address, # 430 S. Wallace St
Remarks,

890-004114

said estimate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should be the duty of the attendance upon the mother immediately after the birth, to report the case to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 26,578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	30th September 1890
4. *Place of Birth, (Street and Number)*	216 Mary St. (Clifton)
5. *Full Name of Mother,*	Annie A. Reisinger
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Frederick L. Frederick
9. *Father's Occupation,*	Green grocer
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other person who makes this Return.	W. H. Thomas M.D.
Address,	1519 John St.
Remarks,	very large and fine child

1890-004115

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of any practitioner of midwifery, or should no other person be in attendance, then it shall be the duty of the person having charge of such child or mother to give information thereof within ten days thereafter. It shall become the duty of the person attending upon such confinement, in the absence of the father, to comply with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

P. FRANK A CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 205579.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 8
4. *Place of Birth, (Street and Number)* Balto - West St No 505
5. *Full Name of Mother,* Mary Long
6. *Mother's Maiden Name,* Smith Longwith
7. *Mother's Birthplace,* Baltimore - Md
8. *Full Name of Father,* August Long
9. *Father's Occupation,* Cigar Maker
10. *Name of Medical Attendant, or other person who makes this Return.* Catherine Almedh

Address, 800 Leadenhall Street.

Remarks,

590-004116

...child born within the limits of any city in this State, the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as above set forth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately after the birth, of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, who shall be required to report such birth, then the mother of such child shall, within the period of ten days thereafter, report to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	forth child
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	colord
3. Date of Birth,	sept 30th 1890
4. Place of Birth (Street and Number),	city 1 mccarroll ave
5. Full Name of Mother,	julia watkins
6. Mother's Maiden Name,	julia brasher
7. Mother's Birthplace,	louisiana essa co usa
8. Full Name of Father,	williams watkins
9. Father's Occupation,	labor
10. Father's Birthplace,	balti city
Name of Medical Attendant, or other person who makes this Return.	jane warren
Address,	1313 monroe st
Remarks,	

640-04117

...e Publishing Co., City Printers and Stationers

A 24311

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 2 1900 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 30
4. Place of Birth, (Street and Number) No 526 S Chapel St
5. Full Name of Mother, Mrs Minnie Lauer
6. Mother's Maiden Name, Fiedler
7. Mother's Birthplace, Germany
8. Full Name of Father, Wilhelm Augustus Lauer
9. Father's Occupation. Tinsmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kopf

Address, No 2013 South St

Remarks,

6900041113

...ed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother at the birth of any child, the father or mother of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ARD, J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

A. 24387

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 2 00
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 8/00
4. *Place of Birth, (Street and Number)* 114 S. Register St.
5. *Full Name of Mother,* Amelia Stoehner
6. *Mother's Maiden Name,* Schell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Friedrich Stoehr
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 2015 Bank St.

Remarks,

8 9 0 - 0 0 3 1 1 9

been centered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the physician or midwife in attendance, if the birth occurred in the form of a certificate between the first and third days of each and every month, and shall be delivered, duly signed by the physician or midwife in attendance, if the birth occurred in the presence of such physician or midwife, or by the person or parents of such child, if the birth occurred in the absence of such physician or midwife, to the Commissioner of Health, or such other person as he may appoint to receive the same, immediately thereafter it shall become and within the period above required, and it shall be the duty of the mother, immediately thereafter, if able, and of the physician or midwife in attendance, if the birth occurred in the presence of such physician or midwife, and if not able, then of the person or parents of such child to report its birth to the Commissioner of Health, or such other person as he may appoint to receive the same, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. Aug 13.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 3 1890
4. Place of Birth, (Street and Number) 25 N. Eden St.
5. Full Name of Mother, Mamie McGreary
6. Mother's Maiden Name, Wallis
7. Mother's Birthplace, Baltimore
8. Fult Name of Father, Charles McGreary
9. Father's Occupation, Hostler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return. Mary Klein

Address, 427 E Pratt St.

Remarks,

1890-004120

sect com ct — ll sex, color, &c. ... shall be delivered, duly signed by the ... shall receive ... day of each and every month to the office of the Commissioner of Health, in case the birth of any child attendance upon the birth of a physician or practitioner of midwifery, it shall be the duty of such person to report its birth to the Commissioner of Health, within the period above required, and ... child to report its birth to the Commissioner of Health, within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 24552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 3 — 1890
4. Place of Birth, (Street and Number) 241 S. Eden St.
5. Full Name of Mother, Bridget C. Eustace
6. Mother's Maiden Name, Hogan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Levi Eustace
9. Father's Occupation, Police
10. Father's Birthplace, Syracuse N.Y.

Name of Medical Attendant, or other person who makes this Return. Mary Hill

Address, 1427 E. Fait St.

Remarks,

1890-004121

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall cause the same to be delivered as aforesaid; and no other person shall be required to report the birth of any child whose birth shall occur without the attendance of a physician or midwife, or shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 2033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3rd Sept

4. Place of Birth, (Street and Number) 2702 Boston st

5. Full Name of Mother, Emma Gough

6. Mother's Maiden Name, Emma Ey

7. Mother's Birthplace, Balto Md

8. Full Name of Father, William W Gough

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullivan

Address, 3020 Hudson st

Remarks,

E 90 - 04123

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 2 1890
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 3 Sept
4. *Place of Birth, (Street and Number)* 600 Eden St
5. *Full Name of Mother,* Lena Klat
6. *Mother's Maiden Name,* Lena Kreisl
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Robert Klat
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other persons who makes this Return. Mrs. A. Zink midwife

Address, W 907 Hollins St.

Remarks,

1890 - 00 4123

RETURN OF A BIRTH A 26587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 1 890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 3rd 1890
4. *Place of Birth, (Street and Number)*	1728 Calhoun St
5. *Full Name of Mother,*	Katie Kelly
6. *Mother's Maiden Name,*	Carroll
7. *Mother's Birthplace,*	Balto Co Md
8. *Full Name of Father,*	Michael J Kelly
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Hartford Co
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadler M.D.
Address,	2100 Druid Hill Ave
Remarks,	

1890 - 004124

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 4588

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3rd of September
4. Place of Birth, (Street and Number) 33 Caroline Ave.
5. Full Name of Mother, Dorothea Arnold
6. Mother's Maiden Name, Dorothea Schwalz
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Arnold
9. Father's Occupation, Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Friederike Beulo Midwife

Address, 216 West Pratt

Remarks, 1890 004125

being conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the time above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 4 1899
4. Place of Birth, (Street and Number) 1210 Gough St.
5. Full Name of Mother, Katie L. Pearce
6. Mother's Maiden Name, McGinty
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Chas H. Pearce
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary Main

Address, 1127 E Fall St

Remarks, 890-004126

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case the birth of such child occur without the attendance of a physician or midwife, the parent or parents of such child or person having charge of the same, shall become the duty required by this section shall be performed by the mother, immediately thereafter, in the manner and with the particulars of this section shall be required, and in case of the neglect or refusal of such parent or parents to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ORE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 20690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 4 1890
4. Place of Birth, (Street and Number) 1811 Maryland Ave
5. Full Name of Mother, Susie R Moore
6. Mother's Maiden Name, Dunn
7. Mother's Birthplace, Queen Anne's Co Md
8. Full Name of Father, James W Moore
9. Father's Occupation, Lineman
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return. Chas E Fadden MD

Address, 1105 St Paul

Remarks,

1890-004127

HEALTH DEPARTMENT OCT 1 1890 BALTIMORE

CODE.—In sex, color, the full name and occupation of the parents, the date and place of birth, and the number of children born to the mother, the certificate must be filled in the form of a certificate between the first and said schedule shall be delivered, duly signed, to the Registrar of the district in which the birth occurred, or left at the office of the Commissioner of Health. In case the birth of any child third day of every month. Every person who shall become the attendant upon the mother of such child at any birth occurring after the expiration of the period above required, and without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person present at the birth to report its birth to the Commissioner of Health. Any person or persons who shall wilfully neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Given Name Entered 1-30-57

RETURN OF A BIRTH.

OCT 2 1890 BALTIMOR

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Michael Francis Gill

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 4th 1890
4. Place of Birth, (Street and Number) West Port Annapolis Md
5. Full Name of Mother, Kate Gill
6. Mother's Maiden Name, Kate Roach
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Louis J. Gill
9. Father's Occupation, Labor
10. Father's Birthplace, Long Green Baltimore Co

Name of Medical Attendant, or other person who makes this Return. Wm. E. Magee M.D.

Address, 711 E. Baltimore St.

Remarks,

1890 - 004128

said certificate shall be delivered duly signed by the practitioner in the form of a certificate [illegible] and the third day after the date of the Commissioner's certificate of death. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. GILDAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Sept 4
4. *Place of Birth, (Street and Number)*	152 E Lombard St
5. *Full Name of Mother,*	Antonie Mueller
6. *Mother's Maiden Name,*	Antonie Rondgen
7. *Mother's Birthplace,*	Danzig Germany
8. *Full Name of Father,*	Henry Mueller
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Eschenberg Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Range
Address,	411 W Cross St
Remarks,	

1890 - 004129

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Births, and the said certificate with the information required by said schedule shall be written in a plain and legible manner, and if any physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 20[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 [illegible] BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 4th
4. *Place of Birth, (Street and Number)* 1041 Holdens St
5. *Full Name of Mother,* Fannie M. Burkman
6. *Mother's Maiden Name,* Fannie M. Bolt
7. *Mother's Birthplace,* Frederick County
8. *Full Name of Father,* John Burkman
9. *Father's Occupation,* Tobacco Worker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

640-004130

Sec. 4. Be it further enacted, That the following name and occupation of its parents, the date and place of birth, and the sex, color, &c., of each child born alive after the passage of this act, shall be duly signed by the practitioner in the case, or certificate between the first and second days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no one of the parents of such child be able to make the return required by this section, it shall become the duty of the person in charge of the house in which such birth occurs, or in which the parents or either of them may be at the time of the birth of such child, to report the birth as required by this section, and in default thereof shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4 pt 7
4. *Place of Birth, (Street and Number)*	1110 Potomac st
5. *Full Name of Mother,*	Elizabeth Lehman
6. *Mother's Maiden Name,*	Elizabeth Barnick
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Friedrich Lehman
9. *Father's Occupation,*	Cigar
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address,	3020 Hudson st
Remarks,	

Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. A sum is hereby appropriated for the payment of fees to Physicians or Midwives or other persons who report the birth of any child to the Board of Health, according to the duty of the parent or parents of such child to be in attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required, and any such person neglecting to report the birth as hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible] & Co., City Printers and Stationers.

RETURN OF A BIRTH A 24795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Male John Mason
2. Race or Color, (if not of the white race)
3. Date of Birth, 8 th of September
4. Place of Birth, (Street and Number) 1418 Richardson St Locust Point
5. Full Name of Mother, Aline Mason
6. Mother's Maiden Name, Alice Griffiths
7. Mother's Birthplace, Birmingham England
8. Full Name of Father, John Mason
9. Father's Occupation, Labourer
10. Father's Birthplace, Wednesbury Staffordshire England

Name of Medical Attendant, or other person who makes this Return, Linus Long Midwife

Address, 1704 Fort Ave Locust Point

Remarks,

1890-004132

Every birth is to be registered, duly signed by the practitioner, in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons in attendance upon the mother, to make such return within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 20796.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 1 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Mulatto
3. *Date of Birth,*	Sept 8th 1890
4. *Place of Birth, (Street and Number)*	2210 McCulloh St
5. *Full Name of Mother,*	Gertrude Zimmerman
6. *Mother's Maiden Name,*	Goldsborough
7. *Mother's Birthplace,*	Talbot Co Md
8. *Full Name of Father,*	Wm Zimmerman
9. *Father's Occupation,*	Insurance Agt
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Chas E Goodall M.D.
Address,	2100 Druid Hill Ave
Remarks,	

1890 004133

and schedule shall be delivered, duly signed by the practitioner in charge of the case, between the first and third days of each and every month to the office of the Commissioner of Health. In case there is no physician in attendance upon the mother, the midwife or practitioner of midwifery, or should no other person be in attendance with the mother, then the father or mother shall report the birth of such child to the Commissioner of Health. In the event of the person or parents of such child above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BALAMY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 20697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 8th 1890
4. Place of Birth, (Street and Number) 584 Baker St
5. Full Name of Mother, Annie Hardesty
6. Mother's Maiden Name, Sweeny
7. Mother's Birthplace, Prince George Co Md
8. Full Name of Father, Allen Hardesty
9. Father's Occupation, Laborer
10. Father's Birthplace, P. G. Co Md

Name of Medical Attendant, or other person who makes this Return. Chas E Hadden M.D.

Address,

Remarks,

1890-004134

HEALTH DEPARTMENT OCT 1 1890 BALTIMORE

(Sec. 1. Be it ordained, &c., That the name and occupation of the parents, the date and place of birth, and the sex and color of every child born within the limits of the City of Baltimore, shall be certified to the Commissioner of Health, by the physician or midwife in attendance, if any there be, and the said schedule shall be delivered, duly signed by the practitioner, to the foreman of the district in which the birth occurs, within ten days after the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 8 - 1890
4. *Place of Birth, (Street and Number)*	1546 Ridgely st
5. *Full Name of Mother,*	Annie Trogan
6. *Mother's Maiden Name,*	Annie Wagner
7. *Mother's Birthplace,*	Linebord Da
8. *Full Name of Father,*	John Trogan
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Vienna Austria
Name of Medical Attendant, or other person who makes this Return.	Mrs Dange
Address,	711 Cross near Ridgely sts
Remarks,	

1890 - 004135

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days, without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons so neglecting shall, on conviction, be subject to the penalty which may be imposed for a misdemeanor, to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GILBERT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A.W. 96

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 8 90
4. Place of Birth, (Street and Number) No 601 S. Bond St
5. Full Name of Mother, Kate Bilkowsky
6. Mother's Maiden Name, Rowalsky
7. Mother's Birthplace, Polen
8. Full Name of Father, Stanislaus Bilkowsky
9. Father's Occupation, Laborer
10. Father's Birthplace, Polen

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 2015 Bank St

Remarks,

C 90-004136

If any person shall refuse to furnish the information required by the Health Commissioner in the form of a certificate given the first and third day of each and every month, as aforesaid, or shall refuse to give the information required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall become the duty of the person in charge of the house in which the birth occurs, or the person in charge of the room in which the birth occurs, if in a hospital, or any other person who shall have knowledge of the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. W. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A. 74620

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 2 0 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph ~~David~~ Richter

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1890 - 8th of September
4. *Place of Birth, (Street and Number)* 14 Frederick Av.
5. *Full Name of Mother,* Juliana Richter
6. *Mother's Maiden Name,* Juliana Friedmann
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Jacob Richter
9. *Father's Occupation,* Tayler
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Friederike Reuter Midwife

Address, 246 West 2nd St

Remarks, CHILD NAME ADDED 6-10-5-12

1890-004137

I hereby certify that I have this day registered the birth of the child named and described in the foregoing return, and that the same is correct and true, according to the best of my knowledge and belief.

Witness my hand this 20th day of October 1890

Registrar of Vital Statistics.

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of every physician, midwife or other person who shall hereafter attend upon any birth occurring within the City of Baltimore, to make a return thereof to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the manner and within the period above required, and such return shall be made upon a blank to be furnished by the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall contain the following information, viz: the name and surname of the child, if named; the sex; the color; the date and place of birth; and the name, residence and occupation of its parents. In case the birth of any child shall occur without the attendance of a physician or practitioner, the return shall be made by the father or mother of such child, or in case of the absence or inability of both father and mother, then by the householder or owner of the premises where such birth occurs, within the period above required. And the Registrar of Vital Statistics, Board of Health, Baltimore City, shall furnish blank returns for the purpose aforesaid, and shall keep a record of the returns made in pursuance of this section, and shall preserve the same in his office. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DALANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24601.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 1 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 9 90
4. Place of Birth, (Street and Number)	918 Ensor St.
5. Full Name of Mother,	M. Keams
6. Mother's Maiden Name,	M. Hamilton
7. Mother's Birthplace,	Md.
8. Full Name of Father,	B. Keams
9. Father's Occupation,	Huckster
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	196 E. Pastor St.
Remarks,	

1890-004138

RETURN OF A BIRTH.

A 21607

HEALTH DEPARTMENT OCT 2 90 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 30
4. Place of Birth, (Street and Number) No 321 S. Wolfe St
5. Full Name of Mother, Louise Vierges
6. Mother's Maiden Name, Dietel
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Vierges
9. Father's Occupation, Tobacconist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kahl

Address, No 403 S. 20th 2015 Wolfe St

Remarks,

B 9 0 - 0 0 4 1 3 9

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons above required, and each person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 7 '90
4. Place of Birth, (Street and Number) 1206 E. Monument St
5. Full Name of Mother, Mary Kiedyka
6. Mother's Maiden Name, Krusak
7. Mother's Birthplace, Poland
8. Full Name of Father. Stanislaus Kiedyka
9. Father's Occupation. Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, No 2013 Bank St

Remarks,

1890-004140

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to cause the birth to be registered as herein required, and in default thereof they shall severally and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1900 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 30
4. Place of Birth, (Street and Number) No 1332 Sarah the South Din
5. Full Name of Mother, Rose Pepper
6. Mother's Maiden Name, Coles
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Pepper
9. Father's Occupation, Saloon
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Miss Rose Kuhl

Address, No 2015 Bank St

Remarks,

1900-004111

688. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Under the said penalties, it shall be the duty of the Registrar to cause the first and third days of each month the attendance of a physician or practitioner of midwifery, or should no other person attendance upon the mother, immediately thereafter, shall become and within the period above required, and child to report its birth to the Commissioner of Health, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 27606.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 10th
4. *Place of Birth, (Street and Number)*	1106 Patapsco st
5. *Full Name of Mother,*	Mary E Leary
6. *Mother's Maiden Name,*	Mary E Seaverbier
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Samuel Leary
9. *Father's Occupation,*	Brick layer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address,	3020 Hudson st
Remarks,	

C 10 0 0 4 1 4 2

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 2606.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female Jessie McGregor
2. Race or Color, (if not of the white race)
3. Date of Birth, 10th of September
4. Place of Birth, (Street and Number) 1424 Richardson St Locust Point
5. Full Name of Mother, Jessie Maxwell
6. Mother's Maiden Name, Jessie McGregor
7. Mother's Birthplace, Glasgow Scotland
8. Full Name of Father, Robert Maxwell
9. Father's Occupation, Labourer
10. Father's Birthplace, Glasgow Scotland

Name of Medical Attendant, or other person who makes this Return. Lina Lang Midwife

Address, 1704 Fort Ave Locust Point

Remarks,

1890-004143

It is hereby made the duty of the person in charge of any institution, or the agent thereof, or the physician, midwife, or other person in attendance upon the birth of a child, to report the birth to the Commissioner of Health, in the city of Baltimore, within ten days after the birth occurs, and in default thereof, such person shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 9407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 10th 1890
4. Place of Birth, (Street and Number) No. 2841 E. North Ave. Balt.
5. Full Name of Mother, Franziska Hojda
6. Mother's Maiden Name, Kaplan
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Hojda
9. Father's Occupation, Florist
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, No. 1859 N. Gay St. City

Remarks, none

1890-004141

Said schedule shall be delivered, duly signed by the practitioner or person in charge, to the parent or guardian of such child, or to the occupier of the house in which the birth took place, within thirty days after the birth of any child born alive, and within thirty days after the Commissioner shall have given notice of the establishment of a registration district. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the person or parents of such child shall be subject to the attendance upon the mother, immediately thereafter, if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the person or parents of such child shall be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. KLEMM & CO., CITY PRINTERS AND STATIONERS

1-25-35 A 7660

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

Adelaide Noack

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th September 1890
4. Place of Birth, (Street and Number) 630 Haw St
5. Full Name of Mother, Carrie Noack
6. Mother's Maiden Name, Carrie Wiedeman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Conrad John Noack
9. Father's Occupation, Boot & Shoe fitter
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Wm Kaufe

Address, 711 Cross St.

Remarks,

1890 - 004145

and otherwise shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the other person be in attendance upon the mother, immediately thereafter. In the manner and within the period above required, and shall refuse to report its birth to the Commissioner of Health, he or she shall for every such offense forfeit and pay any such person or persons as shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A [illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 11 1890
4. Place of Birth, (Street and Number) Chestnut alley, No. 923.
5. Full Name of Mother, Catherine Twele
6. Mother's Maiden Name, Catherine Herrmann
7. Mother's Birthplace, Germany
8. Full Name of Father, August Twele
9. Father's Occupation, Tobacco Worker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Bauer

Address, 711 Eutaw St

Remarks, 890-004146

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of not less than five nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

Name, Rosa Bass

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 11 1890
4. Place of Birth, (Street and Number) 600 S Fremont
5. Full Name of Mother, Louise Bass
6. Mother's Maiden Name, Metz
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter J Bass
9. Father's Occupation, Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Max Bauh

Address, 711 Eutaw St

Remarks,

1890 004147

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, then the father, and in case of his absence or inability, the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 2461

HEALTH DEPARTMENT OCT 2 1900 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12th of September
4. *Place of Birth, (Street and Number)*	1048 Fayette St.
5. *Full Name of Mother,*	Fdo Schäne Loew
6. *Mother's Maiden Name,*	Gio Wilson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert Schäne Loew
9. *Father's Occupation,*	Meridan
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Lucrecia Bruce Mid'wife
Address,	216 West Pratt St.
Remarks,	1890-004148

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate to be given by an authorized agent of the Commissioner of Health. Any person who shall neglect to give the birth of any child within one month to the office or practitioner of midwifery of the person or persons required, and shall neglect to report its birth to the Commissioner of Health within three days thereafter (Sundays excepted), and the attendance of a physician or midwife was required, and shall occur without the city, the mother, immediately on her return to the city, shall report the birth to the Commissioner of Health, and comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. E. GELSHY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. OCT 2 1900 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White
3. Date of Birth, 12. Sept. ~~1109 Proctor St.~~
4. Place of Birth, (Street and Number) 1109. Proctor St.
5. Full Name of Mother, E. Winn
6. Mother's Maiden Name, E. Hanson.
7. Mother's Birthplace, Balto.
8. Full Name of Father. P. Winn
9. Father's Occupation, City Emp.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Ward.

Address, 829. Eason. St.

Remarks,

1900 - 004149

Any schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and 5th days of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons required, and who are hereby required to report the birth of such child to report the same to the Commissioner of Health, in the manner and within the time specified in this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

G. BALANTY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 12th 1890
4. Place of Birth, (Street and Number) 1406 W. Franklin st
5. Full Name of Mother, Emma C. Hoffman
6. Mother's Maiden Name, " " Kline
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Frederick B. Hoffman
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Chas E Gilbert M. D.

Address, 833 Edmondson Ave

Remarks,

1890-004150

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter to give information of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 13 — 1890
4. Place of Birth, (Street and Number) 1426 Block St.
5. Full Name of Mother, Bridget Mullen
6. Mother's Maiden Name, Burns
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Mullen
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this return. Mary Stein

Address, 1427 E Fait St.

Remarks, C 90-00-1511

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each and every month, at the office of the Commissioner of Health, or should no other person be in attendance upon such birth, then it shall be the duty of the person or persons required, and shall occur without the city, immediately thereafter, in the manner and within the time prescribed in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 13th 90
4. Place of Birth, (Street and Number) Vincent Alley.
5. Full Name of Mother, Annie Davis
6. Mother's Maiden Name, Annie Bowyer
7. Mother's Birthplace, Calvert Co
8. Full Name of Father, Joseph Davis
9. Father's Occupation, Laborer
10. Father's Birthplace, Annapolis

Name of Medical Attendant, or other person who makes this Return. Shannon

Address, Vincent Alley

Remarks,

1640-004152

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

Amlt.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, September 26

4. Place of Birth, (Street and Number) 1 Eastern Ave

5. Full Name of Mother, Mary Wilson

6. Mother's Maiden Name, Rachalowsky

7. Mother's Birthplace, Poland

8. Full Name of Father, Jacob Wilson

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kratz

Address, 1 E 2nd Bank St

Remarks,

8900041153

any child of each and every month to the office of the Commissioner of Health. In case third day of each and every month to the office of the Commissioner of midwifery, or should any child born without the attendance of a physician or practitioner of midwifery, or should the parent or parents, guardian or other person having charge of such child thereafter, if shall become the duty of such physician or practitioner of midwifery in attendance upon the mother, immediately after the birth of the child, to report to the Commissioner of Health, in the manner and within the period above required, all the particulars required to be reported in relation to births, and in the manner provided by the provisions of this section, and it shall be the duty of the parent or parents, guardian or other person having charge of such child to report its birth as herein required, and in the manner provided by the provisions of this section; and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1900 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	14th of september.
4. Place of Birth (Street and Number)	527 W. Hoffman St.
5. Full Name of Mother	Martha Ann Virginia Ringgold.
6. Mother's Maiden Name	Martha Ann Virginia Thomas.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Edward Ringgold.
9. Father's Occupation	Porter
10. Father's Birthplace	Annapolis Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sophia Johnson.
Address	434 St. Mary Street
Remarks	

1890-004154

RETURN OF A BIRTH. April 8.

HEALTH DEPARTMENT OCT 2 1930 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	
Date of Birth,	September 1930
Place of Birth, (Street and Number)	No 253 Lee Square E
Full Name of Mother,	Fannie Rachael Wilson
Mother's Maiden Name,	
Mother's Birthplace,	New Jersey
Full Name of Father,	John Richard
Father's Occupation,	Seaman
Father's Birthplace,	New Jersey
Name of Medical Attendant, or other person who makes this Return.	Mrs Louise Kopf
Address,	No 2015 Bank St
Remarks,	6400-004155

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

April

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPART
OCT
2
1890
BALTIMO

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 15th 1890
4. Place of Birth, (Street and Number) 300 East Third st
5. Full Name of Mother, Florence R. Schroeder
6. Mother's Maiden Name, " " Brett
7. Mother's Birthplace, Boston Mass.
8. Full Name of Father, Ernest C. H. Schroeder
9. Father's Occupation,
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return Jas E. Gibbons M.D.

Address, 833 Edmondson ave

Remarks,

1890 - 004156

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above required; and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 26550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. ~~[illegible]~~ 17 90
4. Place of Birth, (Street and Number) 817 Eager St.
5. Full Name of Mother, Anna Wilhelm
6. Mother's Maiden Name, Carmine
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm Wilhelm
9. Father's Occupation, Butcher
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Jos. Robinson MD.

Address, 716 E. Fayette St.

Remarks,

1890-004157

HEALTH DEPART OCT 1 90 BALTIMOR

shall be delivered, duly signed by the practitioner in the form of certificate between the first day of each and every month to the office of the Commissioner of Health; and in case there be no birth occur without the attendance of a physician or practitioner of midwifery, or should no other person be said to report its birth to the Commissioner, the father shall become the duty of the person or parents of such child to report its birth to the Commissioner, within ten days from the date of birth, as above required, and any such person or persons who shall accordingly fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 7167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept. 17th
4. Place of Birth, (Street and Number) 113 S Arlington Ave,
5. Full Name of Mother, Katie E. Conner
6. Mother's Maiden Name, Dorsey
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm. C. Conner
9. Father's Occupation, Glassblower
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. H. H. Hebner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

1890-004158

HEALTH DEPARTMENT OCT 1 1890 BALTIMORE

third day of each and every month to the office of the Commissioner of Health. In case the first and third days of any month shall occur without the attendance of a physician or midwife, or should no other person or persons be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... BRANT & GR., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 2 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 17th
4. *Place of Birth, (Street and Number)*	719 Columbia Ave
5. *Full Name of Mother,*	Mary Mootz
6. *Mother's Maiden Name,*	Mary Meerdter
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frederick J. Mootz
9. *Father's Occupation,*	Dry Goods Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Miss Bauer
Address,	711 Cross St.
Remarks,	

1890-004159

Sec. 1. Be it enacted, duly signed by the petitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall herein fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1890-1891-> RETURN OF A BIRTH. April 31.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, Sept 18th '90 6.45 P.M.
5. Place of Birth, (Street and Number) 300 Rose St.
6. Full Name of Mother, Julia A. Hucles
7. Mother's Maiden Name, Julia A. Green
8. Mother's Birthplace, Evanhoe, Richmond Co. Va.
9. Full Name of Father, Robt Horatio Hucles
10. Father's Occupation, School Teacher
11. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other person who makes this Return. Hester Downes

Address, 509 Druid Hill St

Remarks,

1890-004160

SEP 8 1890 BALTIMORE MD.

Said Certificate shall be signed by the Physician or Midwife in attendance, or by the householder, and shall be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be legally required to make such return, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required in cases where attendance upon the mother, immediately after the birth, is by this section shall be subject to the penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 2445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rose Winters

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept- 18th 1890
4. Place of Birth, (Street and Number)	634 Conway St.
5. Full Name of Mother,	Alice Winters.
6. Mother's Maiden Name,	Alice Meyers
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Harry Winters
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Norway
Name of Medical Attendant, or other person who makes this Return.	Dr. Blume M.D.
Address,	621 E. Lexington St.
Remarks,	Called in to deliver with forceps. 5-8-53

1890-004161

This schedule shall contain a list of the births which have occurred under his or her care during the month preceding the date of the return, and the full name of each child, if any shall have been ordered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or to such other person as shall be designated by the Commissioner of Health, or in case there be no such person, then it shall also devolve upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, or be proceeded against by indictment and forfeiture as provided.

RETURN OF A BIRTH

A 20663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 18th 1890
4. Place of Birth, (Street and Number) 180 E. Biddle
5. Full Name of Mother, Maggie Hittman
6. Mother's Maiden Name, Maggie Frank
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mike Hittman
9. Father's Occupation, Beer Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Magdelone Braune

Address, 600 N. Chester St

Remarks,

5 9 0 - 0 0 4 1 6 2

Rules. This sch- ule shall contain a list of the births which have occurred under his or her care, within each month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month succeeding the birth of any child. Every practitioner who shall neglect or refuse to make the return of any birth as required by this section, within the time specified, or who shall make any false return, shall incur a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 74607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd & 3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Amelia Scherr
4. *Place of Birth, (Street and Number)*	1725 W. Lombard
5. *Full Name of Mother,*	19 Sept.
6. *Mother's Maiden Name,*	Emelia Haas
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Ferdinand Scherr
9. *Father's Occupation,*	Baas - maker
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	C. L. Engelhardt
Address,	418 S. Paca St.
Remarks,	

1890-004163

Register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. The said schedule shall contain the name of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name, sex and color of every child born (or reported) (as sex, color, the full name and occupation of its parents, the date and place of birth) as the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month succeeding the date of the last entry thereon, to such person as the Commissioner of Health shall appoint to receive the same. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or other person required to report such birth shall immediately thereafter report the same to the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. WILSON & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 28 1890

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Sept 19 1890
5. Place of Birth, (Street and Number) 1803 Orleans
6. Full Name of Mother, Mary Jenkins
7. Mother's Maiden Name, " Bean
8. Mother's Birthplace, Baltimore
9. Full Name of Father, James W Jenkins
10. Father's Occupation, Merchant
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. J T Spicknall M D

Address, 14 N Patterson Pk Ave Baltimore Md

Remarks,

1890-004164

Section 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under Whose charge or Superintendence a Birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, with such facts as may be required to ascertain the full particulars of each birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or nurse, the owner or occupier of the house in which such birth shall occur, or in case there be no such owner or occupier, then the parent or parents of such child, or person who shall have charge of such child, shall be required to report such birth to the Commissioner of Health, in the manner and within the time required above, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 24456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male and female
2. Race or Color, (if not of the white race) color
3. Date of Birth, September 19
4. Place of Birth, (Street and Number) 1608 E. Lombard St.
5. Full Name of Mother, Alice Christine
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father, Henry C. Lewis
9. Father's Occupation, Worker
10. Father's Birthplace, Maryland Co. Va.

Name of Medical Attendant, or other person who makes this Return. Hester Co...

Address, 5 N. Preston St

Remarks, Twins

L 90 - 004165

...ame of any child born alive after the passage of this Act, it shall be the duty of the physician or midwife in attendance upon the mother, or of the person acting as such, or of the parents of such child, if there be no physician or midwife in attendance, to report the birth of such child to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, and a certificate of such birth shall be signed by the physician or midwife in attendance, or by the person acting as such, or by the parents of such child, if there be no physician or midwife in attendance, and delivered to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance than the parents of such child, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, and a certificate of such birth shall be signed by the person or parents who report the same, and delivered to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. Any person who shall violate any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 21467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	September 1912
4. *Place of Birth, (Street and Number)*	1537 Bruce st
5. *Full Name of Mother,*	Elizie Blakel
6. *Mother's Maiden Name,*	Goman
7. *Mother's Birthplace,*	Calvert Co Md
8. *Full Name of Father,*	George Washington Blakel
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Calvert County
Name of Medical Attendant, or other person who makes this Return.	Sarah Collins
Address,	1611 Linsent ave near Baker
Remarks,	

8 9 0 - 0 0 4 1 6 6

Sec. 3. It is hereby made the duty of the father, mother, householder, or owner of premises where any child shall be born, and of the physician, midwife, or other person in attendance upon the mother, immediately hereafter to make, or cause to be made, a return of such birth to the Registrar of Vital Statistics, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the householder or owner of premises where the birth occurred to make the return required, and shall set forth, as far as the same can be ascertained, the full name and occupation of its parents, the sex and color of each child (if any) that have been conferred by the same parents, the date and place of birth of each child, and the number of children born to the mother, and the number now living. No certificate between the first and fifth days of each month shall be required to be returned to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the householder or owner of premises where the birth occurred to make the return required, and shall set forth, as far as the same can be ascertained, the full name and occupation of its parents, the sex and color of each child (if any) that have been conferred by the same parents, the date and place of birth of each child, and the number of children born to the mother, and the number now living. No certificate between the first and fifth days of each month shall be required to be returned to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the householder or owner of premises where the birth occurred to make the return required, and shall set forth, as far as the same can be ascertained, the full name and occupation of its parents, the sex and color of each child (if any) that have been conferred by the same parents, the date and place of birth of each child, and the number of children born to the mother, and the number now living. No certificate between the first and fifth days of each month shall be required to be returned to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the householder or owner of premises where the birth occurred to make the return required, and shall set forth, as far as the same can be ascertained, the full name and occupation of its parents, the sex and color of each child (if any) that have been conferred by the same parents, the date and place of birth of each child, and the number of children born to the mother, and the number now living within the period above required, and shall forthwith report the birth to the Registrar of Vital Statistics, at the office of the Commissioner of Health. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

NAME ADDED 4-4-55

RETURN OF A BIRTH A 2458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 September 1890
4. Place of Birth, (Street and Number) 1502 Belair Ave
5. Full Name of Mother, Fannie Sydbrink
6. Mother's Maiden Name, Fannie Lauterbey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Sydbrink
9. Father's Occupation, Bar Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Magdalene Burns

Address, 1600 N. Chester St.

Remarks, —

U90-00-1167

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born alive) and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the said physician or practitioner or midwife, to the first and third day of each and every month, to the office of the Commissioner in the form of a certificate; and the said physician or practitioner or midwife shall receive therefor from the Commissioner the sum of fifty cents for each child reported. In case the mother immediately after the birth of any child shall occur without the attendance of a physician or practitioner or midwife, it shall become the duty of any such person or persons in the house at the time of the birth, or should no other person be present, then the mother herself, to report the birth of such child to the Commissioner of Health in the manner and within the period of time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 211659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 20/20
4. Place of Birth, (Street and Number) 1128 Vincent Ave Baltimore Md
5. Full Name of Mother, Mary E Gordon
6. Mother's Maiden Name, Mary E Lyle
7. Mother's Birthplace, Johns Valley Md
8. Full Name of Father, Henry Gordon
9. Father's Occupation, Trader
10. Father's Birthplace, Virginia

Name of Medical Attendent, or other person who makes this Return. Sarah Collins

Address, 1610 Vincent Ave Near Baker

Remarks,

2900041169

...month, and shall set forth as far as the same can be ascertained the full name of each child of such mother born since the last preceding return, the sex and color of such child, the day, month and year of its birth, and the name and residence of the attending physician or midwife, and if there was no attendance of a physician or midwife, then the name and residence of the nearest practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the mother and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 344 60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 25 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep 20th 1890
4. Place of Birth, (Street and Number) # 401 Calvin Av. Annex
5. Full Name of Mother, Catherin A Scalley
6. Mother's Maiden Name, " " Burke
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, Mallica F Scally
9. Father's Occupation, Engineer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. R L Rankin M D

Address, # 811 Jefferson Av. Waverly Baltimore Md

Remarks,

1890 - 00 1169

RETURN OF A BIRTH A 24461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, September 21, 1890
5. Place of Birth, (Street and Number) 122 Fremont Ave.
6. Full Name of Mother, Grace Emma Bloxham
7. Mother's Maiden Name, Lewis
8. Mother's Birthplace, Baltimore
9. Full Name of Father, John Edgar Bloxham
10. Father's Occupation, Elevator Union Depot
11. Father's Birthplace, Baltimore County Md.
12. Name of Medical Attendant, or other person who makes this Return. .....
13. Address, 23 Hopkins Pl.
14. Remarks, 23 1st Report Dec 5 1890 Dec 2 05

SEP 1 1900

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother herself immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. To secure such fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 22167.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child 1st
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	September 21. 1890
4. Place of Birth (Street and Number),	Viking st 608
5. Full Name of Mother,	Mary Cooper
6. Mother's Maiden Name,	Mary Mason
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Stewart A. Cooper
9. Father's Occupation,	porter in Clothing Store
10. Father's Birthplace,	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Mahoney
Address,	1102 Mulliken st Baltimore
Remarks,	between Broadway and Ann

C 9 0 - 0 0 4 1 7 1

KODAK SAFETY FILM

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 24463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (State whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Sept 21/90
5. Place of Birth, (Street and Number) 251 S Caroline
6. Full Name of Mother, Mary Quigmas
7. Mother's Maiden Name, " Cross
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Frank Quigmas
10. Father's Occupation, Undertaker
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other person who makes this Return. Ulrich Foltz M.D.
13. Address, 1142 E Baltimore St
14. Remarks,

8 9 0 - 0 0 4 1 7 2

APR 28 1890 HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 72464

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First –
1. Sex (state whether Male or Female)	Male –
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 21, 1890. – 3 A.M. –
4. Place of Birth (Street and Number)	2122 Mary Ann St –
5. Full Name of Mother	Ida J. Shaeffer –
6. Mother's Maiden Name	" " Swan –
7. Mother's Birthplace	Westminster, Md –
8. Full Name of Father	Leonard Shaeffer –
9. Father's Occupation	Laborer –
10. Father's Birthplace	Germany –
Name of Medical Attendant, or other Person who makes this Return	E. H. Holbrook, M.D.
Address	714 N. Carey St –
Remarks	

890 – 004173

SEP 25 1890

A Penalty of $20 is imposed by Section 14 of the Ordinance approved April 9th, 1890, upon any person who shall attend, assist, or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

A. Jan 68.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Boy.

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st of September 1890

4. Place of Birth, (Street and Number) R Orange bet Baltimore & [illegible]

5. Full Name of Mother, Annie Gaegnet.

6. Mother's Maiden Name, Annie Hinly

7. Mother's Birthplace, Germany

8. Full Name of Father, George Hinly

9. Father's Occupation, Laborman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Corsointed Kunkel

Address, 213 North Chapel St. for Justin Kunkel

Remarks, Healthy.

1890-004174

...and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive of the same mother previously to the birth to which the certificate relates, the sex and color of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

RETURN OF A BIRTH A 34266

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex.* (state whether male or female) Leroy Kirby Pfeiffer	Male
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth.*	September 21st 1890
4. *Place of Birth.* (Street and Number)	1 W Cr Hennetta + Charles st
5. *Full Name of Mother.*	Sabine Pfeiffer
6. *Mother's Maiden Name.*	Sabine Koenig
7. *Mother's Birthplace.*	Baltimore Md
8. *Full Name of Father.*	Wm Pfeiffer
9. *Father's Occupation.*	Tailor
10. *Father's Birthplace.*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	T Edward Kirby M.D
Address,	645 Columbia Avenue
Remarks.	

1890 00041 75

...T & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 34467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept. 21 1900

4. Place of Birth, (Street and Number) 224 So. Eastern Ave

5. Full Name of Mother, Susan L. Voelman

6. Mother's Maiden Name, Susan L Weisfeld

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Voelman

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Hellenanda Alefes

Address, 641 So Caca St

Remarks, E90-004176

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive of such marriage, and the sex, color, date and place of birth, and the name and residence of the physician or midwife present at the birth of any child born alive without the attendance of a physician or midwife, become the duty of the person or parents of such child to report its birth as required by this section, and in the manner and within the period above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The first
1. *Sex, (State whether mate or female)*	male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	September 27
4. *Place of Birth, (Street and Number)*	Mc Henic Court 818
5. *Full Name of Mother,*	Miss Hopkins
6. *Mother's Maiden Name,*	Mac Hopkins
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Hopkins
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Everett Jackson
Address,	729 East Street Baltimore Md
Remarks,	890-004177

SEP 29 1890 CITY REGISTRAR

...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily, Sundays excepted, at the office of the Commissioner of Health. In case the birth of any child third day of each month the attendance of a physician or practitioner of midwifery, or the person or persons in attendance upon the mother, immediately thereafter, shall make a return of the particulars required above to be reported, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...SLAW & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Number of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 6
2. Sex of Child, (*state whether male or female*) Female
3. Color or Race, (*if not of the white race*) White
4. Date of Birth, Sept 22nd 90
5. Place of Birth, (*Street and Number*) 715 Allen St
6. Full Name of Mother, Mary Stromer
7. Mother's Maiden Name, Sievwood
8. Mother's Birthplace, Baltimore
9. Father's Full Name, John Stromer
10. Father's Occupation, Laborer
11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm. Gorter

Address, 114 S. Bond St.

Remarks,

890-004178

RECEIVED OCT 2 1890 REGISTRAR

month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, or race; the name and residence of its parents; the date and place of birth; and the name, residence and occupation of the father of each illegitimate child. Every such return shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, then such return shall be made by the person in attendance upon the mother at the birth, or in case there is no other person in attendance upon the mother at the birth, then the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 76470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Five

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September Monday 22. 1890
4. Place of Birth, (Street and Number) Balto. Chestnut St. 113
5. Full Name of Mother, Harriet F. Williams
6. Mother's Maiden Name, Harriet F. Young
7. Mother's Birthplace, Balto
8. Full Name of Father, James A. Williams
9. Father's Occupation, Musicianer
10. Father's Birthplace, Talbot County

Name of Medical Attendant, or other person who makes this Return, Mrs Caroline Jordan

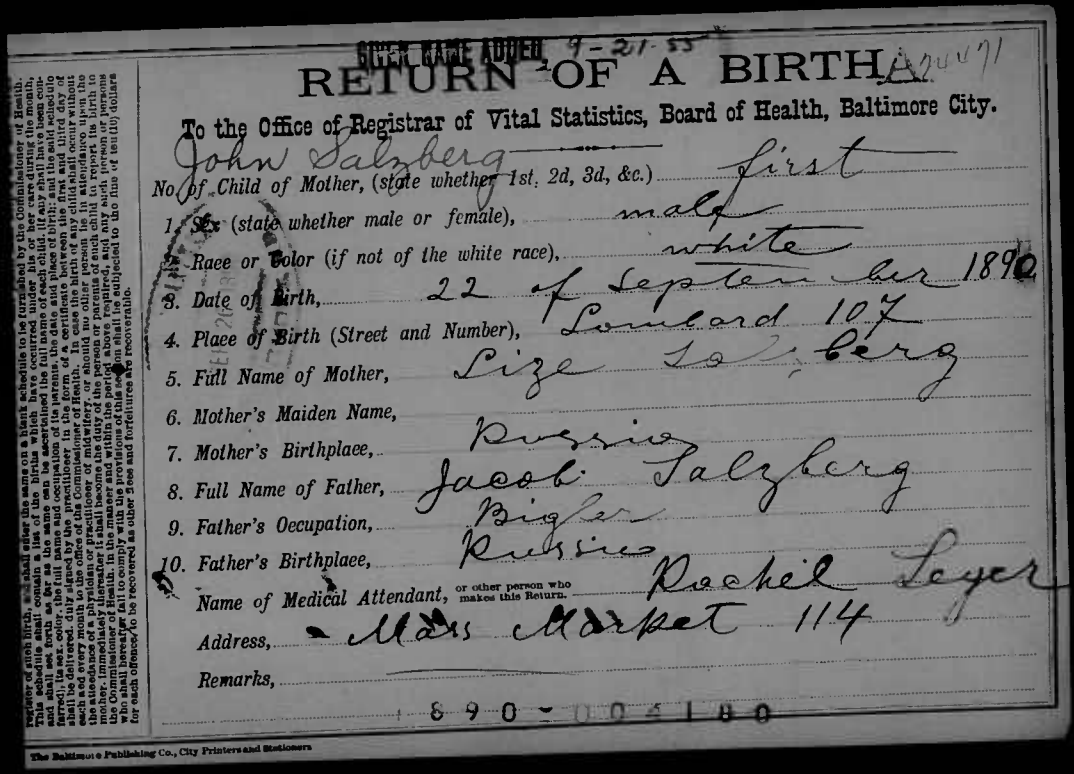
Address, No. 117. Chestnut Street

Remarks, as well as can be expected

1890 - 004179

CITY REGISTRY

WM. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS



NAME ADDED 9-21-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth, 22 of September 1890

4. Place of Birth (Street and Number), Leonard 107

5. Full Name of Mother, Lize Salzberg

6. Mother's Maiden Name,

7. Mother's Birthplace, Russia

8. Full Name of Father, Jacob Salzberg

9. Father's Occupation, Bigler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Rachel Leyer

Address, Mrs Market 114

Remarks,

1890 - 005180

Register of such birth, and shall enter the name on a birth schedule to be furnished by the Commissioner of Health. This schedule shall contain such information as may be required by the Commissioner of Health, in relation to the birth which have occurred under his or her care during the month, and shall state when and where the child was born, the name, if any, and the sex of the child, if born alive, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the person who will be responsible for the registration of the birth. Such schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, on or before the third day of each and every month, by the person or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report or procure the Commissioner of Health. In the manner and within the period of time aforesaid, any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fees and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Clifton Roberts 11 2/4

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 22d 1890
4. Place of Birth, (Street and Number) 921 Hanover st
5. Full Name of Mother, Mary A Roberts
6. Mother's Maiden Name, Mary A Simmons
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, John Roberts
9. Father's Occupation, Carpenter
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return. H. B. Noble, M.D.

Address, 307 Warren av

Remarks, GIVEN NAME ADDED 2-1-54

1890-00-011881

month, and shall set forth, as far as the same can be ascertained, the full name of each child, the name and surname, the age, the name and occupation of its parents, the date and place of birth; and the name of the physician or midwife present at the birth. In case there is no physician or midwife present, then the certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance, then the certificate or a certificate of the fact, duly signed, shall be delivered as aforesaid. In case a birth shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. G. SLAUGHT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. Army

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 22 September 1890

4. Place of Birth, (Street and Number) No 1303 Mill

5. Full Name of Mother, Mary Gilgunn

6. Mother's Maiden Name, Mary Hankins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Gilgunn

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Chr. Lauer

Address, No 1037 Hoyt Street

Remarks, Balt. Md

1890 - 004186 - 2590

...shall contain a list of the names of the persons required by this section to be mentioned, the full name of each child (if any shall have been born alive since the last return), the sex, color, date and place of birth, and the full name, age, and occupation of its parents, the date and place of birth of the first and last child of each mother, and the number of children born to each mother, and the number of such children (if any) still living; which return shall be duly signed by the practitioner in the form of oath required by this section. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parent in charge of such child to report the particulars required by this section; and in default thereof, such person or parent shall be subject to the same penalty as the midwife or physician. It shall be the duty of the Commissioner of Health, in the manner and within the time prescribed by the Board of Health, to collect the returns required by this section, and to report to the Board of Health all persons who shall hereafter fail to comply with the provisions of this section, and all persons who shall hereafter fail to comply with the rules and regulations of the Board of Health relating to the registration of births; and all such persons shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ORE, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24674.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep. 22d 1890
4. Place of Birth, (Street and Number) Cor Polk & Jackson St. Homestead Annex
5. Full Name of Mother, Annie M Compas
6. Mother's Maiden Name, " " Full
7. Mother's Birthplace, Germany
8. Full Name of Father, George Compas
9. Father's Occupation, Dealer in Hay & Straw
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. R L Rankin M D

Address, X 811 Jefferson Cor Waverly Baltimore Md

Remarks,

1890 - 004183

been conferred) its sex, color, the full name and occupation of its parents, and the place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or the nurse, between the first and third days of each month to the office of the Commissioner of Health. In case there be no physician or any child shall occur without the attendance of a physician or practitioner of midwifery, or should the attendant upon the mother, immediately after the birth become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and said mother or nurse, who shall hereafter fail to comply with this provision, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. BLAKIE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 23rd 1890
4. *Place of Birth, (Street and Number)*	684 Columbia Ave
5. *Full Name of Mother,*	Hannah Blum
6. *Mother's Maiden Name,*	Hannah Hoffheimer
7. *Mother's Birthplace,*	Norfolk Va
8. *Full Name of Father,*	Joseph Blum
9. *Father's Occupation,*	Physician
10. *Father's Birthplace,*	Maysville Ky
Name of Medical Attendant, or other person who makes this Return.	Joseph Blum M.D.
Address,	684 Columbia Ave.
Remarks,	

1890 - 004184

shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, before the first child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur within the said month, or after the expiration of the said month, if such birth shall occur within the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 24476.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & Only
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, the 23 of September 1890
4. Place of Birth, (Street and Number) No 1307 Eager St
5. Full Name of Mother, Mrs Katie Schneider
6. Mother's Maiden Name, Katie Gobelman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Schneider
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. D. C. Lacy
Address, No 1220 Hanover
Remarks, Col Mid

1890-004185/676

Penalty for failure to make return as required by the foregoing section, or for making a false return, or for refusing or neglecting to furnish any information required by the Commissioner of Health, in the manner and within the time prescribed by the above required, and for refusing or neglecting to furnish any information required by the Commissioner of Health, in the manner and within the time prescribed by the above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. Nov 77.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 23 / 10
4. Place of Birth, (Street and Number) 1546 Bruce St Balt Md
5. Full Name of Mother, James Ann Island
6. Mother's Maiden Name, " " Watkins
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, Jeremiah Island
9. Father's Occupation. Laborer
10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return. Sarah Collins

Address, 1610 Vincent ave near Baker

Remarks,

8900004186

Every physician or midwife in attendance upon a birth, and the parent, householder, or other person having charge of the child, shall, within ten days after the birth, report to the Commissioner of Health the full name and occupation of its parents, the date and place of birth, and the sex, color, and full name of the child, if it has been named, and if not named, the fact that it has been omitted; and the health officer shall be delivered, duly signed by the practitioner in the form of a certificate given by the first and last mentioned persons, a certificate of the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the mother shall immediately hereafter, if able, report the particulars of such birth to the Commissioner of Health, in the manner and within the time above required, and shall also report the sex, color, and full name of the child, if it has been named, and if not named, the fact that it has been omitted; and the health officer shall deliver to any such person or persons who shall hereafter so report a certificate given by the first and last mentioned persons, a certificate of the birth. Any person or persons who shall neglect or refuse to make such report, as herein required, shall be subjected to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[redacted] 8-17-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward James McCall 3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 20 — 90
4. Place of Birth, (Street and Number)	No 204 - 4th St
5. Full Name of Mother,	Emma McCall
6. Mother's Maiden Name,	Emma Wyatt
7. Mother's Birthplace,	Balt
8. Full Name of Father,	Jno McCall
9. Father's Occupation,	Book Keeper
10. Father's Birthplace,	Balt
Name of Medical Attendant, or other person who makes this Return,	Daniel V Magee MD
Address,	1200 N Eden St City
Remarks,	

SEP 25 1890 BALTIMORE MD

890-004187

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, sex, color, date of birth, and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or some one of the persons herein named, to the office of the Commissioner of Health. In case the births are first attended by a midwife or nurse, such midwife or nurse shall report the same within the time and in the manner above required, and shall deliver with the schedule hereof a certificate of such midwife or nurse, stating the reason why the same was not reported by the practitioner in charge. And if any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, with costs of suit, in any of the courts of this State having jurisdiction in like cases. All fines and penalties imposed and collected by virtue of this section shall be paid into the treasury of the city of Baltimore, and shall be applied to the use of the Board of Health. All fines and penalties imposed by this section are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24479.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 25 1890

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child
2. *Sex, (state whether male or female)* Boy.
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 23rd of September 1890
5. *Place of Birth, (Street and Number)* 702 North Burke street
6. *Full Name of Mother,* Louise Solmary Louisa Laura (Lohrey)
7. *Mother's Maiden Name,* Louisa Laura (Lohrey)
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* Phillip Laura (Lohrey)
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Crescentia Kunkel

Address, 213 North Chapel st. per Justina Kunkel

Remarks, Healthy.

690-004188

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Annie Sibley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep. 23rd 1890
4. Place of Birth, (Street and Number) Mountabella av Annex
5. Full Name of Mother, Mary C Sibley
6. Mother's Maiden Name, " " Oneal
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank L Sibley
9. Father's Occupation, Lithographer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. D L Rankin M D

Address, 811 Jefferson Av. Waverly. Baltimore Md

Remarks, GIVEN NAME ADDED. 4-10-52

890-004189

RECEIVED SEP 25 1890

been conferred in sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the person required to make return of the birth, at the time of the registration of a certificate between the first and third day of each month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and duty of the person in charge of the house in which such birth occurs, or of the parent of such child to report its birth to the Commissioner of Health; and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH. A no 81.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child born since the last return, the sex, color, the day, month and year of birth, the name and surname of the parents, and the occupation of its parents, the date and place of birth, and whether the first and only child, or twin, triplet, or other plural birth, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, the person who would be subject to report the birth of such child to the Commissioner of Health, in the manner and within the period prescribed in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	female 12
1. *Sex, (state whether male or female)*	
2. *Race or Color, (if not of the white race)*	Colard
3. *Date of Birth,*	Sept 23 1890
4. *Place of Birth, (Street and Number)*	1526 Belmont St
5. *Full Name of Mother,*	Rebba Lomack
6. *Mother's Maiden Name,*	Rebba Gibson
7. *Mother's Birthplace,*	Baltimore MD
8. *Full Name of Father,*	Jake Gibson
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore MD
Name of Medical Attendant, or other person who makes this Return.	Margan Mason
Address,	531 Walnut alley
Remarks,	

890-004190

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 2 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

3. Date of Birth, Sept 24/90

4. Place of Birth, (Street and Number) 1022 E. Lexington Ave.

5. Full Name of Mother, Mary E. Hasselhoff

6. Mother's Maiden Name, " " Snyder

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Charles A. Hasselhoff

9. Father's Occupation, Carpet Layer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Ulrich Fetzke

Address, 114 N. Bond St.

Remarks,

1890-004191

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in attendance at the birth, or by the third day of each and every month to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person by whom such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be collected as other fines and forfeitures are recoverable.

THE J. D. ELLIOTT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. № 483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 28 1890

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)* Color Skin
4. *Date of Birth,* 24th ~~August~~ Sept 1890
5. *Place of Birth, (Street and Number)* 2 Berry St 8 72
6. *Full Name of Mother,* George annah Jacobs
7. *Mother's Maiden Name,* George annah Jacobs
8. *Mother's Birthplace,* Saint Marys County
9. *Full Name of Father,* Robert Adams
10. *Father's Occupation,* a Cooper
11. *Father's Birthplace,* Frederic County Md

Name of Medical Attendant, or other person who makes this Return. Lydia A Somerville

Address, Clinton avenue

Remarks,

890 004192

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 24/90
4. Place of Birth, (Street and Number) 1192 N Stricker
5. Full Name of Mother, Lyda E Smith
6. Mother's Maiden Name, Lyda E Andrews
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. Smith
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo W Norris M.D

Address, 1801 Pennsylvania Ave

Remarks,

890-004193

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, immediately thereafter, shall become the duty of the person with whom such child may be, to report its birth to the Commissioner of Health. In the event of the refusal or neglect of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 74486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Sept 24 / 90
4. Place of Birth, (Street and Number) No 18 S. Dallas Str.
5. Full Name of Mother, Dina Mathew
6. Mother's Maiden Name, Kates
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Mathew
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs L. Schultz

Address, No 163a E. Monument Str

Remarks,

890004194

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, at the office of the Commissioner of Health. In case the birth of any child third day of each and every month. In all cases where a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required in this section. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 24186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 1890

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 24 September
4. Place of Birth, (Street and Number) 1917 Bank Street
5. Full Name of Mother, Mary E Fox
6. Mother's Maiden Name, Mary E. Whelan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick F Fox
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Conner 402 Collington Ave

Remarks,

890-004125

and county, the sex, color, and date of birth of each child born to her, and the name and residence of the physician or midwife, if any, present at the birth; and the third week after the delivery, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall be the duty of the person or parents of such city or county to report the birth to the Commissioner of Health, in the manner and within the period above required, and jected to the fine of ten nor dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. C. GILDAY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 28 1890

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	4th
1. Sex, (*State whether male or female*)	Male
2. Race or color, (*if not of the white race*)	White
3. Date of Birth,	Sept. 24th 90
4. Place of Birth, (*Street and Number*)	21 N. Park Ave.
5. Full Name of Mother,	Rosa B. Trautwein
6. Mother's Maiden Name,	Rosa B. Cushman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry J. Trautwein
9. Father's Occupation,	Wine dealer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this return.	Dr. Louis Blum
Address,	1101 Madison Ave
Remarks,	

1890 004196

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health. In case there be no physician or midwife in attendance upon any child born within the period above required, and the parent or parents of such child shall be unable to procure the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall refuse or neglect to comply with the provisions of this section shall be liable, on conviction of such offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	F
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 25 - 90
4. Place of Birth, (Street and Number)	5.4 Cannon Ct.
5. Full Name of Mother,	Christina Janney
6. Mother's Maiden Name,	Holzheimer
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Ernest Janney
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Frank A Bressler
Address,	1713 Bank St.
Remarks,	

890-004197

Every Coroner is to ask, in the case of every dead body which he is called to view, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance at the birth, the mother or nurse shall make return of the same. Any person who shall neglect to make return of any birth as required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines for misdemeanors are recoverable.

RETURN OF A BIRTH A 91489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, 16th day September
5. Place of Birth, (Street and Number) 733 Lexington Street
6. Full Name of Mother, Kate Winkleman
7. Mother's Maiden Name, Kate Lambert
8. Mother's Birthplace, Baltimore County
9. Full Name of Father, James H. Winkleman
10. Father's Occupation, Collector
11. Father's Birthplace, U. S.

Name of Medical Attendant, or other person who makes this Return. Edward Gompher

Address, 515 South Street

Remarks,

1890 - 004198

said schedule shall be delivered daily signed by the practitioner in the form to certificate between the first and third day of each month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance after the expiration of the time above required, and it shall become the duty of the person where the birth occurs to report its birth to the Commissioner of Health, in the manner and with the forms of this section shall be subject to the fine of ten (10) dollars for each offense; to collect and forfeitures are recoverable.

SEP 19 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) black
3. Date of Birth, September 17th 1890
4. Place of Birth, (Street and Number) No: 613 Frederick Ave.
5. Full Name of Mother, Maggie Woody
6. Mother's Maiden Name, Maggie Davidson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John H. Woody
9. Father's Occupation, Butcher
10. Father's Birthplace, Richmond Va:

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8900-004199

Sec. 24. For each and every month to be due of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

888. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 74491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth, Sept. 18 1890

Place of Birth, (Street and Number) 514 N. Patt. Pk. Ave.

Full Name of Mother Mrs. Mary Hebert Lang

6. Mother's Maiden Name, Mrs " Seaber

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Albert Andrew Lang

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. C. G. Bush M.D.

Address, 1000 E. Lieb St.

Remarks, Natural delivery

1890 004200

...ner concerned its sex, color, the full name and ... of the Child, the date of birth, the name and ... of the Physician or Midwife present at the birth, and ... said schedule shall be delivered, duly signed, to the ... third day of each and every month, and in case the ... shall reside upon the premises where the birth occurs, ... child to report its birth to the Commissioner of Health, ... any such person or persons shall, for each offense, be ... jected to the fine of ten dollars for each offense, to be ... ...ver, and as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A72647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 September
4. Place of Birth, (Street and Number) 1136 E. Pratt
5. Full Name of Mother, Minnie H Yudelewit
6. Mother's Maiden Name, Minnie H Petzkowitz
7. Mother's Birthplace, Wilna Russia
8. Full Name of Father, Liwoi Yudelewitz
9. Father's Occupation, Butcher
10. Father's Birthplace, Kobnor Russia

Name of Medical Attendant, or other person who makes this Return. Ethel Klewansky

Address, 1177 E Lombard

Remarks,

890-004201

...ed concerned thereto, so far as the said name, occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the first named parent, if present, or if not present, to the person who is next in the order of enumeration above given, who shall be present at the birth of such child; and no person shall remove the said schedule from the house in which the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified; and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...RNER.

...ORE, J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

…een concerned) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 September
4. *Place of Birth, (Street and Number)* 1305 E Pratt
5. *Full Name of Mother,* Frume Saidman
6. *Mother's Maiden Name,* Frume Sraidman
7. *Mother's Birthplace,* Wilna Russia
8. *Full Name of Father,* Salomon Saidman
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Wilna Russia

Name of Medical Attendant, or other person who makes this Return. Etta Klawansky

Address, 1177 E Lombert

Remarks, 890-004202

[?]. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 24494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 20 Sptbr 1890
4. *Place of Birth, (Street and Number)* 2227 Pearl st Baltim
5. *Full Name of Mother,* Sophia Lore
6. *Mother's Maiden Name,* Sophia Kuhlmann
7. *Mother's Birthplace,* Chicago Ill
8. *Full Name of Father,* Stephanie Lore
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Delaware

\- *Name of Medical Attendant,* or other Person who makes this Return. D. R. Hillemann M.D.

Address, 254 Pearl st Baltimore

Remarks,

1890-0004203

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 74495.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 September
4. Place of Birth, (Street and Number) 179 Harrison St
5. Full Name of Mother, Fenie H. Furman
6. Mother's Maiden Name, Abelnick Russia
7. Mother's Birthplace, Abraham Furman
8. Full Name of Father, Peddler
9. Father's Occupation, Abelnick Russia
10. Father's Birthplace, E. Flaumenbg

Name of Medical Attendant, or other person who makes this Return. E. Flaumenbg

Address, 177. E. Lombard

Remarks,

1890-004204

said schedule shall be delivered, duly signed by the practitioner, if the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the intervention of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or other person with whom the mother may reside, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall have charge of, or be connected with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

No. 291

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Sept 22 1890
4. *Place of Birth, (Street and Number)*	1110 Schields Alley
5. *Full Name of Mother,*	Mary J. Weggins
6. *Mother's Maiden Name,*	Mary J. Wise
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Thomas Weggins
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	Jno. Giffins MD
Address,	437 W Biddle St
Remarks,	

8 9 0 ~ 0 4 2 0 5

"Section 14. Every Physician, Midwife, or other person having charge of or rendering assistance at the birth of any child, shall, within ten days after such birth, report to the Registrar of Vital Statistics, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

A. GO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 28 1890

1. *Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 22 September
5. *Place of Birth, (Street and Number)* 1415 Garrett ave
6. *Full Name of Mother,* Lizzie Seipp
7. *Mother's Maiden Name,* Lizzie Moore
8. *Mother's Birthplace,* Beaver
9. *Full Name of Father,* George Seipp
10. *Father's Occupation,* Moulder
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ettel

Address, 619 Cuba St Balt.

Remarks,

890-004206

Every Physician, Midwife or other person who shall attend upon any birth, shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained by inquiry of the parents or other persons, the name, if any, and the sex, color, the full name and occupation of the father, and the full name and maiden name of the mother, the number of each child, if any shall have been born to the mother, the exact place of birth, and the third day of each and every month, duly signed by the practitioner in the form of certificate given above, and the same delivered, duly signed by the practitioner in the form of certificate given above, and the shall occur without the attendance of a physician or midwife, the owner or occupier of the house where the birth of any such child shall occur shall within the first ten days of the month next following the birth, report the particulars of such birth to the Commissioner of Health, in the manner and within the time required, and shall deliver to the Registrar of Vital Statistics, at the Bureau of Health, a certificate of such birth, signed by the parent or other person in charge of the child, and in default thereof shall forfeit and pay for each offence, a sum not exceeding one hundred dollars. And any such person or persons who shall neglect or refuse to comply with the provisions of this section, or shall wilfully make any false return or certificate, shall be deemed guilty of a misdemeanor, and subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 21498.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 28 1890

No. [illegible] Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. [illegible] (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 September

4. Place of Birth, (Street and Number) 1627 cuba st

5. Full Name of Mother, Maggie Perice

6. Mother's Maiden Name, Maggie Higgins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo[illegible] Perice

9. Father's Occupation, mate

10. Father's Birthplace, Boston

Name of Medical Attendant, or other person who makes this Return. Mrs. Ettl

Address, 1627 Cuba st Balt.

Remarks,

1890 - 004207

[illegible] name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the father or mother of such child, or in case neither father nor mother be living, then the householder or owner of the premises where such child was born, shall report its birth to the Commissioner of Health, in the manner and [illegible] required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines [illegible] are recoverable.

WM. A. R. KELLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 24499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 22/96

4. Place of Birth, (Street and Number) 1016 Hillman St

5. Full Name of Mother, Martha Miller

6. Mother's Maiden Name, Martha McGrad

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Hartman Miller

9. Father's Occupation, Drayman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. B. Saunders 1824

Address, 1729 E. Chase St

Remarks,

890-004208

...urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 24800.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 22nd 1890
4. *Place of Birth, (Street and Number)* 1025 Homewood Ave
5. *Full Name of Mother,* Mary J. O'Brien
6. *Mother's Maiden Name,* Mary J. Steadman
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John O'Brien
9. *Father's Occupation,* Carver
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return, J. B. Saunders M.D.

Address, 819 E. Chase St

Remarks,

1890-004209

...penalty, the date and place of birth, and the said schedule shall be prepared by the practitioner in the form of a certificate between the first and third day of each and every month, and forthwith signed by the practitioner to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person required to be in attendance upon the mother, [illegible] In the matrimonial state, to report the birth within ten days after the occurrence thereof to the Commissioner of Health, in the form above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are now recovered.

...Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 24501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child or Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sep. 23. 1890.
4. Place of Birth, (Street and Number)	616 Gold st.
5. Full Name of Mother,	Annie Eyler
6. Mother's Maiden Name,	Annie Greenwood
7. Mother's Birthplace,	Carroll Co. Md
8. Full Name of Father,	Walter Eyler
9. Father's Occupation,	Mam. Official Ice.
10. Father's Birthplace,	Balto Co. Md
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Eubert.
Address,	1926 Penna. Ave.
Remarks,	

1890-004210

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 11501-A

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Sept. 23. 90
4. *Place of Birth, (Street and Number)*	526 S. Sharp.
5. *Full Name of Mother,*	Esther Dyrenfurth
6. *Mother's Maiden Name,*	Balto
7. *Mother's Birthplace,*	Samuel Friedlander
8. *Full Name of Father.*	Clothier
9. *Father's Occupation,*	Balto
10. *Father's Birthplace,*	Dillowowetz m.d.
Name of Medical Attendant, or other Person who makes this Return	949 Madison Ave.
Address,	
Remarks.	

890-004211

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 24501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Chtld of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colord

Date of Birth, Sept 23

Place of Birth, (Street and Number) Baltimore 247 arlington ave

Full Name of Mother, Richel Florid

Mother's Maiden Name, Richel Williams

Mother's Birthplace, Isle of Virginia

Full Name of Father, William Florid

Father's Occupation, the Dead Rader Fertilizer Co Baltimore

Father's Birthplace, Jamaica W I Co Md

Name of Medical Attendant, or other person who makes this Return. Mary Catherine Jones

Address, 1121 Saratoga St Baltimore

Remarks,

B 90 - 00 42 12

Every male shall be relieved, duly signed by the practitioner, the form... Board day of each and every month to the office of the Commissioner of Health, or shall... shall occur without the attendance of a physician, it shall become the duty of the person of parents of such... attendance upon the mother. The Commissioner of Health, in the manner and within the period above... every such person or persons who shall hereafter fail to comply with the requirements of this section... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines of this nature are recoverable.

RETURN OF A BIRTH. A 7450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 23 of September 1870

4. Place of Birth, (Street and Number) 1114 Saratoga St

5. Full Name of Mother, Rebecca Gross

6. Mother's Maiden Name, Rebecca Collins

7. Mother's Birthplace, Kings Town Co. Md

8. Full Name of Father, Robert Gross

9. Father's Occupation, Sailor

10. Father's Birthplace, Talbert Co. Md

Name of Medical Attendant, or other person who makes this Return, Mary E Gross

Address, 1121 Saratoga

Remarks,

6 8 0 - 0 0 4 2 1 3

...an certificate — In sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health. In the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as the other forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 24503.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 24 th September
4. Place of Birth, (Street and Number) 1103 Division St.
5. Full Name of Mother, Ida Coates
6. Mother's Maiden Name, " Brackall
7. Mother's Birthplace, Maryland
8. Full Name of Father, James Coates
9. Father's Occupation, Waiter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Hester Eotance

Address, 309 Preston Street

Remarks, Lived with spanne Lived spane previous

890-004214

been conferred) its sex, color, the full name and occupation of its parents, the number of the house in which the birth occurred, and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child shall occur upon the premises of a hospital or other institution, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such hospital or institution to report such birth in the manner and within the period above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED. 12/2/55 9

RETURN OF A BIRTH A 74004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mamie Katherine Debaugy

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 20th 1890
4. Place of Birth, (Street and Number) 806 S Fremont St Balto City
5. Full Name of Mother, Ada B Debaugy
6. Mother's Maiden Name, " " Mudd
7. Mother's Birthplace, Balto City Md
8. Full Name of Father, James Debaugy
9. Father's Occupation, Shirt Cutter
10. Father's Birthplace, York

Name of Medical Attendant, or other person who makes this Return, Thurlow Cooke Md

Address, 914 N Charles St

Remarks,

All Returns of Births and Stillbirths required by the Ordinances of the Mayor and City Council of Baltimore, to be delivered, duly signed by the Attendant in the form of a certificate between the first and third days of each month, to the Registrar of Vital Statistics, Board of Health, Baltimore City, shall cover all births and stillbirths occurring within the city limits during the preceding month; and if any birth or stillbirth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons neglecting or refusing to make such report shall be guilty of a misdemeanor, and subject to the fine of ten (10) dollars for each offence, to be recovered as fines and forfeitures are now collectible.

ADD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1890 : 004215

C-24505

SEE: CORRECTION BOOK

NAME: WILBUR McKNEW SNYDER

DATE OF BIRTH: SEPTEMBER 24, 1890

PLACE OF BIRTH: BALTIMORE CITY

C 9 0 7 0 0 4 2 1 6

RETURN OF A BIRTH A 2465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child.

1. Sex, (State whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 4th 1899.

4. Place of Birth, (Street and Number) Baltimore Md 430 Stricker St

5. Full Name of Mother, Rafonicena Kasielkowski

6. Mother's Maiden Name, Rafonicena Szymanski

7. Mother's Birthplace, Germany

8. Full Name of Father, August Kasielkowski

9. Father's Occupation, Shoemaker.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Krawing

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and child are well.

890 00 5217

Girl day of each and every month to the office of the Commissioner of Health. In case the birth of any such child shall occur without the attendance of a physician or practitioner of the healing art, then it shall be the duty of the person or persons in charge of the house in which such birth occurs, or in default thereof, of the person or persons in charge of such child, within ten days after such birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 7107

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) —

3. Date of Birth, Sept 24. 1890.

4. Place of Birth, (Street and Number) 2281 Pattenson Pk Ave.

5. Full Name of Mother, Mrs. Lina Virginia Dipp Smith

6. Mother's Maiden Name, Mrs. " " Dipp

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, Albert Wilbur Smith

9. Father's Occupation, Printer

10. Father's Birthplace, Toronto Ontario Canada

Name of Medical Attendant, or other person who makes this Return. C. C. Curtis M. D.

Address, 2000 E. Baltimore St.

Remarks, Natural delivery

1890 - 004218

SEP 28 1890

said schedule of all be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall make such certificate, it shall be the duty of the person or persons having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Female
2. Race ar Color (if nat af the white race), White
3. Date af Birth, September 25th, 1890.
4. Place af Birth (Street and Number), 109 Shroder St. South
5. Full Name of Mother, Sadie B. Auber —
6. Mather's Maiden Name, Sadie B. Henry
7. Mather's Birthplace, Baltimore, Maryland.
8. Full Name af Father, John H. Auber
9. Father's Occupation, Clerk —
10. Father's Birthplace, Baltimore, Maryland.

Name of Medical Attendant, or other person who makes this Return. A. L. Axtell, Jr. M.D.

Address, #710 S. Broadway

Remarks, Born 2.25 P.M.

C 90 - 00421 0

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

A 24556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 23 th 1870
4. Place of Birth, (Street and Number) No. 527 Fredrick Ave
5. Full Name of Mother, Louisa Kornmann
6. Mother's Maiden Name, Louisa Muschbach
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Henry Kornmann
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 0 2 0 0 0 4 2 2 0

been conferred) its sex, color, the full name of each parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health. In case the birth of first child is not reported within the time specified, and no physician or midwife should no other person be in attendance upon the mother, the father or person having charge of such child shall become liable to report its birth to the Commissioner of Health. In the event of the failure of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 24670.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (~~state whether male or~~ female)

2. Race or Color, (if not of the white race) White Russian

3. Date of Birth, Sept 26 1910 P.M.

4. Place of Birth, (Street and Number) 1107 E Lombard St

5. Full Name of Mother, Ida Arkolsky

6. Mother's Maiden Name, " Brodsky

7. Mother's Birthplace, Russia

8. Full Name of Father, Solomon Arkolsky

9. Father's Occupation, Rabbi

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks, Eighth Month child. Premature birth caused by the Mother being burned.

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

530-002231

RETURN OF A BIRTH

A 7165 11.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Friday, Sept. 26, 1890.
4. Place of Birth, (Street and Number) 214 Sycamore Ave.
5. Full Name of Mother, Amanda C. Brooks
6. Mother's Maiden Name, Amanda C. Redden
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Jas. H. Brooks
9. Father's Occupation, Contractor
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return. Mrs Harriet Simmons

Address, Bet Sycamore and Division Sts Hadle

Remarks,

1890 - 004222

BALTIMORE & CO., CITY PRINTERS AND STATIONERS.

SEE NAME ADDED 4-26-55

RETURN OF A BIRTH. A 21072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William May ~~Drolock~~ Drolock

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 4 - 90

4. Place of Birth, (Street and Number) 512 E. Biddle

5. Full Name of Mother, Amanda Lorick

6. Mother's Maiden Name, Kisken

7. Mother's Birthplace, Germany

8. Full Name of Father, Ernestus Lorick

9. Father's Occupation, Dairyman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary E. Mercer

Address, 2211 Druid Hill Ave

Remarks,

1890-004223

Any physician or midwife in attendance at a birth, or any other person required to report the same, who shall neglect or refuse to report such birth to the Commissioner of Health within the period above required, and any physician or midwife who shall neglect or refuse to report the name of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 74573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)* 1042 N Wolfe

5. *Full Name of Mother,* Jessie Lenore

6. *Mother's Maiden Name,* Sneaker

7. *Mother's Birthplace,* Louisiana

8. *Full Name of Father,* John Lenore

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Louisiana

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address,

Remarks,

6900-0011224

third day of each and every month to the office of the Commissioner of Health, in case the father be in the city, and in the absence of a physician or practitioner of midwifery, or of both the father and mother, then such duty shall devolve upon the mother; and in case the father and mother be absent from the city, or from the house where such birth shall have occurred, or be unable to make such return, then such duty shall devolve upon the person having charge of such house, or the occupant thereof, and every person who shall become aware of the birth of any child within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 21 1890
4. Place of Birth (Street and Number),	446 York St
5. Full Name of Mother,	Mary Baldwin
6. Mother's Maiden Name,	Greenfield
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Henry Baldwin
9. Father's Occupation,	Printer
10. Father's Birthplace,	Annapolis
Name of Medical Attendant, or other person who makes this Return.	W H Crum
Address,	413 10 Fayette
Remarks,	

1890 - 004225

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 24575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) First

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, September 9th 1890
4. *Place of Birth*, (*Street and Number*) 1610 Patterson Ave.
5. *Full Name of Mother*, Florence May Stoffer
6. *Mother's Maiden Name*, " " " Meyer
7. *Mother's Birthplace*, Havre de Grace
8. *Full Name of Father*, Emerson Frederick Stoffer
9. *Father's Occupation*, Produce Hustler
10. *Father's Birthplace*, Alexandria Via

Name of Medical Attendant, or other person who makes this Return. Mrs Mary V Shockey

Address, 731 Cumberland Street

Remarks,

890-004226

SEP 1890

RETURN OF A BIRTH. A 70516.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 9th 1890
4. Place of Birth, (Street and Number) 26 Harrison st.
5. Full Name of Mother, Rosa Krug
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Hiram Krug
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Wm. C. Bernstein

Address, 122 S. Eutaw st.

Remarks,

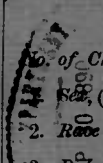
1890 - 004227

Duly executed shall be delivered, duly signed by the practitioner in the form of a certificate given by the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the householder with whose family the mother resides shall be subject to report the birth; or persons who shall hereafter fail to comply with the requirements of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 24517.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 12, 1890

4. Place of Birth, (Street and Number) 1719 Rose St.

5. Full Name of Mother, Catherine Klinghofer.

6. Mother's Maiden Name, Catherine Farber.

7. Mother's Birthplace, Germany.

8. Full Name of Father, David Klinghofer.

9. Father's Occupation, Label Roy'r

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary L. Livingood

Address, 726 Luzerne St.

Remarks,

1890 - 004228

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother hereof, if able, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 21578.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 30 1890

No. of Child of Mother, *(state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept. 12th 1890
4. *Place of Birth, (Street and Number)* cor. High & Watson st.
5. *Full Name of Mother,* Mary Sigrans
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michel Sigrans
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S Exeter st.

Remarks,

1890-004229

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 24579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 14 1890
4. Place of Birth, (Street and Number) 281 Duncan Court
5. Full Name of Mother, Ella Pritchard
6. Mother's Maiden Name, Ella Decker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Pritchard
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary L Swaingue

Address, 726 Luzerne St.

Remarks,

1890 - 004230

The third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any physician or midwife, or should no other person be in attendance upon the mother, it shall be the duty of the parents or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen (Phillips) Hinton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2nd) Second.

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* September 16th 1890.
4. *Place of Birth (Street and Number),* 604. Pitcher Street.
5. *Full Name of Mother,* Carrie Ella Hinton
6. *Mother's Maiden Name,* Carrie Ella Armacost
7. *Mother's Birthplace,* Carroll County Maryland
8. *Full Name of Father,* David Henry Hinton
9. *Father's Occupation,* Cook
10. *Father's Birthplace,* Baltimore City Md

Name of Medicat Attendant, or other person who makes this Return. J. C. Hammen

Address, 212 W. Franklin St

Remarks, GIVEN NAME ADDED. 11-26-51

890-00 1231

each and every month to the office of the Commissioner of Health. In case the birth of any child should occur in any other house than that of the parents, or if there be no medical attendant, or should no other person be in attendance, it shall be the duty of the nearest relative present, or of the nearest relative of the parents, if any such person or persons be in attendance, to report the birth to the Commissioner of Health. In the manner and within the time specified in the preceding section, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recovered.

...n ... e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 24531.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) white

3. Date of Birth, 17. September

4. Place of Birth, (Street, and Number) 113 Pennsilvania ave.

5. Full Name of Mother, Anna Spitzmagel

6. Mother's Maiden Name, Friedrich

7. Mother's Birthplace, Germania

8. Full Name of Father, Max Spitzmagel

9. Father's Occupation, Butcher

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return. Mary L. E. Tuckey

Address, 761 Pennsylvania Ave

Remarks,

890-004232

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person occupying such premises to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

No. 6 2 0 0 0 2 3 3

Printers and Stationers.

birth of any child shall refuse without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be within the period above required, and any such person who shall neglect to report such birth to the Commissioner of Health, in the manner required by the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 24523.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 18th 1890
4. Place of Birth, (Street and Number) 215 Albemarle st.
5. Full Name of Mother, Maggie Desmer
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Timothy Desmer
9. Father's Occupation, Laborer
10. Father's Birthplace, ~~Ireland~~ Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Burnbeim

Address, 122 S. Exeter st.

Remarks,

8 9 0 - 0 0 - 2 3 4

SEP 30 1890

said schedule shall be delivered, duly filled, at the office of the Commissioner of Health. In case the birth of any child shall occur without the state of the physician or practitioner of midwifery, the person or parent of such child is required to report the birth to the Commissioner of Health within the period above required, and attendance upon the mother, and within the period above required, and in case of neglect to comply with the provisions of this section, such person or persons who shall have neglected or failed to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 20524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) First

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Sept 18-90
4. *Place of Birth*, (*Street and Number*) 1109 E. Fairmount
5. *Full Name of Mother*,
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*, Painter
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1890-004235

third day of each and every month to the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of all births which shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or parents of such child, residing in the house where such birth shall occur, within ten days after the occurrence thereof, to report any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the due of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEP 30 1890

GEO. W. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 19886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, March 5th 1890

4. Place of Birth, (Street and Number) 231 S. Gilmor St

5. Full Name of Mother, Willie O. Kirkland

6. Mother's Maiden Name, Willie O. Harman

7. Mother's Birthplace, Harford Co. Md

8. Full Name of Father, Charles L. Kirkland

9. Father's Occupation, Clothing Cutter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. L. L. Kriger M.D.

Address, 662. W. Lexington St

Remarks,

890-004235

CERTIFICATE OF CAMERA OPERATOR

I HEREBY CERTIFY THAT THE DOCUMENTS REPRESENTED BY THE MICROPHOTOGRAPHS APPEARING ON THIS ROLL OF FILM DESIGNATED AS REEL No. 173.1 WERE PHOTOGRAPHED BY THE UNDERSIGNED ON THIS DATE.

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REEL ENDS WITH 1890-004235

BY [signature]
(SIGNATURE OF OPERATOR)

DATE 8/3/18

PS-827

HR-RM 25
(6-1-59)
HALL OF RECORDS COMMISSION